

A.P.N. 1220-04-114-020  
Escrow No. 23707320

When Recorded Mail To:  
Marquis Title  
1520 US HWY 395 N  
Gardnerville, NV 89410

REQUESTED BY

**MARQUIS TITLE & ESCROW**  
OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2003 OCT 24 PM 4:44

WERNER CHRISTEN  
RECORDER

\$ 15<sup>00</sup> PAID. K & DEPUTY

**AFFIDAVIT - DEATH OF LIFE ESTATE TENANT**

The undersigned being first duly sworn, deposes and says:

That CLARICE MILLER WILLIAMS, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as CLARICE M. WILLIAMS named as one of the parties in that certain GRANT, BARGAIN AND SAL E DEED, executed by CLARICE MILLER WILLIAMS, grantor, recorded as Instrument No. 523259 on September 21, 2001 of Official Records of Douglas, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Lot 86, as shown on the plat of KINGSLANE UNIT NO. 3-A, filed in the office of the County Recorder of Douglas County, State of Nevada, on November 5, 1976, as File No. 04483. Said plat was amended by Certificate of Amendment recorded December 2, 1976, as File No. 5025.

Dated: October 24, 2003

  
\_\_\_\_\_  
SUSAN LAPIN

STATE OF NEVADA     )  
                                  ) SS.  
COUNTY OF DOUGLAS )

 DEBORAH L. ORTIZ  
Notary Public - State of Nevada  
Appointment Recorded in Douglas County  
No: 02-74684-5 - Expires March 21, 2006

On October 24, 2003 , before me, a notary public, personally appeared SUSAN LAPIN, personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged that she executed the instrument.

  
\_\_\_\_\_  
Notary Public

0594795  
BK 1003PG13231

# STATE OF NEVADA

## 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 OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER			STATE FILE NUMBER						
	DECEASED—NAME First Middle Last 1. Clarice M. WILLIAMS			DATE OF DEATH (Month, Day, Year) 2. September 8, 2001		COUNTY OF DEATH 3a. Douglas				
DECEDENT	CITY, TOWN OR LOCATION OF DEATH 3b. Gardnerville		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) 3c. 1356 Kings Lane		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3a.	SEX 4. Female				
	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		AGE—Last Birthday (Years) 7a. 91	UNDER 1 YEAR MOS : DAYS 7b. : : UNDER 1 DAY HOURS : MINS 7c. : : DATE OF BIRTH (Mo., Day, Yr.) 8. December 7, 1909				
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	STATE OF BIRTH (If not U.S.A., name country) 9a. California		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		Decedent's Education. Specify highest grade completed. 10. 12					
	SOCIAL SECURITY NUMBER 13. [REDACTED] 3296		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Homemaker		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Widowed					
PARENTS	RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Gardnerville		STREET AND NUMBER 15d. 1356 Kings Lane	INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes			
	FATHER—NAME First Middle Last 16. Telge Hardy			MOTHER—MAIDEN NAME First Middle Last 17. Cornelia Miller						
DISPOSITION	INFORMANT—NAME (Type or Print) 18a. Edith C. Hellwinkel - Daughter			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1423 Mission Street, Gardnerville, NV 89410						
	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—NAME 19b. Antelope Valley Cemetery		LOCATION City or Town State 19c. Coleville, California					
CERTIFIER	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature]		FUNERAL DIRECTOR LICENSE NUMBER 20b. 217		NAME AND ADDRESS OF FACILITY 20c. Home, 1380 Highway 395, Gardnerville, NV 89410					
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) [Signature] DATE SIGNED (Mo., Day, Yr.) 21b. 9-10-01		HOUR OF DEATH 21c. 0515		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) and manner stated. (Signature and Title) [Signature] DATE SIGNED (Mo., Day, Yr.) 22b. : : HOUR OF DEATH 22c. : : PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON : : PRONOUNCED DEAD (Hour) 22e. AT : :					
CAUSE OF DEATH	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Phillip Harper, M.D., 707 Minnesota St., Carson City, NV 89703					LICENSE NUMBER 23b. 9560				
	REGISTRAR 24a. (Signature) [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. September 11, 2001		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					Interval between onset and death				
	PART I (a) Colon Cancer		DUE TO, OR AS A CONSEQUENCE OF:			: Months				
CAUSE OF DEATH	PART II (b)		DUE TO, OR AS A CONSEQUENCE OF:			: Interval between onset and death				
	PART II (c)		DUE TO, OR AS A CONSEQUENCE OF:			: Interval between onset and death				
CAUSE OF DEATH	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. Liver Metastasis				AUTOPSY (Specify Yes or No) 26. No		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes			
	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.		HOUR OF INJURY 28c.		DESCRIBE HOW INJURY OCCURRED 28d.			
CAUSE OF DEATH	INJURY AT WORK (Specify Yes or No) 29a.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		LOCATION. 28g.		STREET OR R.F.D. No.		CITY OR TOWN STATE	

STATE REGISTRAR

No. 206677

*Yvonne Sylva*

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

Date Issued: SEP 11 2001

0594795

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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