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APN: 1320-08-413-003

This instrument was recorded at request of:

✓ DONALD D. BANKOFIER
16521 W. ROCK SPRINGS LN.
SURPRISE, ARIZONA 85374

MAIL TAX STATEMENT TO THE ABOVE ADDRESS

The recording official is directed to return this instrument or copy to the above person

DOC # 0637287
02/22/2005 02:26 PM Deputy: KLJ
OFFICIAL RECORD
Requested By:
DONALD BANKOFIER

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0205 PG- 7883 RPTT: # 6



Space Reserved For Recording Information

QUIT CLAIM DEED

Effective Date: FEBRUARY 8, 2005	County and State where Real Property is located DOUGLAS COUNTY, NEVADA
GRANTOR (Names, Address, Zip Code) DONALD D. BANKOFIER AND SHARON L. BANKOFIER (DECEASED), HUSBAND & WIFE 16521 W. ROCK SPRINGS LN. SURPRISE, ARIZONA 85374	GRANTEE (Name, Address, Zip Code) THE DONALD D. BANKOFIER REVOCABLE LIVING TRUST, DATED JANUARY 13, 2005 DONALD D. BANKOFIER, Trustee 16521 W. ROCK SPRINGS LN. SURPRISE, ARIZONA 85374
	BENEFICIARY DONALD D. BANKOFIER

Subject Real Property (Legal Description)

SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF

**EXEMPT TRANSACTION **

There is no consideration for this transfer. This is a transfer to a Revocable Trust of which the Grantor is the Trustor, Trustee and the Beneficiary.

DONALD D. BANKOFIER, (Grantor)

STATE OF ARIZONA
COUNTY OF MARICOPA

} SS



Notary Public State of Arizona
Maricopa County
Andrew P Gorman
Expires February 13, 2006

Acknowledgment. On this date, before me, a Notary Public, personally appeared: DONALD D. BANKOFIER, known to me or satisfactorily proven to be the person whose name is subscribed to this instrument and acknowledged that he executed the same. If this person's name is subscribed in a representative capacity, is for the principal named and in the capacity indicated.

Date of Acknowledgment: FEBRUARY 8, 2005

Andrew P. Gorman

Notary Expiration Date: 2-13-06

COOPER

EXHIBIT "A"

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

PARCEL 1:

A parcel of land located within a portion of the Southwest 1/4 of Section 8, Township 13 North, Range 20 East, M.D.M., Douglas County, Nevada described as follows:

Parcel B as shown on that certain Record of Survey for AL SHANKLE and THE JAGER 1988 FAMILY TRUST recorded August 22, 1994, in Book 894 at Page 3558 as Document No. 344389; further described as follows:

Commencing at a found 5/8" rebar and plastic cap stamped R.L.S. 1586 at the Southeast corner of Parcel F per said Record of Survey, thence North 26°35'07" West, 110.61 feet to the POINT OF BEGINNING; thence West, 68.00 feet; thence North 45°00'00" West, 16.97 feet; thence North, 42.00 feet; thence East, 80.00 feet; thence South 54.00 feet to THE POINT OF BEGINNING.

The Basis of Bearing for this description is the East line of Parcel F as shown on said Record of Survey.

PARCEL 2:

An Easement for ingress, egress and public utilities as set forth in Document recorded August 31, 1994, in Book 894, at Page 5863, as Document No. 345267.

A.P.N. 23-552-09

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2000 0012022
STATE FILE NUMBER

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		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. Sharon Adams BANKOFIER		2. October 09, 2000		3a. Douglas	
3b. Gardnerville		3c. 1380 Centerville Lane		3e. 7	4. Female
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS
5. White		6. 64		7b. 7	7c. 0
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)
9a. Idaho		9b. U.S.A.	10. 13	11. Married	12. Donald Bankofier
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
12. [REDACTED] 4234		14a. Legal Secretary		14b. Law	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
15a. Nevada	15b. Humboldt	15c. Winnemucca		15d. Ballard Lane	15e. Yes
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last			
16. Afton Adams		17. Maisie Oswalt			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. Donald Bankofier		18b. 1680 Ballard Lane - Winnemucca, Nevada 89445			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	LOCATION City or Town State		
19a. Cremation		19b. Walton's Sierra Crematory	19c. Carson City - Nevada		
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY		
20a. [Signature]		20b. 09	20c. 1478 Fourth St. - Minden, Nevada 89423 53		
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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.			
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)	
21b. 10/11/00		21c. 15:40		22b. 10/11/00	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
21d.		22d. ON		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)					LICENSE NUMBER
23a. D.T. Cassidy M.D. 75 Prindle Way #1009 NW 89400 Reno					23b. 41824
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE		
24a. [Signature]	24b. October 12 2000		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) DUE TO, OR AS A CONSEQUENCE OF:	Cardiorespiratory Arrest			Interval between onset and death
	(b) DUE TO, OR AS A CONSEQUENCE OF:	metastatic Breast Cancer			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)	WAS CASE REFERRED TO CORONER (Specify Yes or No)
				26. No	27. Yes
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
28a.	28b.	28c. M	28d.		
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN	STATE
28e.	28f.	28g.			



BK- 0205
PG- 7886
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No.168892

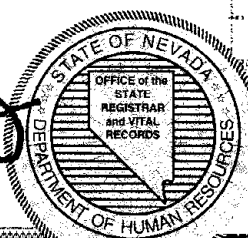
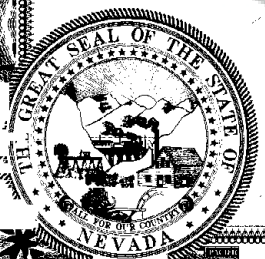
30269

STATE REGISTRAR
CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **SEP 03 2004**

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.



[Signature]

STATE REGISTRAR