Recording Requested by:

Carolyn S. Lewis 799 Bluerock Road Gardnerville, NV 89460 1220-22-210-200

When Recorded Mail to and Mail Tax Statement to:

Carolyn S. Lewis 799 Bluerock Road Gardnerville, NV 89460 05/16/2007 03:53 PM Deputy: OFFICIAL RECORD Requested By: CAROLYN S LEWIS

> Douglas County - NV Werner Christen - Recorder

Fee: 4 Page: 0f PG- 5893 RPTT:



17.00

0.00

AFFIDAVIT - DEATH OF CO-TRUSTEE

State of Nevada **County of Douglas**

Carolyn S. Lewis, of legal age, says:

That Dana Ray Lewis the decedent mentioned in the certified copy of Certificate of Death attached, is the same person as Dana Ray Lewis named in the Trust Transfer Deed dated July 28, 1986, executed by Dana Ray Lewis and Carolyn S. Lewis.

16	Moer	-07	
Date	y		

Carolyn S. Lewis

State of	Nevada	
----------	--------	--

County of Douglas

Subscribed and sworn to (or affirmed) before me on this _______ day of ________, 2007, by Carolyn S. Lewis, personally known to me or proved to me on the basis of satisfactory evidence to be the person who appeared before me.

A N

ERIN INMAN
Notary Public - State of Nevada
Appointment Recorded in Douglas County

No: 99-50689-5 - Expires January 10, 2010

(Notary Signature)

FHA CASE NO.: 331-0545927

DEED OF TRUST

with deeds of trust insured under the one-to four-family provisions of the National Housing Act.

July 86, 28th day of . 19 THIS DEED OF TRUST, made this DANA R. LEWIS AND CAROLYN S. LEWIS HUSBAND AND WIFE by and between

SILVER STATE TITLE AND ESCROW COMPANY INC. hereinafter called Grantor, and Trustee, and

OLD STONE MORTGAGE CORPORATION, 1417 FOURTH AVENUE

, a Corporation organized and existing under the SEATTLE, WASHINGTON 98101 , hereinafter with its successors and assigns called Benelaws of

WASHINGTON ficiary; it being understood that the words used herein in any gender include all other genders the singular number included the plural the plural the singular.

WITNESSETH:

WHEREAS, the said Grantor is justly indebted to the said Beneficiary in the sum of Dollars (\$ SIXTY-FIVE THOUSAND TWO HUNDRED NINETY AND NO/100

65,290.00)

hereinafter called

legal tender of the United States of America, evidenced by a certain promissory note dated 7-28-86 providing for monthly installments of principal and interest with the balance of the indebtedness, if not sooner paid, due and payable on September 01, 2016

NOW, THEREFORE, THIS DEED OF TRUST WITNESSETH, that the Grantor in consideration of the foregoing, and for the purpose of better securing all the other covenants and conditions of the above note and of this Deed of Trust, and in further consideration of the sum of One Dollar (\$1) legal tender to Grantor in hand paid by the Trustee, the receipt whereof is hereby acknowledged, has granted, bargained, sold, conveyed, and confirmed, and by these presents does hereby grant, bargain, sell, convey and confirm, unto the said Trustee, its successors and assigns, all that certain lot or parcel of land situated in County of DOUGLAS

GARDNERVILLE State of Nevada, described as follows:

> ALL THAT CERTAIN LOT, PIECE OR PARCEL OF LAND SITUATE IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, DESCRIBED AS FOLLOWS: LOT 80, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 6. FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON MAY 29, 1973, DOCUMENT NO. 66512.

CSP

This Deed of Trust (Mortgage) is subject to the attached Riders, which substantially modify the terms of this loan. Do not sign it unless you read and understand it.

BK-0507 PG-5895 Page: 3 Of 05/16/2007

Including all heating, plumbing, and lighting fixtures and equipment now or hereafter attached to, or used in connection with the real estate herein described.

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

		CERTIFICATE OF	DEATH	\ \
LOCAL FILE NUMBE	R Middle	Last	DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
, _				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Dana OTY, TOWN OR LOCATION OF		LEWIS IER INSTITUTION—Name (If not either, g	ive street and number) If Hosp, or Inst. in	3a. Douglas Idicate DOA, OP/Emer. SEX
™ Gardnervill		Bluerock Rd.	Rm. Inpatient (Spi 3e.	ecify)
RACE—(e.g., White, Black, Ameri Indian, etc.) (Specify)		Origin? Specify ☐ yes 🔀 no tiyes, AGE	Lest UNDER 1 YEAR UNDER	4. Male 1 DAY DATE OF BIRTH (Mo., Day, Yr.)
Indian, etc.) (Specify) 5. White	specify Mexican, Cuban, Pu	1	day (Years) MOS DAYS HOURS 7c.	: MINS 8 April 18, 194
STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COL			SURVIVING SPOUSE (If wife, give malden r
ea Georgia	9b. U.S.A.		/C2.4	12 Carol McMahon
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Working Life, Even If Re	Give Kind of Work Done During Most of	KIND OF BUSINESS OR INDUSTR	W AND RELIGIO
13	148	Fruck Driver	14b. Trucking]	Industry
RESIDENCE—STATE	COUNTY	CITY, TOWN, OF LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
^{15a.} Nevada	15b. Douglas	150. Gardnerville		rock Rd. 15e. Yes
FATHER—NAME First	Middle	test MOTHER	MAIDEN NAME First	Middle Last
16. Marcu NFORMANT—NAME (Type or Pr		Lewis 17.		Lois Maddox
	•	MAILING ADDRESS	(Street or R.F.D. No., City or To	• •
18a Carol Lewis	- Wife	18b. P.O Box 1	785, Minden, Neva	
_				
^{19a.} Cremation	IRE I FUNER	FitzHenry's Crema	tory 19c Car	son City, Nevada
FUNERAL DIRECTOR—SIGNATU (Or Pepson Acting is Such) 20a.				Carson Valley Funera
- James in	wledge, death occurred at the time, dated.	ate and elace and	380 Hwy 395, Gardne	investigation in my opinion death occurred
(i) 📂		illes me	at the time, date and place and du	r investigation, in my opinion death occurred e to the cause(s) and manner stated.
(Signature and Title) DATE SIGNED (Mo., I		DEATH	Signature and Title) OATE SIGNED (Mo., Day, Yr.) Signature and Title)	HOUR OF DEATH
21b. A	7/05 216.	0245	Ē.∞ 8 € 22b.	22c.
NAME OF ATTENDING	G PHYSICIAN IF OTHER THAN CER		PRONOUNCED DEAD (Mo., Day, Yr.)	PRONOUNCED DEAD (Hour)
NAME OF ATTENDING			22d. ON	22e. AT
NAME AND ADDRESS	OF CERTIFIER (PHYSICIAN, ATTE	ENDING PHYSICIAN, MEDICAL EXAMINE		LICENSE NUMBER
23a Andrea	L. Miller, M.D.	, 1374 Bridle Way	, Minden, NV 89423	236. 8912
REGISTRAR		DATE RECEIVED BY	REGISTRAR (Mo., Day, Yr.) DEATH DUE T	O COMMUNICABLE DISEASE
4a, (Signature)	a R Lacher	as 246. Vina	8 1005 24c. YEST] Гури
5. IMMEDIATE CAUSE (ÉI	NTER ONLY ONE CAUSE PER LINE	FOR (a), (b), AND (c).)	/	Interval between onset and deatl
	peratory	arrest	r	<u> </u>
DUE TO, OR AS A	CONSEQUENCE OF:			Interval between onset and deati
(6)	Muster	colon car	uce-	•
DUE TO, OR AS A	A CONSEQUENCE OF:			Interval between onset and death
(c)				•
DART OTHER SIGNIFICANT	CONUITIONS—Conditions communi	ng to death but not resulting in the underly	ing cause given in Part 1. AUTOPSY Ye	(Specify WAS CASE REFERRED TO Sor No.) CORONER (Specify Yes or No.)
DO OUIONE HOLL INDEED	Line or named as a second	NID OF INHIBY DECORING HO	26. No	27. No
ACC., SUICIDE, HOM., UNDET., DR PENDING INVEST. Specify)	1 1/1/1/		W INJURY OCCURRED	•
28a.	28b. 28		OTDEET OD O E O W	
NJURY AT WORK Specify Yes or No)	PLACE OF INJURY—At home, fair building, etc. (8	Specify)	STREET OR R.F.D. No.	CITY OR TOWN STATE
8e.	28f.	28g.		
1				No. 286965
The same of the sa	STATE P	REGISTRAR		
The state of the s	The state of the s			

67908

CERTIFIED COPY OF VITAL RECORDS

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

DATE ISSUED:

JUN - 8 2005

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

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istar.

STATE REGISTRAR