

ASSESSOR'S TAX PARCEL NO.: 76419

Recording Requested By
TITLE DEEDS & NEEDS, LLC
P.O. Box 180
Pioche, NV 89043

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 08/01/2022

Affidavit – Death of Joint Tenant
(Title of Document)

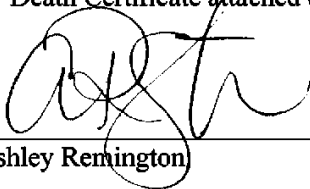
Please complete the cover page, check one of the following and sign below.

I the undersigned hereby affirm that this document submitted for recording does not contain a social security number.

OR

I the undersigned hereby affirm that this document submitted for recording contains a social security number of a person as required by law: NRS.40.525

Death Certificate attached contains a Social Security Number.



Ashley Remington

Agent

This page is added to provide additional information required by NRS 111.312 Sections 1-2.

(Additional recording fees may apply)
This cover page must be typed or printed.

ASSESSOR'S TAX PARCEL NO.: 76419

**RECORDING REQUESTED BY:
TITLE DEEDS & NEEDS**

**WHEN RECORDED MAIL TO AND MAIL
TAX STATEMENTS TO:
JANSEN TAYLOR
7313 GENTLE VALLEY STREET
LAS VEGAS, NV 89149**

File No. 22-996

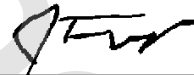
AFFIDAVIT – DEATH OF JOINT TENANT

JANSEN TAYLOR, of legal age, being duly sworn, deposes and says:

That KIRBY JAMES TAYLOR, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as KIRBY J. TAYLOR, named as one of the parties in that certain Bargain and Sale Deed dated February 5, 2022, executed by Kirby J. Taylor, a single person to Kirby J. Taylor, a single person and Jensen Taylor, a married man both as Joint Tenants, recorded on February 10, 2022, as Instrument No. 202202100097, of Official Records of Skagit County, Washington, covering the following described property.

LOT 8, FIDALGO ORCHARD, RECORDED IN VOLUME 9 OF PLATS, PAGE 90, RECORDS OF SKAGIT COUNTY, WASHINGTON.

Commonly known as: 1114 Fidalgo Street, Sedro Woolley, Washington.




Jansen Taylor, Surviving Joint Tenant

STATE OF NEVADA
COUNTY OF LINCOLN

} SS:

This instrument was acknowledged before me on 07/27/2022

By: JANSEN TAYLOR



Notary Public

My commission expires: **6/27/2025**



Notarized online using audio-video communication

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

CASE FILE NO. 4267122

2022004028
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

Cremation

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Kirby James TAYLOR		2. DATE OF DEATH (Mo/Day/Year) February 11, 2022		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Henderson		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not enter, give street address number) 430 Pumpkin Way		3d. If Hosp or Inst indicate DOA, OPE, or Rtn. Incident (Specify) Other Residence	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 69	
9a. STATE OF BIRTH (if not US/CA name country) Washington		9c. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	
15a. RESIDENCE - STATE Washington		15b. COUNTY Skagit		15c. CITY, TOWN OR LOCATION Sedro Woolley	
15d. STREET AND NUMBER 1114 Fidalgo St		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. DATE OF BIRTH (Mo/Day/Yr)	
15. FATHER/PARENT - NAME (First Middle Last Suffix) Paul TAYLOR			17. MOTHER/PARENT NAME (First Middle Last Suffix) Dorothy [REDACTED]		
16a. INFORMANT - NAME (Type or Print) Amy Marie BRANDNER		16b. MAILING ADDRESS (Street or R.F.D. No. City or Town State Zip) 430 Pumpkin Way Henderson, Nevada 89015			
19a. BURIAL, CREMATION, REMOVAL OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Palm Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89101	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) ABRAHAM ESPINOSA		20b. FUNERAL DIRECTOR LICENSE NUMBER FD956		20c. NAME AND ADDRESS OF FACILITY Affordable Cremation and Burial Services 2127 W Charleston Blvd Las Vegas NV 89102	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) JEFFREY P NG MD					
21b. DATE SIGNED (Mo/Day/Yr) February 16, 2022		21c. HOUR OF DEATH 22:46			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
22a. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title)					
22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH			
22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jeffrey P Ng MD 1389 Galleria Dr Henderson, NV 89014				23c. LICENSE NUMBER 10928	
24a. REGISTRAR (Signature) NANCY BARRY		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 16, 2022		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I					
(a) Cardiopulmonary Arrest				Interval between onset and death Minutes	
(b) Cerebral Edema				Interval between onset and death Hours	
(c) Metastatic Neoplasm Of The Lungs With Mets To Brain And Heart.				Interval between onset and death Months	
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
28a. ACC, SUICIDE MOM, UNDET OR PENDING INVEST (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED					
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home (arr. street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

SIGNATURE AUTHENTICATED

DATE ISSUED: 2/18/2022

Registrar of Vital Statistics

By: *Susan Zarnus*

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

