

A.P.N. # 1320-33-815-005
R.P.T.T. \$ 0.00

RECORDING REQUESTED BY:
CLARENCE SUMNER
MAIL TAX STATEMENTS TO:
SAME AS BELOW

DOC # **0684872**
09/21/2006 11:47 AM Deputy: PK

OFFICIAL RECORD
Requested By:
CLEARANCE E SUMNER

Douglas County - NV
Werner Christen - Recorder
Page: 1 of 3 Fee: 16.00
BK-0906 PG- 6868 RPTT: # 5



✓ WHEN RECORDED MAIL TO:
Sumner/Pollock
1373 Winwood Way
Gardnerville, NV 89410

(Space Above for Recorder's Use Only)

GRANT, BARGAIN, SALE DEED

THIS INDENTURE WITNESSETH: That Clarence Edward Sumner and Margaret Teresa Sumner, Trustees, and their Successors, under The Sumner Family Trust U/D/T 04-24-03

in consideration of \$10.00, the receipt of which is hereby acknowledged, does hereby Grant, Bargain Sell and Convey to Clarence Edward Sumner, a widower, and Michael Pollock and Diane Lynn Pollock, husband and wife all as joint tenants


and to the heirs and assigns of such Grantee forever, all that real property situated in the Douglas County of Nevada State of Nevada, bounded and described as:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anyway appertaining, and any reversions, remainders, rents, issues or profits thereof.

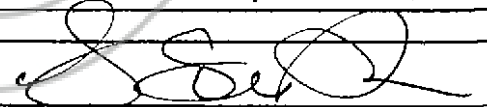
DATE: September 20, 2006

Clarence Edward Sumner
Clarence Edward Sumner, Trustee

 **D. STEPHENS**
NOTARY PUBLIC
STATE OF NEVADA
Appt. Recorded in Douglas County
My Appt. Expires June 8, 2010
No: 02-75628-5

STATE OF NEVADA }
 } ss.
COUNTY OF Douglas }

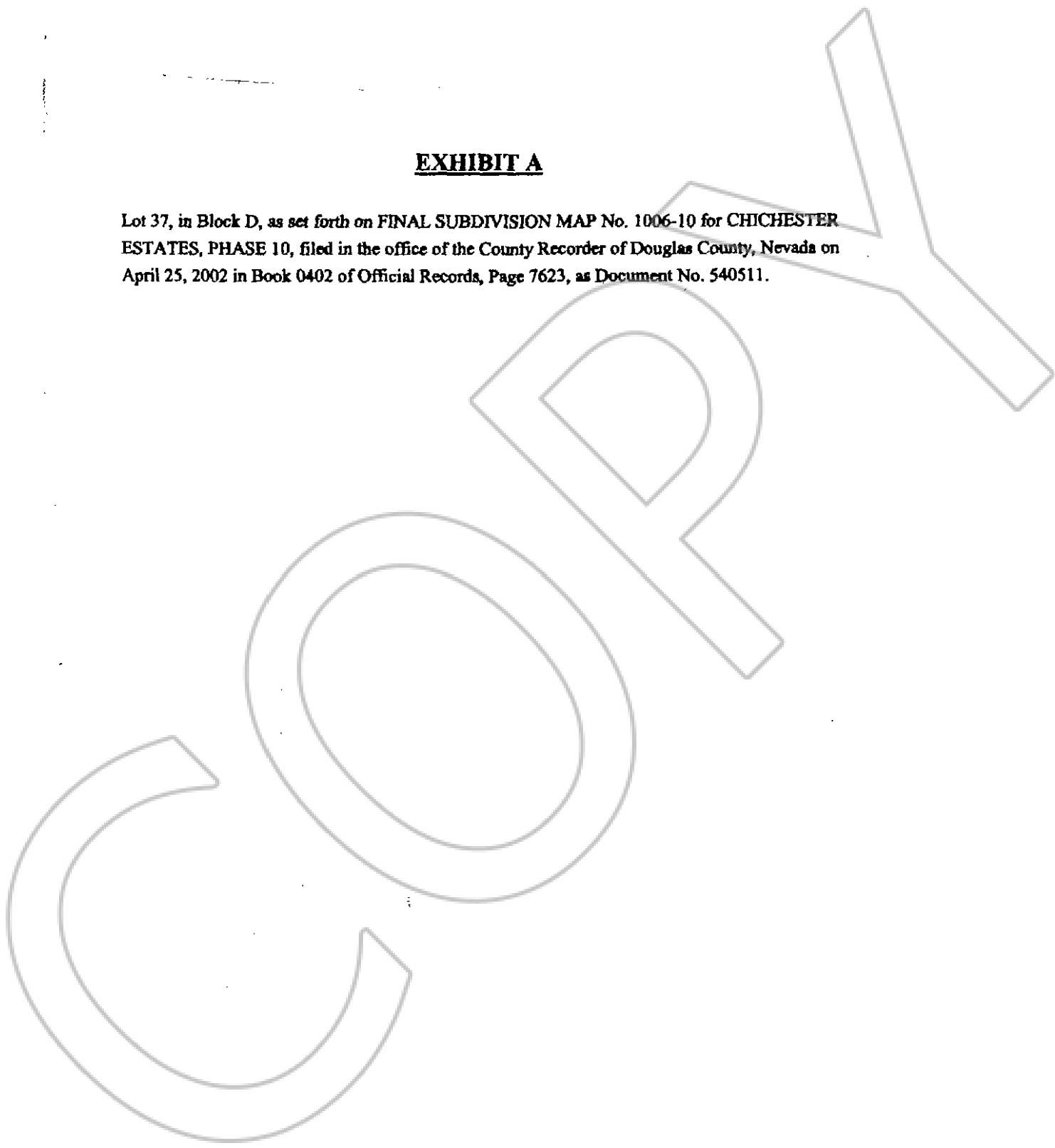
This instrument was acknowledged before me on 9-20-06
by Clarence Edward Sumner, Trustee

Signature 

Notary Public (One inch margin on all sides of document for Recorder's Use Only)

EXHIBIT A

Lot 37, in Block D, as set forth on FINAL SUBDIVISION MAP No. 1006-10 for CHICHESTER ESTATES, PHASE 10, filed in the office of the County Recorder of Douglas County, Nevada on April 25, 2002 in Book 0402 of Official Records, Page 7623, as Document No. 540511.



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

DECEASED

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

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last 1. Margaret T. SUMNER		DATE OF DEATH (Month, Day, Year) 2. December 7, 2003	COUNTY OF DEATH 3a. Douglas
CITY, TOWN OR LOCATION OF DEATH 3b. Gardnerville		HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number) 3c. Carson Valley Medical Center	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3d. Inpatient 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. 79	UNDER 1 YEAR UNDER 1 DAY MOS : DAYS HOURS : MINS 7b. 7c.
STATE OF BIRTH (If not U.S.A., name country) 8a. California	CITIZEN OF WHAT COUNTRY 9b. USA	Decedent's Education. Specify highest grade completed. 10. 12	DATE OF BIRTH (Mo., Day, Yr.) 8. April 5, 1924
SOCIAL SECURITY NUMBER 13. [REDACTED]-7438	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) 14a. Homemaker	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	SURVIVING SPOUSE (If wife, give maiden name) 12. Clarence E. Sumner
RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Gardnerville	KIND OF BUSINESS OR INDUSTRY 14b. Own Home
FATHER—NAME First Middle Last 16. Frank Harris		MOTHER—MAIDEN NAME First Middle Last 17. Anna Evitz	
INFORMANT—NAME (Type or Print) 18a. Clarence E. Sumner		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1373 Winwood Way, Gardnerville, NV 89410	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation	CEMETERY OR CREMATORY—NAME 19b. Walton's Sierra Crematory	LOCATION City or Town State 19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature]	FUNERAL DIRECTOR LICENSE NUMBER 20b. 09	NAME AND ADDRESS OF FACILITY 20c. Walton's Douglas County Mortuary 1478 4th Street, Minden, Nevada 89423	
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. 12-9-03		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.	
21c. HOUR OF DEATH 21d. 1044		22c. HOUR OF DEATH 22d. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. B. Bottenberg, D.O., 550 W. Washington St. #1, Carson City, NV			LICENSE NUMBER 23b. D0674
REGISTRAR 24a. (Signature) [Signature]	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. December 10, 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) Congestive heart failure DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c)		Interval between onset and death months Interval between onset and death 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. Acute bronchitis		AUTOPSY (Specify Yes or No) 28. NO	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes
ACC., SUICIDE, HON., UNDET., OR PENDING INVEST. (Specify) 29a.	DATE OF INJURY (Mo., Day, Yr.) 29b.	HOUR OF INJURY 29c. M	DESCRIBE HOW INJURY OCCURRED 29d.
INJURY AT WORK (Specify Yes or No) 28a.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28b.	LOCATION 28c.	STREET OR R.F.D. No. CITY OR TOWN STATE 28d.

STATE REGISTRAR

No.246948

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 10 2003

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK- 0906
PC- 6870
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