

Requested By:
LENDERS FIRST CHOICE
Douglas County - NV
Werner Christen - Recorder
Page: 1 of 2 Fee: 15.00
BK-508 PG-6781 RPTT: 0.00



RECORDING REQUESTED BY
Lenders First Choice
AND WHEN RECORDED MAIL TO

Name DANIEL E. BOHAN
Street Address 970 DEAN DRIVE
City/State/Zip GARDNERVILLE, NV 89460-8930
Order No. 61-00873060

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA
COUNTY OF DOUGLAS s.s.

DANIEL E. BOHAN, SURVIVING TRUSTEE, of legal age, being first duly sworn, deposes and says:
That BILLIE FAYE BOHAN, the decedent mentioned in the attached certified copy
of Certificate of Death, is the same person as BILLIE F. BOHAN
named as one of the parties in that certain QUITCLAIM DEED dated DECEMBER 20TH, 2006
executed by DANIEL E. BOHAN AND BILLIE F. BOHAN, HUSBAND AND WIFE AS JOINT TENANTS
to DANIEL E. BOHAN AND BILLIE F. BOHAN, TRUSTEES OF THE DANIEL AND BILLIE BOHAN 1990
REVOCABLE TRUST
recorded as Instrument No. 0893273, on JANUARY 23RD, 2007, in
Official Records of DOUGLAS County, NEVADA, covering the following described property
situated in the CITY OF GARDNERVILLE, County of DOUGLAS, State of NEVADA:

LOT 55, AS SHOWN ON MAP OF GARDNERVILLE RANCHOS UNIT NO. 2, FILED FOR RECORD IN THE
OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JUNE 1, 1965, IN
BOOK 31, AT PAGE 686, AS DOCUMENT NO. 28309, AND AMENDED TITLE SHEET RECORDED ON JUNE 4,
1965, IN BOOK 31, AT PAGE 797, AS DOCUMENT NO. 28377.

APN AS 1220-15-110-063

Dated: April 11th, 2008

State of NEVADA
County of DOUGLAS
SUBSCRIBED AND SWORN TO (or affirmed) before me on this
25 day of April, 2008, by
DANIEL E. BOHAN

personally known to me or proved to me on the basis of satisfactory
evidence to be the person(s) who appeared before me.

Daniel E. Bohan
s.s. DANIEL E. BOHAN, SURVIVING TRUSTEE
SURVIVING TRUSTEE

WITNESS my hand and official seal.

Signature *Shirley M. Love*

(This area for official notarial seal)



775-313-3488

**STATE OF NEVADA
CERTIFICATION OF VITAL RECORD**

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

2007001987
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME FIRST Billie			1b. MIDDLE Faye		1c. LAST BOHAN		2. DATE OF DEATH (Mo/Day/Year) April 30, 2007		3a. COUNTY OF DEATH Douglas		
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville			3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) 970 Dean Drive				3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify)		4. SEX Female		
	5. RACE-(e.g., White, Black, American Indian) (Specify) White		6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. No Non-hispanic		7a. AGE-Last birthday (Years) 71		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) December 22, 1935	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A., name country) Texas		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Daniel E BOHAN			
	13. SOCIAL SECURITY NUMBER 0318			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Homemaker			14b. KIND OF BUSINESS OR INDUSTRY Own Home					
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 970 Dean Drive			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		
PARENTS	16. FATHER - NAME (First Middle Last Suffix) Gordon PORTER						17. MOTHER - NAME (First Middle Last Suffix) Edna GRIFFITH					
	18a. INFORMANT - NAME (Type or Print) Daniel E BOHAN				18b. MAILING ADDRESS - (Street or R.F.D. No., City or Town, State, Zip) 970 Dean Drive Gardnerville, Nevada 89460							
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 89706					
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Cury Street Carson City NV 89703					
TRADE CALL	TRADE CALL - NAME AND ADDRESS											
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) KELLE LYNN BROGAN M.D. 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) May 02, 2007			21c. HOUR OF DEATH 12:07			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH		
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)											
REGISTRAR	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) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 02, 2007			24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)											
	PART I (a) Pancreatic Cancer											
	DUE TO, OR AS A CONSEQUENCE OF:											
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(b)											
	DUE TO, OR AS A CONSEQUENCE OF:											
	(c)											
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I												
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

144276

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:

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

PBNC0 (Rev) 1106

SIGNATURE



BK-508
PG-6782

