

OFFICIAL RECORD
Requested By:
MARQUIS TITLE & ESCROW

Douglas County - NV
Werner Christen - Recorder

Page: 1 of 4 Fee: 17.00
BK-1106 PG- 3528 RPTT: 0.00



Mail Tax Statements and
When Recorded Mail To:

CLAUDIA SHEPLER
5653 Mount Hood Court
Martines, CA 94553
1320-31-515-006
A.P.N. ~~25-158-006~~

DEATH OF GRANTOR AFFIDAVIT

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

CLAUDIA SHEPLER, Executrix of the Estate of DAVID L. WELLS, being duly sworn, deposes and says that MARILYN D. WELLS, the decedent mentioned in the attached certified copy of the Certificate of Death showing a date of death of April 4, 2006, is the same person as MARILYN D. WELLS, named as the Grantor in the Quitclaim Deed recorded on March 26, 2006, as Document No. 0671041, records of Douglas County, Nevada, covering the following described property:

Lot 3, in Block C, as set forth on the Final Map of MACKLAND UNIT NO. 2 "PHASE A", filed in the Office of the County Recorder of Douglas County, State of Nevada, on August 21, 1989, in Book 889, Page 2804, Douglas County, Nevada, as Document No. 209038.

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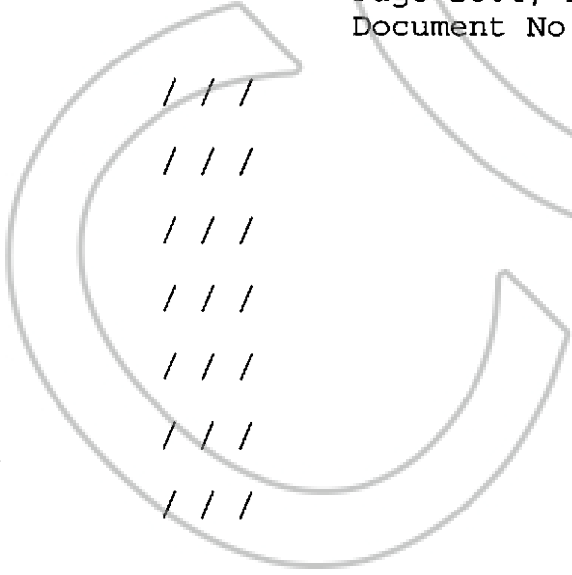
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DAVID L. WELLS is the Grantee to whom the real property is conveyed upon the death of the Grantor, MARILYN D. WELLS. DAVID L. WELLS died on May 28, 2006; a certified copy of his death certificate is attached hereto.


The execution of the Quitclaim Deed was ratified and confirmed by an Order of the Court dated October 24, 2006 in Case No. GR04-00341, In the Matter of the Guardianship of MARILYN D. WELLS, In the Family Division of the Second Judicial District Court of the State of Nevada, In and for the County of Washoe. A certified copy of said order was recorded in the Office of the Douglas County Recorder on or about October 25, 2006 as Document No. 0687269.

DATED this 26 day of October, 2006.

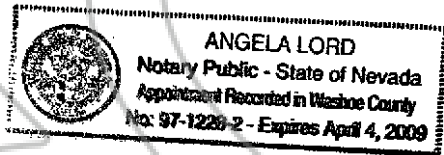


CLAUDIA SHEPLER

SUBSCRIBED and SWORN TO before me
this 26 day of OCTOBER, 2006.



NOTARY PUBLIC in and for said
County and State.



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

2006000935

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 2006000935			STATE FILE NUMBER			
1. DECEASED—NAME First Middle Last Marilyn Doreen WELLS			2. DATE OF DEATH (Month, Day, Year) April 4, 2006		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) ManorCare Health Services		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient	4. SEX Female	
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White	6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7a. AGE—Last Birthday (Years) 77	7b. UNDER 1 YEAR MOS : DAYS 7c. UNDER 1 DAY HOURS : MINS	8. DATE OF BIRTH (Mo., Day, Yr.) November 7, 1928	
9a. STATE OF BIRTH (If not U.S.A., name country) Washington	9b. CITY OF WHAT COUNTRY U.S.A.	10. Decedent's Education. Specify highest grade completed. 12	11. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	12. SURVIVING SPOUSE (If wife, give maiden name) David Lee Wells		
13. SOCIAL SECURITY NUMBER 4873		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Waitress		14b. KIND OF BUSINESS OR INDUSTRY Restaurant		
15a. RESIDENCE—STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN, OR LOCATION Minden	15d. STREET AND NUMBER 1645 Zaldia Drive	15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		
16. FATHER—NAME First Middle Last Clifford Allen Anderson			17. MOTHER—MAIDEN NAME First Middle Last Helen Smith			
18a. INFORMANT—NAME (Type or Print) David Lee Wells			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1645 Zaldia Drive Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	19b. CEMETERY OR CREMATORY—NAME Sierra Crematory		19c. LOCATION City or Town State Reno, Nevada			
20a. FUNERAL DIRECTOR'S SIGNATURE (Or Person Acting as Such)	20b. FUNERAL DIRECTOR LICENSE NUMBER 16	20c. NAME AND ADDRESS OF FACILITY Walton Funeral Home 875 West Second Street Reno, Nevada 89503				
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) DATE SIGNED (Mo., Day, Yr.) 4/7/06 HOUR OF DEATH 1600 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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.) HOUR OF DEATH PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Hour) 22d. ON 22e. AT			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Jeffrey V. Gingsberg MD, 5101 ROLLINS ST, RENO NV					23b. LICENSE NUMBER NV 106	
24a. REGISTRAR (Signature) Lindie Sudo		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) April 10, 2006		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART (a) Aspiration pneumonia DUE TO, OR AS A CONSEQUENCE OF: Day PART (b) Dysphagia DUE TO, OR AS A CONSEQUENCE OF: Year PART (c) Dementia, Mixed Type DUE TO, OR AS A CONSEQUENCE OF: Years						
26. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.			26. AUTOPSY (Specify Yes or No) No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		
28a. ACC., SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo., Day, Yr.)	28c. HOUR OF INJURY M	28d. DESCRIBE HOW INJURY OCCURRED			
28f. INJURY AT WORK (Specify Yes or No)	28g. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28h. LOCATION	28i. STREET OR R.F.D. No.	28j. CITY OR TOWN	28k. STATE

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PG- 3530
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0688333

No. 335503

STATE REGISTRAR

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

Deputy Registrar: Mary A. Anderson

Date: APR 13 2008

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT



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

2006001482

	LOCAL FILE NUMBER			STATE FILE NUMBER		
TYPE OR PRINT IN PERMANENT BLACK INK	1. DECEASED—NAME First Middle Last David Lee WELLS			2. DATE OF DEATH (Month, Day, Year) May 28, 2006		3a. COUNTY OF DEATH Washoe
	3b. CITY, TOWN OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Washoe Medical Center		4. SEX Male	
DECEDENT	5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7. AGE—Last Birthday (Years) 7a. 73	
	8. DATE OF BIRTH (Mo., Day, Yr.) July 12, 1932		9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		10. SURVIVING SPOUSE (If wife, give maiden name)	
IF DEATH OCCURRED IN INSTITUTION—SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A., name country) Missouri		9b. CITIZEN OF WHAT COUNTRY U.S.A.		10. Decedent's Education. Specify highest grade completed. 14	
	13. SOCIAL SECURITY NUMBER ██████-1900		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life; Even if Retired) Machinist		14b. KIND OF BUSINESS OR INDUSTRY Airline	
PARENTS	15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Minden	
	15d. STREET AND NUMBER 1645 Zaldia Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER—NAME First Middle Last Howard G. Wells			17. MOTHER—MAIDEN NAME First Middle Last Chloe Marie Hilder			
18a. INFORMANT—NAME (Type or Print) Peter Wells			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 32 Glen Eyrie Avenue; San Jose, California 95125			
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada	
	20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>James Dermody</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 009		20c. NAME AND ADDRESS OF FACILITY Walton's Douglas County Mortuary 1478 4th Street; Minden, Nevada 89423	
CERTIFIER	21a. To be completed by Certifying Physician 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 P. Bacon</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 P. Bacon</i>		
	21b. DATE SIGNED (Mo., Day, Yr.) 6/1/06		21c. HOUR OF DEATH 1731		22b. DATE SIGNED (Mo., Day, Yr.)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22c. PRONOUNCED DEAD (Mo., Day, Yr.)		22d. PRONOUNCED DEAD (Hour)
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR GORDNER). (Type or Print) Jeffrey P. Bacon MD 236 W 6th #100 Reno NV 89503			23b. LICENSE NUMBER 8951		
CAUSE OF DEATH	24a. REGISTRAR SIGNATURE <i>Janice Budyo</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) June 1, 2006		24c. DEATH DUE TO COMMUNICABLE DISEASE NO	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
	PART 1 (a) Anoxic brain		DUE TO, OR AS A CONSEQUENCE OF:			
	PART 1 (b)		DUE TO, OR AS A CONSEQUENCE OF:			
PART 1 (c)		DUE TO, OR AS A CONSEQUENCE OF:				
26. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) NO		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) NO						
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY		
28d. DESCRIBE HOW INJURY OCCURRED		28e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28f. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		
28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE						



STATE REGISTRAR

No. 331194

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

Mary A. Anderson

JUN 5 2006

Deputy Registrar: _____

Date: _____

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 PG- 3531
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