

A.P.N. No.:	003-452-04
Escrow No.:	78957
Recording Requested By:	
Cow County Title Co.	
When Recorded Mail To:	
Timothy J. Capps	
10369 Willow Valley Road	
Nevada City, CA 95959	

EUREKA COUNTY, NV	2018-234636
Rec:\$35.00	
\$35.00 Pgs=4	01/09/2018 02:42 PM
COW COUNTY TITLE CO.	
LISA HOEHNE, RECORDER	

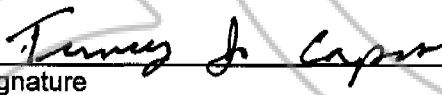
(for recorders use only)

AFFIDAVIT OF DEATH OF JOINT TENANT

(Title of Document)

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: 40.525
(State specific law)


Signature

TIMOTHY J. CAPPS
Print Signature

AFFIDAVIT DEATH OF JOINT TENANT

TIMOTHY J. CAPPS, of legal age, being first duly sworn, deposes and says: That MARY RUTH CAPPS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MARY RUTH CAPPS named as one of the parties in that certain Joint Tenancy Deed dated July 31, 2001 executed by Cattlemen's Title Guarantee Company as Trustee, a Nevada Corporation, to Timothy J. Capps and Mary Ruth Capps, husband and wife, as joint tenants recorded August 2, 2001 in Book 342 of Official Records, page 296 as File No. 176785, Eureka County, Nevada records, covering the following described property situated in Eureka County, State of Nevada:

All that certain real property situate in the County of Eureka , State of Nevada, described as follows:

That portion of Sections 12 and 13 in Township 31 North, Range 49 East, M.D.B. & M., more particularly described as follows:

Parcel 18 of Pioneer Pass Unit 1 as shown on the Division of Large Parcel Map recorded October 24, 1994 in the Office of the County Recorder of Eureka County, Nevada, as File No. 155503, Eureka County, Nevada records.

ASSESSOR'S PARCEL NUMBER FOR 2017 - 2018: 003-452-04

Dated: December 26, 2017

Timothy J. Capps
TIMOTHY J. CAPPS

State of _____ }
County: of _____ }

This instrument was acknowledged before me on _____
By Timothy J. Capps

Signature: _____
Notary Public

*See California
Acknowledgment
1-3-18
SK*

CALIFORNIA ALL PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA

COUNTY OF NEVADA

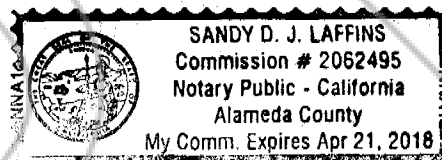
On JANUARY 3, 2018 before me,

Sandy D.J. Laffins

(here insert name and title of the officer)

, notary public, personally appeared TIMOTHY J. CAPPS

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the state of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

Signature

Sandy D.J. Laffins

(This area for official notarial seal)

Optional

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document:

Affidavit Death of Joint Tenant

Document Date: 1-3-18

Number of Pages: 2

(Not including this page)

Signer(s) Other Than Named Above:

Top of thumb here

COUNTY of NEVADA

NEVADA CITY, CALIFORNIA

3052017049689

CERTIFICATE OF DEATH

3201729000208

1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
MARY		RUTH		CAPPS	
4. DATE OF BIRTH mm/dd/yyyy 01/31/1950					
5. AGE Yrs. 67					
6. SEX F					
7. BIRTH STATE/FOREIGN COUNTRY IN		8. SOCIAL SECURITY NUMBER		9. EVER IN U.S. ARMED FORCES	
				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
10. MARRIED		11. DATE OF DEATH mm/dd/yyyy 03/05/2017		12. HOUR 2128	
13. EDUCATION - Highest (mm/dd/yyyy)		14. YES DECEDENT HAD A MENTAL ILLNESS		15. DECEDENT'S RACE - US to 5 races may be listed (see worksheet on back)	
11		<input checked="" type="checkbox"/> YES		WHITE	
16. USUAL OCCUPATION - Type of work for most of life; DO NOT USE RETIRED		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		18. YEARS IN OCCUPATION	
COOK		HEALTHCARE		10	
19. DECEDENT'S RESIDENCE (Street and number, or location)					
10369 WILLOW VALLEY ROAD					
20. CITY NEVADA CITY		21. COUNTY/PROVINCE NEVADA		22. ZIP CODE 95959	
23. YEARS IN COUNTY 45		24. STATE/FOREIGN COUNTRY CA		25. INFORMANT'S NAME, RELATIONSHIP	
TIMOTHY CAPPS, HUSBAND		26. INFORMANT'S ADDRESS (Street and number, or location, city, state, zip and zip 4)			
27. NAME OF SURVIVING SPOUSE/PROX - FIRST		28. MIDDLE		29. LAST (BIRTH NAME)	
TIMOTHY		JAMES		CAPPS	
30. NAME OF FATHER/PARENT - FIRST		31. MIDDLE		32. LAST	
BENJAMIN		FRANKLIN		HUBBARD	
33. NAME OF MOTHER/PARENT - FIRST		34. MIDDLE		35. LAST (BIRTH NAME)	
VIRGINIA		DEAN		RAY	
36. DATE OF FINAL DISPOSITION mm/dd/yyyy 03/13/2017		37. PLACE OF FINAL DISPOSITION SACRAMENTO VALLEY NATIONAL CEMETERY			
38. TYPE OF DISPOSITION BU		39. SIGNATURE OF LOCAL REGISTRAR KENNETH CUTLER, MD			
40. NAME OF FUNERAL ESTABLISHMENT CHAPEL OF THE ANGELS MORTUARY		41. LICENSE NUMBER FD1588		42. DATE mm/dd/yyyy 03/09/2017	
43. PLACE OF DEATH		44. CAUSE OF DEATH		45. OTHER THAN HOSPITAL SPECIFY ONE	
SIERRA NEVADA MEMORIAL HOSPITAL		IN CARDIOPULMONARY ARREST		100. IF HOSPITAL SPECIFY ONE	
46. CITY NEVADA		47. STREET ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		101. IF OTHER THAN HOSPITAL SPECIFY ONE	
		155 GLASSON WAY		102. HOME	
48. CITY GRASS VALLEY		49. CAUSE OF DEATH		103. IF OTHER THAN HOSPITAL SPECIFY ONE	
		CORONARY ARTERY DISEASE		104. HOME	
50. CAUSE OF DEATH		HYPERTENSION		105. IF OTHER THAN HOSPITAL SPECIFY ONE	
		LUNG CANCER, DIABETES MELLITUS		106. HOME	
51. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 50		52. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 50 OR 51? (Type of operation and date)		107. IF FEMALE, PREPARED IN LAST YEAR	
		NO		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>	
53. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE SHOWN FROM THE CAUSE STATED		54. SIGNATURE AND TITLE OF CERTIFIER		55. LICENSE NUMBER	
09/18/2015		KULDIP SINGH GILL M.D.		A61538	
56. I CERTIFY THAT FINAL CHARGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE SHOWN FROM THE CAUSE STATED		57. TYPE ATTENDING PHYSICIAN'S NAME, ADDRESS (Street and number, or location, city, state, zip and zip 4)		58. DATE mm/dd/yyyy	
12/20/2016		280 SIERRA COLLEGE DR STE 205, GRASS VALLEY, CA 95945		03/08/2017	
59. MANNER OF DEATH		60. INJURY DATE mm/dd/yyyy		61. HOUR (24 Hours)	
Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>					
62. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		63. SIGNATURE OF CORONER / DEPUTY CORONER		64. DATE mm/dd/yyyy	
65. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)		66. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		67. FAX AUTH#	
68. LOCATION OF INJURY (Street and number, or location, city, and zip)		69. SIGNATURE OF CORONER / DEPUTY CORONER		70. DATE mm/dd/yyyy	
71. STATE REGISTRAR		72. COUNTY REGISTRAR		73. COUNTY CLERK	
A		B		C	

* 000107591 *

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF NEVADA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the NEVADA COUNTY CLERK-RECORDER.

GREGORY J. DIAZ
NEVADA COUNTY CLERK-RECORDER

Deputy DATE ISSUED OCT 19 2017

This copy is not valid unless prepared on an engraved border displaying the seal, date of issuance and the original signature of the Deputy.

