

Quitclaim Deed

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 2 Fee: 15.00
BK-0806 PG- 9539 RPTT: # 7



The undersigned grantor(s) declares(s):

Documentary transfer tax is \$ #7

Realty not sold.

In consideration of \$ 1.00, receipt of which is acknowledged

The Weiss Family Trust, Dated January 6, 1997, Roland H. Weiss, Trustee

does hereby quitclaim to The Weiss Family Trust, Dated January 6, 1997, Part A, Roland H. Weiss, Trustee

the real property in the County of Douglas, State of Nevada, described as:

Lot 6, as shown on the official map of FISH SPRINGS ESTATES, filed in the office of the County Recorder of Douglas County, State of Nevada, on August 30, 1973, Document No. 68451.

A.P.N. 1221-06-001-007

Witness My hand ON this 24th day of August, 2006

Roland H. Weiss, Trustee

STATE OF NEVADA,
COUNTY OF Carson City } SS.

Roland H. Weiss, Trustee
(Type or print names under signatures)

On August 24th, 2006,
personally appeared before me, a Notary Public,

Notarial Seal

Keith Demaline



personally known (or proved) to me to be the Person(s) whose name(s) is/are subscribed to the above instrument who acknowledged that he/she/they executed the instrument.

Signature [Signature]
(Notary Public)

WHEN RECORDED MAIL TO
Name: Roland H. Weiss, Trustee
Address: 3512 Cherokee Dr.
Carson City, NV. 89705

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

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

ROLL 91 IMAGE 74

2051

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER 2051	DECEASED—NAME 1 Margaret Leola WEISS	DATE OF DEATH (Mo., Day, Year) 2 September 8, 1997
		CITY, TOWN, OR LOCATION OF DEATH 3b Reno	COUNTY OF DEATH 3a Washoe
		HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number) 3c Washoe Medical Center	SEX 4 Female
		RACE—(a.g., White, Black, American Indian, etc.) (Specify) 5 White	DATE OF BIRTH (Mo., Day, Yr.) 6 January 21, 1936
		AGE—Last Birthday (Years) 7a 61	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11 Married
		CITIZEN OF WHAT COUNTRY 8a Oklahoma	SURVIVING SPOUSE (if wife, give maiden name) 12 Roland Herman Weiss
		SOCIAL SECURITY NUMBER 13 3289	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Nat'l Coordinating Team Member
		RESIDENCE—STATE 15a Nevada	RESIDENCE—CITY, TOWN, OR LOCATION 15c Carson City
		FATHER—NAME 16 Douglas Holt	MOTHER—MAIDEN NAME 17 Dessie Williams
		INFORMANT—NAME (Type or Print) 18a Roland Weiss	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b 2289 Fairmont Way, Carson City, Nevada 89706
		BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial	CEMETERY OR CREMATORY NAME 19b Lone Mountain Cemetery
		FUNERAL DIRECTOR—NAME (Or Person Acting as Such) 20a	NAME AND ADDRESS OF FACILITY 19c Carson City, Nevada 20b Walton's Sparks Funeral Home 20c 1745 Sullivan Lane, Sparks, Nevada 89431
		21a To the best of my knowledge, death occurred at the time, date and place stated due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.)	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) DATE SIGNED (Mo., Day, Yr.)
		21b NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	22b HOURS OF DEATH 22c 0835
		21c HOUR OF DEATH	22d AT 0835
		21d NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)	22e LICENSE NUMBER 22f WCC S. 35
		23a Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520	
		REGISTRAR 24a (Signature) Sandi Budge Dep.	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b September 12, 1997
		25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR 1a, 1b, AND 1c)	DEATH DUE TO COMMUNICABLE DISEASE 24c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		PART 1 1a Multiple injuries DUE TO, OR AS A CONSEQUENCE OF	Interval between onset and death
		1b Blunt force motorcycle trauma DUE TO, OR AS A CONSEQUENCE OF	Interval between onset and death
		PART 2 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1	Interval between onset and death
		ACC. SUICIDE, HOMIC. UNDET. OR PENDING INVEST. 25a Accident	AUTOPSY (Specify Yes or No) 25b Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
		DATE OF INJURY (Mo., Day, Yr.) 25c Sept. 8, 1997	WAS CASE REFERRED TO CORONER (Specify Yes or No) 25d Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
		HOUR OF INJURY 25d 0715	
		DESCRIBE HOW INJURY OCCURRED 25e Pedestrian struck by motorcycle	
		PLACE OF INJURY (Name, street, street address, office building, etc.) (Specify) 25f Highway	
		LOCATION—STREET OR R.F.D. NO. 25g Intersection of Airport Road at Sherman Road, Carson City, Nevada	

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

Deputy Registrar: Sandi Budge

Date: SEP 30 1997

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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PG- 9540
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08/24/2006
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