

OFFICIAL RECORD

Requested By:

JOSEPH W TILLSON

Document Transfer Tax - \$0 - #3  
Assessor's Parcel No. 1420-28-311-023

WHEN RECORDED AND  
MAIL TAX STATEMENTS TO:  
Patricia A. Chandler, Trustee  
2855 San Juan Circle  
Minden NV 89423

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 of 3 Fee: 16.00  
BK-0307 PG- 8801 RPTT: 0.00



The grantor declares:  
Documentary transfer tax is \$ -0-  
 computed on full value of property conveyed,

AFFIDAVIT--DEATH OF SETTLOR, TRUSTEE AND BENEFICIARY

PATRICIA A. CHANDLER, of legal age, being first duly sworn, deposes and says:

That GARY A. CHANDLER, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as is named as the party in that certain Grant, Bargain, Sale Deed dated September 16, 2003, executed by GARY A. CHANDLER and PATRICIA A. CHANDLER wherein the decedent is a settlor of the CHANDLER FAMILY TRUST dated May 24, 1991, as well as a beneficiary and co-trustee under said trust; it being further acknowledged that PATRICIA A. CHANDLER is the surviving trustee and beneficiary under said declaration of trust on the death of GARY A. CHANDLER .

The original Grant, Bargain, Sale Deed aforementioned is recorded as Document No.0590140, Book 0903, Page 08369, on September 16, 2003, in the Official Records of Douglas County, State of Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

SEE EXHIBIT "A" ATTACHED HERETO

Dated: 3/2/07

Patricia A. Chandler  
PATRICIA A. CHANDLER

State of California  
County of El Dorado

Subscribed and sworn to (or affirmed) before me on this 2<sup>nd</sup> day of MARCH 2007,  
by PATRICIA A. CHANDLER, personally known to me or proved to me on the basis of  
satisfactory evidence to be the person who appeared before me.

Joann Tillson

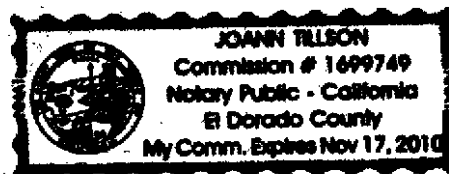
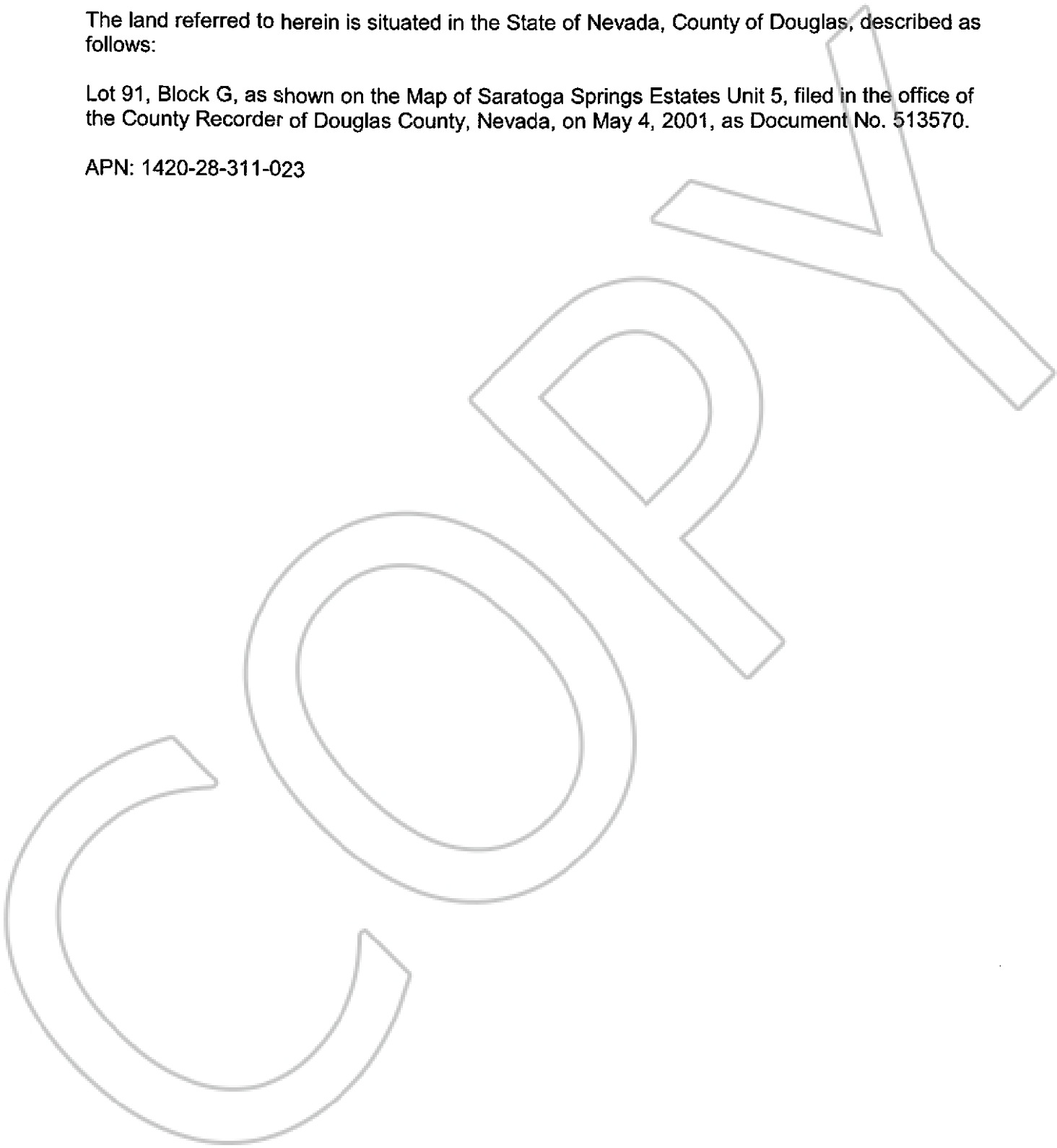


EXHIBIT "A"  
LEGAL DESCRIPTION

The land referred to herein is situated in the State of Nevada, County of Douglas, described as follows:

Lot 91, Block G, as shown on the Map of Saratoga Springs Estates Unit 5, filed in the office of the County Recorder of Douglas County, Nevada, on May 4, 2001, as Document No. 513570.

APN: 1420-28-311-023



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

TYPE PRINT IN PERMANENT INK

IDENT

DEATH RECORDED IN THIS BOOK AND BOOK WRITING SECTION OF THIS ITEMS

ENTS

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LOCAL FILE NUMBER			STATE FILE NUMBER		
1. DECEASED—NAME First Middle Last Gary Albert CHANDLER			2. DATE OF DEATH (Month, Day, Year) June 20, 2006		3. COUNTY OF DEATH Carson City
3b. CITY, TOWN OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Carson Tahoe Regional Healthcare		3e. If Hosp. or Inst. indicate DOA, OP/Emer. (Specify) Emergency Room	4. SEX Male
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) 62	7b. UNDER 1 YEAR MOS : DAYS 7c. UNDER 1 DAY HOURS : MINS
9a. STATE OF BIRTH (If not U.S.A., name country) Canada		10. Decedent's Education—Specify highest grade completed U.S.A. 14 years		11. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
13. SOCIAL SECURITY NUMBER 0068		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired) Battalion Chief		14b. KIND OF BUSINESS OR INDUSTRY El Segundo Fire Dept.	
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas	15c. CITY, TOWN, OR LOCATION Minden	15d. STREET AND NUMBER 2855 San Juan Ct.	
16. FATHER—NAME First Middle Last Albert Thomas Chandler			17. MOTHER—MAIDEN NAME First Middle Last Margaret Ward		
18a. INFORMANT—NAME (Type or Print) Patricia Chandler - Wife			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 2855 San Juan Court, Minden, NV 89423		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME FitzHenry's Crematory		19c. LOCATION City or Town State Carson City, Nevada	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		20b. FUNERAL DIRECTOR LICENSE NUMBER 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home, 1380 Hwy 395, Gardnerville, NV 89410	
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) DATE SIGNED (Mo., Day, Yr.)			22a. To be completed by Coroner's Office 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)		21c. HOUR OF DEATH		22b. PRONOUNCED DEAD (Mo., Day, Yr.) 7-7-06	
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		21e. LICENSE NUMBER		22c. PRONOUNCED DEAD (Hour) 1045	
23a. Ruth Beseler, Deputy Coroner, 897 E. Musser St., Carson City, NV		23b. 9307		22d. ON 6-20-06	
24a. REGISTRAR (Signature) Daimie Enino		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) July 6, 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 I (a) Haemophilus influenzae sepsis (Waterhouse-Friderichsen Syndrome): 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.				26. AUTOPSY (Specify Yes or No) yes	
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY	
28a.		28b.		28c.	
28d. DESCRIBE HOW INJURY OCCURRED		28g. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			
28d.		28g.			
28e. INJURY AT WORK (Specify Yes or No)		28f. LOCATION		28g. STREET OR R.F.D. No. CITY OR TOWN STATE	
28e.		28f.		28g.	

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No. 338613

STATE REGISTRAR

124671

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: JUL - 6 2006

STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE