

DOC # 731717  
10/21/2008 02:34PM Deputy: KE  
OFFICIAL RECORD  
Requested By:  
MARQUIS TITLE  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 3 Fee: 16.00  
BK-1008 PG-3150 RPTT: 0.00

APN: 1219-15-001-080

When recorded Mail To:  
Morris C. Lawton  
990 Sheridan Lane  
Gardnerville, NV 89460  
283358-DVS



**AFFIDAVIT - DEATH OF TRUSTEE**

The undersigned being first duly sworn, deposes and says:

That **Wanda M. Lawton**, , decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **Wanda M. Lawton, as Trustee for THE NEVADA LAWTON FAMILY TRUST dated March 10, 1998**, named as one of the parties in that certain Quit Claim Deed dated June 11, 1998, and recorded July 27, 1998, in Book 0798 at Page 5831, as Document No. 0445452, Official Records, County of Douglas, State of Nevada, covering the following described property in the County of Douglas, State of Nevada:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF FOR LEGAL DESCRIPTION

Dated: October 1, 2008

WITNESS my hand this / day of October, 2008.

*Morris C. Lawton*  
Morris C. Lawton, Trustee

STATE OF NEVADA  
COUNTY OF DOUGLAS

On 10/1, 2008, personally appeared before me, a Notary Public, Morris C. Lawton who acknowledged that he executed the above instrument.

Notary Public

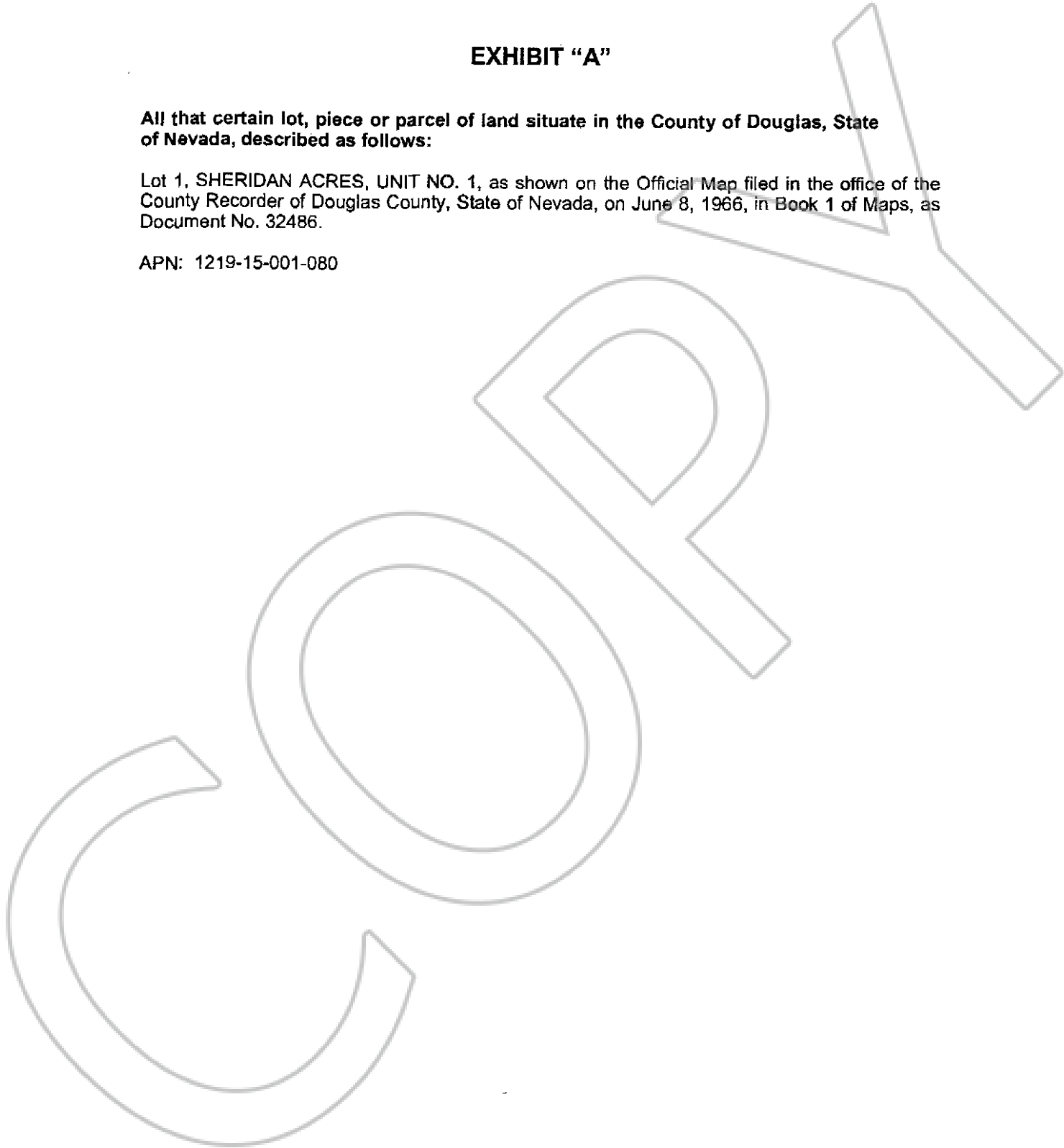


**EXHIBIT "A"**

**All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:**

Lot 1, SHERIDAN ACRES, UNIT NO. 1, as shown on the Official Map filed in the office of the County Recorder of Douglas County, State of Nevada, on June 8, 1966, in Book 1 of Maps, as Document No. 32486.

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BK-1008  
PG-3151

# STATE OF NEVADA

## DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

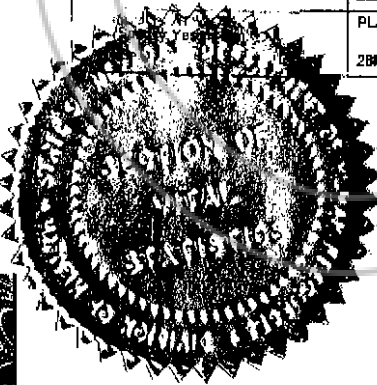
DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
1. <u>Wanda M. LAWTON</u>				2. <u>December 30, 2001</u>	3a. <u>Carson City</u>
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. Indicate DOA, OP/Emar. Rem. Inpatient (Specify)	SEX
3b. <u>Carson City</u>		3c. <u>Carson Tahoe Hospital</u>		3e. <u>Inpatient</u>	4. <u>Female</u>
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify ( ) yes (X) no if yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	DATE OF BIRTH (Mo., Day, Yr.)
5. <u>WHITE</u>		6. <input checked="" type="checkbox"/> No		7a. <u>69</u>	8. <u>February 19, 1932</u>
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
9a. <u>Wisconsin</u>		9b. <u>USA</u>		10. <u>14</u>	11. <u>Married</u>
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		SURVIVING SPOUSE (If wife, give maiden name) (Specify, Yes or No)	
13. <u>                    -9071</u>		14a. <u>Bookkeeper</u>		12. <u>Morris C. Lawton</u>	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	
15a. <u>Nevada</u>		15b. <u>Douglas</u>	15c. <u>Gardnerville</u>	15d. <u>990 Sheridan</u>	
INSIDE CITY LIMITS (Specify, Yes or No)		15e. <u>Yes</u>			
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last			
16. <u>Ralph Novak</u>		17. <u>Marcia Leick</u>			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. <u>Morris C. Lawton</u>		18b. <u>990 Sheridan Lane, Gardnerville, Nevada 89410</u>			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. <u>Burial</u>		19b. <u>Eastside Memorial Park</u>		19c. <u>Minden, Nevada</u>	
FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY		
20a. <u>[Signature]</u>		20b. <u>9</u>	20c. <u>Walton's Douglas County Mortuary</u>		
20c. <u>1478 Fourth Street, Minden, Nevada 89423</u>					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH	
21a. <u>[Signature]</u>		21b. <u>1/3/02</u>		21c. <u>1100</u>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) and manner stated. (Signature and Title)			
21d. <u>Dr. Andrea Weed</u>		22a. <u>[Signature]</u>			
22b. PRONOUNCED DEAD (Mo., Day, Yr.)		22c. PRONOUNCED DEAD (Hour)			
22b. <u>                    </u>		22c. <u>                    </u>			
22d. ON		22e. AT			
22d. <u>                    </u>		22e. <u>                    </u>			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER			
23a. <u>Dr. Andrea Weed, 1007 N. Curry, Carson City, Nevada 89703</u>		23b. <u>D0675</u>			
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24a. (Signature) <u>[Signature]</u>		24b. <u>Jan 3, 2002</u>		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I (a) <u>Cardiovascular Arrest</u>		Interval between onset and death <u>Days</u>			
(b) <u>Myocardial Infarction</u>		Interval between onset and death <u>Months</u>			
(c) <u>                    </u>		Interval between onset and death <u>                    </u>			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.				AUTOPSY (Specify Yes or No)	
26. <u>                    </u>				27. <u>No</u>	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST.		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	
28a. <u>                    </u>		28b. <u>                    </u>	28c. <u>M</u>	28d. <u>                    </u>	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN	STATE
28e. <u>                    </u>		28f. <u>                    </u>	28g. <u>                    </u>	28h. <u>                    </u>	28i. <u>                    </u>



STATE REGISTRAR  
  
 BK-1008  
 PG-3152  
 731717 Page: 3 of 3 10/21/2008

No. 206900

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date issued: **JAN 03 2002**

*[Signature]*  
 State Registrar