

APN: 1420-07-117-022, 1420-07-117-025, and  
13-331-08

RECORDING REQUESTED BY:

✓ Anderson & Dorn, Ltd.  
294 East Moana Lane, Ste, B27  
Reno, NV 89502

WHEN RECORDED MAIL TO:

GREGORY MALAVAZOS and ALEX MALAVAZOS  
C/O Bryce L. Rader  
294 East Moana Lane, # B-27  
Reno, NV 89502

17-  
REQUESTED BY  
*Anderson + Dorn Ltd*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2004 FEB 20 PM 2:20

WERNER CHRISTEN  
RECORDER

\$17<sup>00</sup> PAID *K2* DEPUTY

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**AFFIDAVIT OF DEATH OF GRANTOR  
OF TRANSFER ON DEATH DEED**

We, GREGORY MALAVAZOS and ALEX MALAVAZOS, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) That a Grant, Bargain, Sale Deed For Transfer Upon Death, dated November 21, 2003, was executed wherein the legal representatives of LELA F. KELLOGG as Grantor transfer upon her death the subject property described therein, Document No. 598388, recorded in Douglas County, Nevada on December 2, 2003.
- (2) That we are the Grantees of said Grant, Bargain, Sale Deed For Transfer Upon Death, dated November 21, 2003 executed in behalf of LELA F. KELLOGG.
- (3) That the property subject to transfer upon death is described in Exhibit "A" attached hereto.
- (4) That LELA F. KELLOGG died on December 6, 2003 in Carson City, County of Douglas, State of Nevada. Attached hereto as Exhibit "B" is a certified copy of the death certificate of said LELA F. KELLOGG.
- (5) That to the best of our information and belief LELA F. KELLOGG, or her legal representatives, executed no other deed transferring her interest in said subject property, described in Exhibit "A", to another person during her lifetime.

Executed on this 3 day of Feb, 2004, at Reno, Nevada

  
GREGORY MALAVAZOS

  
ALEX MALAVAZOS

0605206

BK0204PG08626

## EXHIBIT "A"

### Legal Description #1:

Lot G-16, as shown on the Final Map #97-1007-6 of VALLEY VISTA ESTATES, PHASE 5 recorded in the office of the Douglas County Recorder, State of Nevada, on September 24, 2001, in Book 0901, at Page 5362, as Document No. 523333, Official Records.

APN: 1420-07-117-022

Per NRS 111.312- The Legal Description appeared previously in a Corporation Grant, Bargain, Sale Deed recorded on June 26, 2003, as Document No. 0581576 in Douglas County Records, Douglas County, Nevada.

### Legal Description #2:

Lot G-13, as shown on the Final Map #97-1007-6 of VALLEY VISTA ESTATES, PHASE 5 recorded in the office of the Douglas County Recorder, State of Nevada, on September 24, 2001, in Book 0901, at Page 5362, as Document No., 523333, official Records.

APN: 1420-07-117-025

Per NRS 111.312- The Legal Description appeared previously in a Corporation Grant, Bargain, Sale Deed recorded on October 21, 2002, 2003, as Document No. 0555466 in Douglas County Records, Douglas County, Nevada.

### Legal Description #3:

LOT 24, IN BLOCK C, AS SHOWN ON THE FINAL MAP OF VALLEY VISTA ESTATES 1, PHASE 1B, FILED FOR RECORD IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER ON JUNE 2, 1995 IN BOOK 695, PAGE 389, AS DOCUMENT NO. 363386, OFFICIAL RECORDS.

APN: 13-331-08

Per NRS 111.312- The Legal Description appeared previously in a Grant, Bargain, Sale Deed recorded on November 24, 1999, as Document No. 0481460 in Douglas County Records, Douglas County, Nevada.

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BK 0204 PG 08627

STATE OF NEVADA )  
 ) ss:  
COUNTY OF WASHOE )

On February 3, 2004, before me, a notary public in and for the State of Nevada, personally appeared GREGORY MALAVAZOS, personally known to me or proven to me upon the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person or persons acted, executed the instrument.

WITNESS my hand and official seal.

Breanne Dahmer  
Signature of Notary



STATE OF NEVADA )  
 ) ss:  
COUNTY OF WASHOE )

On February 3, 2004, before me, a notary public in and for the State of Nevada, personally appeared ALEX MALAVAZOS, personally known to me or proven to me upon the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person or persons acted, executed the instrument.

WITNESS my hand and official seal.

Breanne Dahmer  
Signature of Notary



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# 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

### EXHIBIT B

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

LOCAL FILE NUMBER			STATE FILE NUMBER			
DECEASED—NAME First Middle Last 1. Lela Francis KELLOGG			DATE OF DEATH (Month, Day, Year) December 6, 2003		COUNTY OF DEATH 3a. Douglas	
CITY, TOWN OR LOCATION OF DEATH 3b. Carson City		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 845 Valley Crest Drive		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e.	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. 76	UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :	DATE OF BIRTH (Mo., Day, Yr.) August 10, 1927	
STATE OF BIRTH (If not U.S.A., name country) 9a. Kentucky	CITIZEN OF WHAT COUNTRY 9b. USA	Decedent's Education. Specify highest grade completed. 10. 12	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed 11.	SURVIVING SPOUSE (If wife, give maiden name) 12.		
SOCIAL SECURITY NUMBER 13. ████████-6568		USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired) 14a. Administrative Staff		KIND OF BUSINESS OR INDUSTRY 14b. Shipyard Repair		
RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Carson City		STREET AND NUMBER 15d. 845 Valley Crest	INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes	
FATHER—NAME First Middle Last 16. Bill Hodge			MOTHER—MAIDEN NAME First Middle Last 17. Emma Baker			
INFORMANT—NAME (Type or Print) 18a. Gregory Malavazos			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 884 Meadow Vista Drive, Carson City, Nevada 89705			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Removal/Burial		CEMETERY OR CREMATORY—NAME 19b. Mountain View Cemetery		LOCATION City or Town State 19c. Oakland, California		
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>Jimmy Ben</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 09	NAME AND ADDRESS OF FACILITY 20c. Walton's Chapel of the Valley 1281 N. Roop St., Carson City, NV 89706			
To be completed by CERTIFYING PHYSICIAN	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) <i>Jeffrey Basa</i>		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) <i>Jeffrey Basa</i>			
	DATE SIGNED (Mo., Day, Yr.) 21b. 12/9/03	HOUR OF DEATH 21c. 0600	DATE SIGNED (Mo., Day, Yr.) 22b.	HOUR OF DEATH 22c.		
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON	PRONOUNCED DEAD (Hour) 22e. AT		
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. Jeffrey Basa, M.D., 2874 N. Carson St. #200, Carson City, NV		LICENSE NUMBER 23b. 8079			
REGISTRAR 24a. (Signature) <i>[Signature]</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. Dec 9, 2003	DEATH DUE TO COMMUNICABLE DISEASE 24c. 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) <i>Alzheimer's disease</i>	DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death				
	(b)	DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death				
	(c)	DUE TO, OR AS A CONSEQUENCE OF: 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.			AUTOPSY (Specify Yes or No) 26. No	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M	DESCRIBE HOW INJURY OCCURRED 28d.			
INJURY AT WORK (Specify Yes or No) 28e.	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	

### No. 246960

STATE REGISTRAR

*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:

DEC 09 2003 0605206

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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EXHIBIT B

