DOC # 0731111 10/06/2008 02:38 PM Deputy:

6/2008 02:38 PM Deputy: OFFICIAL RECORD

Requested By:

CRAIG CARPENTER DOWNER

A.P.N. 1420-07-817-039

RECORDING REQUESTED BY:

AND WHEN RECORDED, MAIL TO:

Craig Carpenter Downer

944 Vassar Street

Carson City, NV 89705

Dated: October 6, 2008

Douglas County - NV Karen Ellison - Recorder

787

ge: 1 Of 3 Fee:

PG-



RPTT:

16.00

0.00

THIS SPACE FOR RECORDER'S USE ONLY

BK-1008

#### AFFIDAVIT - DEATH OF A JOINT TENANT

Craig Carpenter Downer, Trustee, of legal age, being duly sworn, deposes and says

That Alice Gottschalk Downer, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Alice Gottschalk Downer named as one of the parties in that certain Grant, Bargain, Sale Deed dated February 7, 2006, executed by Alice Gottschalk Downer, Trustee or her successors in trust, under the ALICE GOTTSCHALK DOWNER, an unmarried to Alice Gottschalk Downer, Trustee, or her successors in trust, under the ALICE GOTTSCHALK DOWNER 2006 REVOCABLE LIVING TRUST, dated January 4, 2006, and any amendments thereto, recorded as Instrument No. 0667832, on February 13, 2006, in Book 0206, Page 4108, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

Craig Carpenter Downer, Trustee Type or print names under signatures This standard form covers most usual problems in the field indicated. Before you sign, read it, fill in all blanks, and make changes proper to your transaction. Consult a lawyer if you doubt the form's fitness for your purpose. STATE OF NEVADA SS. COUNTY OF DOUGLAS) before me, the undersigned, a Notary Public in and for said State and County, personally appeared Craig Carpenter Downer, Trustee known to me to be the person whose name 15 subscribed to the within instrument and acknowledge wo executed the same **NOTARY PUBLIC** STATE OF NEVADA Signature County of Douglas Notary Public WENDY DUNBAR Appointment Expires Dec. 16, 2010

# EXHIBIT "A" LEGAL DESCRIPTION

LOT 1, UNIT ONE, IMPALA MOBILE HOME ESTATES, as shown on Document No. 20555, Book 578, Page 708, filed May 11, 1978, Douglas County, Nevada.

Together with the tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversions, remainders, rents, issues, and profits thereof.

# Property Address:

944 Vassar Street Carson City, NV 89705



BK- 1008 PG- 788 10/06/2008

# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

**DIVISION OF HEALTH** 

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VITAL STATISTICS	
VIIAL STATISTICS	7.
CERTIFICATE OF DEA	
LEKIELAIE VE DEA	

2008008229

STATE FILE NUMBER Sa. COUNTY OF DEATH 1a. DECEASED NAME (FIRST MIDDLE, LAST, SUFFIX) 2 DATE OF DEATH (Mo/Day/Year) PRINT IN PERMANENT May 21, 2008 Alice Gottschalk **DOWNER** BLACK INK 3e.ff.Hosp. or inst. indicate DOA,OP/Emer. Rm. 3b. CITY, TOWN, OR LOCATION OF DEATH | 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street 4 SEX Inpatient(Specify)
Emergency Room / Outpatient and number) Renown Regional Medical Center Reno DECEDENT 75, UNDER 1 YEAR MOS | DAYS 7c. UNDER 1 DAY 8. DATE OF BIRTH (Mo/Day/Yr) 7a. AGE-Last 5. RACE White 6. Hispanic Origin? Specify birthday (Years) (Specify) No - Non-Hispanic March 02, 1913 12. SURVIVING SPOUSE (if wife, give 9a, STATE OF BIRTH (If not U.S.A. 9b. CITIZEN OF WHAT COUNTRY 10 EDUCATION 11, MARRIED, NEVER MARRIED, WIDOWED, IF DEATH OCCURRED IN NSTITUTION SEE HANDBOOK DIVORCED (Specify) maiden name) Widowed Nevada United States 16 13. SOCIAL SECURITY NUMBER 14b, KIND OF BUSINESS OR INDUSTRY 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Ever in US Armed REGARDIN Working Life, Even if Retired) Elementary School Teacher Forces? No 6988 Public School MPLETION OF Se. INSIDE CITY RESIDENCE 15a, RESIDENCE - STATE 15c, CITY, TOWN OR LOCATION 15d. STREET AND NUMBER LIMITS (Specify Yes or No) NO ITEMS Nevada 944 Vassar St Douglas Carson City 17. MOTHER - NAME (First Middle Last Suffix) 16. FATHER - NAME (First Middle Last Suffix) Peter GOTTSCHALK **PARENTS** Martha LETCHER 18b. MAILING ADDRESS - (Street or R. F.D. No, City or Town, State, Zip) 18a. INFORMANT- NAME (Type or Print) Craig C DOWNER 944 Vassar St.: Carson City, Nevada 89705 19c. LOCATION 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME DISPOSITIO Walton's Sierra Crematory Carson City Nevada 89706 Cremation 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) 20c. NAME AND ADDRESS OF FACILITY 20b. FUNERAL, DIRECTOR LICENSE Walton's Chapel of the Valley RICK NOEL 620 1281 N Roop Carson City NV 89706 SIGNATURE AUTHENTICATED RADE CALL TRADE CALL - NAME AND ADDRESS 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) 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) SIGNATURE AUTHENTICATED BARNALI, HIREMATH M.D. 21b. DATE SIGNED (Mo/Day/Yr) 22b. DATE SIGNED (Mo/Day/Yr) 22c. HOUR OF DEATH CERTIFIER 121c. HOUR OF DEATH May 28, 2008 🐰 15:48 22e, PRONOUNCED DEAD AT (Hour) 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 22d PRONOUNCED DEAD (Mo/Day/Yr);1-(Type or Print) 23b. LICENSE NUMBER 23s. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER; OR CORONER) (Type of Print) Barnali 3 Hiremath M.D. 4255 Wedekind Rd.; #326 Sparks; NV 89431. 11746 REGISTRAR 24a. REGISTRAR (Signature) 24b. DATE RECEIVED BY REGISTRAR. 24c, DEATH DUE TO COMMUNICABLE DISEASE BRIDGES SANDI (Mo/Day/Yr) May 29, 2008 NO X YES | SIGNATURE AUTHENTICATED CAUSE OF 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Ruptured abdominal aortic aneurysm DEATH DUE TO, OR AS A CONSEQUENCE OF Interval between onset and death CONDITIONS IF ANY WHICH LAVE RIBE TO IMMEDIATE DUE TO, OR AS A CONSEQUENCE OF Interval between onset and death CAUSE STATING THE interval between onset and death DUE TO, OR AS A CONSEQUENCE OF UNDERLYING CAUSE LAST PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in Part 1. 27. WAS CASE REFERRED 26, AUTOPSY TO CORONER (Specify Yes 28a. ACC., SUICIDE, HOM., UNDET. OR 28b. DATE OF INJURY (Mo/Day/Yr) PENDING INVEST. (Specify) 28c. HOUR OF INJUR 28d DESCRIBE HOW INJURY OCCURRED 28e. INJURY AT WORK (Specify STATE 28f. PLACE OF INJURY- At home, farm, street, factory, office 28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN (es or No) building, etc. (Specify)

STATE REGISTRAR

789 PG-10/06/2008

VRS-Rev-2008T

214899

DATE ISSUED: :

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.

STATE REGISTRAR

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MAY 3 0 2008 This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

