

**RECORDING REQUESTED BY:**

We The People

**WHEN RECORDED MAIL TO:**

Billie M. Ellis

1616 Terry Ann Street

Minden, NV 89423

**MAIL TAX STATEMENTS TO:**

Billie M. Ellis

1616 Terry Ann Street

Minden, NV 89423

DOC # 0718678  
02/27/2008 01:28 PM Deputy: GB

**OFFICIAL RECORD**

Requested By:

WE THE PEOPLE OF RENO NEVADA

INC

Douglas County - NV

Werner Christen - Recorder

Page: 1 Of 2 Fee: 15.00

BK-0208 PG-6365 RPTT: 0.00



**AFFIDAVIT - DEATH OF TRUSTEE**

APN: 1420-26-401-012

State of Nevada }

County of Douglas }

Billie M. Ellis, of legal age, being first duly sworn, deposes and says:

That Charles Fisher Ellis the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Charles Ellis named as one of the parties in that certain deed dated August 25, 2005, executed by Charles F. Ellis and Billie M. Ellis, Husband and Wife as Joint Tenants to The Charles F. & Billie M. Ellis Living Trust, UTD, August 25, 2005, Charles F. Ellis and Billie M. Ellis, Trustees, recorded as Instrument No. 0653384 on August 26, 2005, recorded in Douglas County, Nevada.

Commonly known as: 1616 Terry Ann Street, Minden, NV 89423

Described as:

PARCEL 1 AS SET FORTH ON THAT CERTAIN PARCEL MAP FOR BRUCE BERTRAM, FILED FOR RECORD I THE OFFICE OF THE DOUGLAS COUNTY RECORDER ON AUGUST 22, 1977, IN BOOK 877, PAGE 1459, AS DOCUMENT NO. 12208, OFFICIAL RECORDS

TOGETHER with all appurtenances, subject to covenants, easements and restrictions of record.

2-4-08  
Date

Billie M. Ellis  
BILLIE M. ELLIS

State of Nevada  
County of Washoe

Subscribed and sworn to (or affirmed) before me the 4 day of Feb, 2008, by BILLIE M. ELLIS

Personally known to me

Proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Rhonda Huff  
Signature of Notary Public

**RHONDA HUFF**  
Notary Public - State of Nevada  
Appointment Number 07-2165-2  
My Appt. Expires March 13, 2011

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

**2007008212**  
STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

**DECEDENT**

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

**PARENTS**

**DISPOSITION**

**TRADE CALL**

**CERTIFIER**

**REGISTRAR**

**CAUSE OF DEATH**

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

1a. DECEASED-NAME FIRST Charles			1b. MIDDLE Fisher			1c. LAST ELLIS			2. DATE OF DEATH (Mo/Day/Year) October 07, 2007			3a. COUNTY OF DEATH Douglas					
3b. CITY, TOWN, OR LOCATION OF DEATH Minden						3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1616 Terry Ann Street						3e. If Hosp. or inst. indicate DOA, OPI/Emer. Rm. Inpatient(Specify)			4. SEX Male		
5. RACE-(e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? No If yes, specify Mexican, Cuban, Puerto Rican, etc. Non-hispanic			7a. AGE-Last birthday (Years) 83			7b. UNDER 1 YEAR MOS   DAYS			7c. UNDER 1 DAY HOURS   MINS			8. DATE OF BIRTH (Mo/Day/Yr) May 19, 1924		
9a. STATE OF BIRTH (if not U.S.A. name country) California			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 16			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Billie LANCASTER					
13. SOCIAL SECURITY NUMBER [REDACTED]-2987						14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Police Captain						14b. KIND OF BUSINESS OR INDUSTRY Law Enforcement					
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Minden			15d. STREET AND NUMBER 1616 Terry Ann Street			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
16. FATHER - NAME (First Middle Last Suffix) William J ELLIS						17. MOTHER - NAME (First Middle Last Suffix) Farace EVANS											
18a. INFORMANT - NAME (Type or Print) Billie ELLIS						18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1616 Terry Ann Street Minden, Nevada 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 89701											
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED						20b. FUNERAL DIRECTOR LICENSE 217			20c. NAME AND ADDRESS OF FACILITY Fitzhenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410								
TRADE CALL - NAME AND ADDRESS																	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>KELLE LYNN BROGAN M.D.</b> SIGNATURE AUTHENTICATED						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)											
21b. DATE SIGNED (Mo/Day/Yr) October 09, 2007			21c. HOUR OF DEATH 03:35			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)								
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Kelle Lynn Brogan M.D. 18653 Wedge Pkwy Reno, NV 89511									23b. LICENSE NUMBER 6000								
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 10, 2007			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) Lung Cancer						Interval between onset and death											
DUE TO, OR AS A CONSEQUENCE OF						Interval between onset and death											
PART (b)						Interval between onset and death											
DUE TO, OR AS A CONSEQUENCE OF						Interval between onset and death											
PART (c)						Interval between onset and death											
PART - 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. INJURY AT WORK (Specify Yes or No)			28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)			28g. LOCATION			STREET OR R.F.D. No. CITY OR TOWN STATE								

STATE REGISTRAR

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BK- 0208  
PG- 6366

174412 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.

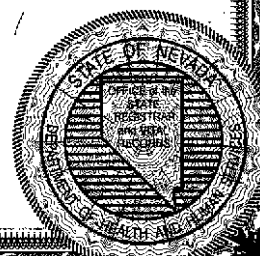
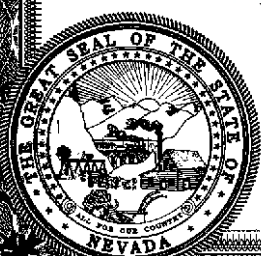
DATE ISSUED:

10/25/2007

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

\*BNCI (Rev) 11/06

STATE REGISTRAR  
**SIGNATURE AUTHENTICATED**



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE