A.P.N. # 1220-16-510-014 ESCROW NO. 010801793

RECORDING REQUESTED BY: **STEWART TITLE COMPANY**WHEN RECORDED MAIL TO:

MR. ROBERT P. ELLIS, SR.

AFFIDAVIT - DEATH OF JOINT TENANT						
STATE OF NEVADA }						
COUNTY OF DOUGLAS ss.						
DODEDH D. HILTO OD						
ROBERT P. ELLIS, SR. , of legal age, being first duly sworn, deposes and says: That FRANCES V. ELLIS , the decedent mentioned in the attached certified copy						
of Certificate of Death, is the same person as FRANCES V. ELLIS						
named as one of the parties in that certain GRANT DEED dated March 16, 1995						
executed by JAMES F. WELLS, A SINGLE MAN						
to ROBERT P. ELLIS SR. AND FRANCES V. ELLIS, HUSBAND AND WIFE						
as joint tenants, recorded as Instrument No. 358557, on March 23, 1995						
in Book 0395 , Page 3484 , of Official Records of DOUGLAS County, Nevada, covering the following described property situated in the DOUGLAS						
County, Nevada, covering the following described property situated in the DOUGHAS County, State of Nevada:						
County, State of Nevada.						
Lot 260, as said lot is shown on the Official Plat of						
GARDNERVILLE RANCHOS UNIT NO. 2, filed in the office of the						
County Recorder of Douglas County, Nevada, on June 1, 1965, in						
Book 1 of Maps, filed as No. 28309, and Title Sheet amended on						
June 4, 1965, as Filing No. 28377.						
Assessor's Parcel No. 1220-16-510-014						
ASSESSOI S PAICEI NO. 1220-10-510-014						
DAME OF SOL						
DATE: September 05, 2001 () obut P. Ellin 5R						
Notary Public - State of Nevada						
Appointment Recorded in Douglas County No. 97-2081-5 - EXPIRES APRIL 26, 2005						
Id. 57-20010 - EAFINES APPRIL 20, 2000						
STATE OF Nevada }						
POLICE A C						
COUNTY OF DOUGLAS						
7 500 5 2000						
This instrument was acknowledged before me a lift 5, 000, by, ROBERT P. ELLIS, SR.						
<i>uy</i> ,						
$\mathcal{C}(\mathcal{C}(\mathcal{C}))$						
Signature Will Ville						
Notary Public						

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

			CERTIFICATE	OF DEATH			
TYPE	LOCAL FILE NUMBER DECEASED—NAME First	Middle	Last	DATE OF D	EATH (Month, Day, Year)	STATE FILE NUMBER COUNTY OF DEATH	
OR PRINT		V.	ELLIS	2. May	y 3, 2001	3a Carson City	
PERMANENT BLACK INK	CITY TOWN OR LOCATION OF DEATH HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) If Hosp. or inst, indicate				te DOA, OP/Emer. SEX		
	3b. Carson City 3c. Carson-Tahoe Hospital Rm. Inpatient (Specify) 3e. Inpatient 4. Fema.						
DECEDENT	RACE—(e.g., White, Black, American Indian, etc.) (Specify)		igin? Specify ☐ yes 📆 no If yes, to Rican, etc.		DER 1 YEAR UNDER 1 D S • DAYS HOURS • M		
	5. White 6.		to ritean, etc.	7a. 70 7b.	7c.	8. 8.	
IF DEATH	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COU	N- Decedent's Education. Sp grade completed.	ecify highest MARRIED WIDOWEL	, NEVER MARRIED, D, DIVORCED	SURVIVING SPOUSE (If wife, give maiden name)	
OCCURRED IN INSTITUTION SEE HANDBOOK	9a. New York	9b. U.S.A.	10. 12		Married	12Robert P. Ellis Sr.	
REGARDING COMPLETION OF	Working Life, Even if Retired)						
RESIDENCE ITEMS	13. 2137	14a.	Dietiitian	14b.	Medical STREET AND NUMBER	I INSIDE CITY LIMITS	
	RESIDENCE—STATE COUNT					(Specify Yes or No)	
	> 15a. Nevada 15b. FATHER—NAME First	Douglas Middle	15c. Welling	ton HER—MAIDEN NAME	15d. 3775 Ballma First	an Way 15e. Yes Middle Last	
PARENTS	16.		17.				
	INFORMANT—NAME (Type or Print)		MAILING ADDRESS	(Stre	et or R.F.D. No., City or Town,	State, Zip)	
	18a Robert P. Ellis.		18b. 2775 Ra	llman Way.	Wellington, N	levada 89444	
_	BURIAL, CREMATION, REMOVAL, OTHER	(Specify) CEMETE	RY OR CREMATORY—NAME		LOCATION	City or Town State	
DIODOGITION	19a. Cremation	19b. W	alton's Sierra	Crematory	19c. Carson	City, Nevada	
DISPOSITION	FUNERAL DIRECTOR—SIGNATURE (Or Person Alting as Such)	FUNERA	L DIRECTOR NAME AND AD NUMBER	DRESS OF FACILITY Wa	MRT 3.3 4 1 139 B	as County Mortuary	
Ļ				Fourth Str	eet, Minden,	Nevada 89423	
	2 21a. To the best of my knowledge, de due to the cause(s) stated.	ath occurred at the time, o	to and place and	at the tir	me, date and place and due to	restigation, in my opinion death occurred the cause(s) and manner stated.	
	(Signature and Title) DATE SIGNED (Mo., Day, YV)	HOUR OF D	SEATH	ල් (Signature an මුට DATE SIGNE	nd Title)	HOUR OF DEATH	
	Se 21b. 5 - 7 - 6					22 c. - 8 - 8 - 1	
CERTIFIER	21a. To the best of py knowledge, death occurred at the time, date and place and time, date and place and due to the cause(s) and manner stated. 21a. To the best of py knowledge, death occurred at the time, date and place and due to the cause(s) and manner stated. 21a. To the best of py knowledge, death occurred at the time, date and place and due to the cause(s) and manner stated. 21a. To the best of py knowledge, death occurred at the time, date and place and due to the cause(s) and manner stated. 21b. Signature and Title DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH 21b. Signature and Title DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH 21b. Signature and Title DATE SIGNED (Mo., Day, Yr.) PRONOUNCED DEAD (Hour) 22c. PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Hour) 22d. ON 22e. AT						
	NAME AND ADDRESS OF CER	TIFIER (PHYSICIAN, ATTE	NDING PHYSICIAN, MEDICAL E				
L.	23a Dr. R. McDo	nald, 710 W	. Washington S	treet, Cars	on City, Nv	23ь. 6433	
CONDITIONS	REGISTRAR		DATE RECE	IVED BY REGISTRAR (Mo.	., Day, Yr.) DEATH DUE TO C	COMMUNICABLE DISEASE	
IF ANY WHICH GAVE RISE TO	24a. (Signature)	COR		ay 8, 200	5 / 24c. YES□	NO T	
CAUSE	DIATE 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE POR (2) (0).) AND (0).)						
STATING THE UNDERLYING CAUSE LAST							
1 /							
	DUE TO, OR AS A CONSE	QUENCE OF:	1//	<i>y</i> / G		Interval between onset and death	
		1 F				Monfle	
CAUSE OF DEATH	PART OTHER SIGNIFICANT CONDIT	IONS—Conditions contributi	ng to death but not resulting in th	e underlying cause given in	Part 1. AUTOPSY (S)	pecify WAS CASE REFERRED TO or No) CORONER (Specify Yes or No)	
DEATH		mandan, in			26. No	27. No	
	ACC., SUICIDE, HOM., UNDET., DATE OF PENDING INVEST.	F INJURY (Mo., Day, Yr.) HO	OUR OF INJURY DESC	RIBE HOW INJURY OCCU	RRED		
/	(Specify) 28b.	28					
1	INJURY AT WORK PLACE (Spenity i'es cr No)	OF INJURY—At home, fam. building, etc. (\$		TION. STREE	T OR R.F.D. No. C	CITY OR TOWN STATE	
1	281.	_/_/_	28g.				
		/ /	•			No. 160631	
	of Class of cine			•	• • • • • • • • • • • • • • • • • • •		
	Fit Great VIII	/	STATE REGIST	DAD			

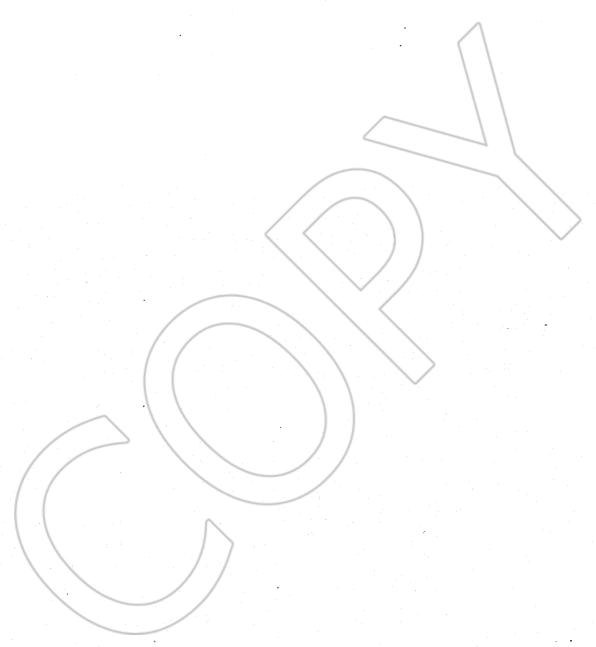
This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued:

MAY 0 8 2001

State Registrar

BK 0 9 0 1 PG 0 9 4 6



REQUESTED BY STEWART TITLE of DOUGLAS COUNTY

IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA

2001 SEP -6 AM 10: 16

LINDA SLATER
RECORDER
PAID L DEPUTY

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