4	/
V	•

A.P.N. # <u>1220-12-710-023</u>	BETTY M PINDER
ESCROW NO.	
RECORDING REQUESTED BY:	Douglas County - NV Werner Christen - Recorder
	Page: 1 Of 2 Fee: 15.00
	BK-0807 PG-00879 RPTT: 0.00
, ·	# 1881   881   BBIR BBIR BBIR BIR BIR   1881   1881
WHEN RECORDED MAIL TO:	
Betty M. Pinder, Trustee	\ \
1062 Log Cabin Rd.	\ \
Gardnerville, NV 89410	
	Space Above For Recorder's Use Only)
AFFIDAVIT - DEA	ATH OF TRUSTEE
STATE OF NEVADA }	
STATE OF NEVADA  } ss.	
COUNTY OF Douglas }	
John Stagens ,	
Betty Maxine Pinder	, of legal age, being first duly sworn, deposes
and says: That Philip G. Pinder, Jr	, the decedent mentioned in the attached
certified copy of Certificate of Death, is the same person a	
named as one of the parties in that certainQuitclaim D	
executed by Philip G. Pinder, Jr. and Bett	y M. Pinder
The Philip Gerald Pinder, Jr. and Bett	y Maxine Pinder Family Trust utd 5-15-90
as trustee, recorded as Instrument No. 228769 in Book 690, Page 3301, of Officia	on June 25, 1990
County, Nevada, covering the following described propert	v cituated in Douglas
County, State of Nevada:	y Situated III Bodgado
, , , , , , , , , , , , , , , , , , ,	\ \
Lot 41, Block C, as set forth on the p1	at of Pinenut Manor NO. 1 and 2,
Phase 2, filed for record in the office	of the County Recorder of
Douglas County, Nevada on June 16, 1980	in Book 680, Page 1361, as
Document NO. 45348.	
DATE:	
	Betty Maxine Pender
S B	etty Maxine Pinder
STATE OF Arthur	
COUNTY OF Drugles } ss.	MANAGE V DANGE
COUNTY OF The fles }	JANICE K. CONDON NOTARY PUBLIC
This instrument was called 11.5	2 -0 7
This instrument was acknowledged before me on 8-by, Belly Wayer Pender	/ Printing A Labor 1000 11 Doubles Contife 1
in the process	My Apr.t. Expires September 11, 2008

DOC # 0706819 08/02/2007 11:26 AM Deputy: PK

OFFICIAL RECORD Requested By:

Novary Public (One Inch Margin on all sides of Document for Recorder's Use Only)

## CERTIFICATION OF VITAL RECORD

## STATE OF NEVADA

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE HERUBEATH = 2

2007001294 STATE FILE NUMBER

MATYPE OR	
PRINT IN	
PRINT IN PERMANENT BLACK INK	
BLACK INK	•

18. DECEASED-NAME FIRST 16. MIDDLE 3b. CITY, TOWN, OR LOCATION OF DEATH 3c: HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street 3e.if Hosp: or Inst. Indicate DOA, OP/Emer. Rm. | 4. SEX

... PINDER JR

1062 Log Cabin Road

2. DATE OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH March 17, 2007

Douglas

DECEDENT

RESIDENCE

IF DEATH name country) INSTITUTION 13. SOCIAL SECURITY NUMBER PE HANDBOOK DEGADIN PLETION OF

9a. STATE OF BIRTH (If not U.S.A... Florida 🛦 🖑

Gardnerville

5. RACE-(e.g., White, Black, 6. Was Decedent of Hispanic Origin? No American Indian) (Specify) If yes, specify Mexican, Cuban, Puerto Rican, etc. White 96. CITIZEN OF WHAT COUNTRY 10. EDUCATION 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

7a. AGE----birthday (Years) 82

7b, UNDER 1 YEAR 7c. UNDER 1 DAY 8. DATE OF BIRTH (Mo/Day/Yr) 12 SURVIVING SPOUSE (if wife, give

Inpatient(Specify)

September 25, 1924

United States Life Even If Retired) Aerospace Engineer

and number) 👍

16 14a: USUAL OCCUPATION (Give Kind of Work Done During Most of Working

7a. AGE-Last

naiden name) Betty PAYNE 14b. KIND OF BUSINESS OR INDUSTRY

15a. RESIDENCE - STATE Nevada

115b COUNTY ີ Douglas 🤼 16. FATHER - NAME (First: Middle : Last ; Suffix),,

15c. CITY, TOWN OR LOCATION Gardnerville 17-MOTHER - NAME (First Middle Last Suffix

15d. STREET AND NUMBER 1062 Log Cabin Road

15e. INSIDE CIT LIMITS (Specify \ No) Yes

PARENTS

Philip G PINDER 18a. INFORMANT- NAME (Type or Print)

18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)

Josephine RAULERSON

Aerospace

Betty PINDER 98. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 190 CEMETERY OF CREMATORY, NAME

TRADE CALL - NAME AND ADDRESS 🔭

1062 Log Cabin Road Gardnerville, Nevada 89410

Carson City Nevada 89701

ISPOSITION

20a. FUNERAL DIRECTOR : SIGNATURE (Or Person Acting as Such) JAMES SHOLENSKI SIGNATURE AUTHENTICATED

Fitzhenry's Crematory

Dr. Stephen Hewitt DO 1090 3rd Street #1 South Lake Tahoe; CA

205 FUNERAL | 206 NAME AND ADDRESS OF FACILITY
DIRECTOR LICENSE | 206 NAME AND ADDRESS OF FACILITY
DIRECTOR LICENSE | 206 NAME AND ADDRESS OF FACILITY
217 | 1380 Highway 395 N Gardnerville NV 89410 1380 Highway 395 N Gardnerville NV 89410

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) stated. (Signature & Title)

CERTIFIER

to the cause(s) stated(!(Signature & Title) "SIGNATURE AUTHENTICATED STEPHEN HEWITT DO 21b. DATE SIGNED (MoDay/Yr) 21c. HOUR OF DEATH / March 22, 2007

2 22b. DATE SIGNED (Mo/Day/Yr)

22c, HOUR OF DEATH

21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER.
(Type or Print)

22d. PRONOUNCED DEAD (Mo/Day/Yr) 22e. PRONOUNCED DEAD AT (Hour) 238. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type of Print)

23b. LICENSE NUMBER

NV 1107

CAUSE OF DEATH

ONDITIONS IF ANY WHICH ANT TITLES.

OT SERVE AND

MMEDIATE CAUSE CAUSE LAST

REGISTRAR 24a. REGISTRAR (Signature) MIKE NEUMANN (MeiDawy) March 23, 2007

24c DEATH DUE TO COMMUNICABLE DISEAS YES .

SIGNATURE AUTHENTICATED \*(ENTER ONLY ONE CAUSE PER'LINE FOR (a), (b), AND (c).) 25. IMMEDIATE CAUSE PART (a) Acute myelocytic leukemia

DUE TO, OR AS A CONSEQUENCE OF

DUE TO: OR AS A CONSEQUENCE OF

デバー6 Months Interval between onset and death

Interval between onset and death

OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in Part 1. 26. AUTOPSY (Specify 27. WAS CASE REFERRED TO CORONER (Specify, Yes or No) No No

88. ACC., SUICIDE, HOM., UNDET ... 286. DATE OF INJURY (MO/DAYYY) 286. HOUR OF INJURY 286. DESCRIBE HOW INJURY OCCURRED

es or No)

286, INJURY AT WORK (Specify 28f. PLACE OF INJURY- At home, farm, street, factory, office, 28g. LOCATION ouilding, etc. (Specify).

J. 35.36

STREET OR R.F.D. No.

CITY OR TOWN

STATE REGISTRAR



0807 880 08/02/2007

0706819

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.

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



QSRB1004-Rev-