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DOC # 0735818
01/15/2009 11:18 AM Deputy: PK

OFFICIAL RECORD
Requested By:
ALBERT RUHLAND

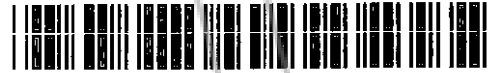
Recording Requested By

WHEN RECORDED MAIL TO

Albert Ruhland
P.O. Box 6172
Gardnerville, NV. 89460

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 2 Fee: 15.00
BK-0109 PG- 2637 RPTT: 0.00



CPN: 1220-21.510.227

Space above this line for Recorder's use

AFFIDAVIT - DEATH OF TRUSTEE

A CERTIFIED COPY OF DEATH CERTIFICATE MUST BE ATTACHED TO THIS AFFIDAVIT

STATE OF Nevada
COUNTY OF Douglas

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}ss
}

Albert J. Ruhland of legal age, being duly sworn, deposes and says:

That Wendy E. Ruhland, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Wendy E. Ruhland, named as the/one of the trustee(s) in that certain Grant Bargain Sale Deed, dated February 19, 1999, executed by Albert J. Ruhland and Wendy E. Ruhland, husband and wife to Albert J. Ruhland and /or Wendy E. Ruhland, Trustees under the Ruhland Family Trust dated October 22, 1991, as Trustee(s), recorded on February 25, 1999 as instrument no. 461919 book 299 page 5125 of the official records of Douglas County, State of Nevada described as follows:

Lot 256, as shown on the Map of Gardnerville Ranchos Unit No. 6, filed for record in the Office of the County Recorder of Douglas County, Nevada on May 29, 1973, in Book 573, at page 1026, as File No. 66512.

Dated: 12/23/08

Albert J. Ruhland
Albert J. Ruhland

SUBSCRIBED AND SWORN to before me, the undersigned

Sharon Goodwin Notary Public,

in and for said County and State this *23* day of

Albert J. Ruhland

Signature *[Signature]*



Mail tax statements as directed above.

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

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

052486

LOCAL FILE NUMBER

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

CERTIFIER

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

CAUSE OF DEATH

1. DECEASED—NAME First Middle Last Wendy E. RUHLAND		2. DATE OF DEATH (Month, Day, Year) September 4, 2005		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Tahoe Pacific Hospital		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient	
3d. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no. If yes, specify Mexican, Cuban, Puerto Rican, etc.		7. AGE—Last Birthday (Years) 69	
5. STATE OF BIRTH (If not U.S.A., name country) Pennsylvania		8. CITIZEN OF WHAT COUNTRY U.S.A.		9. Decedent's Education. Specify highest grade completed. 12 years	
13. SOCIAL SECURITY NUMBER 7219		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Manager		14b. KIND OF BUSINESS OR INDUSTRY Baking Industry	
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1469 Tyndall Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER—NAME First Middle Last James Henry	
16. MOTHER—MAIDEN NAME First Middle Last Nellie McGlynn		17. INFORMANT—NAME (Type or Print) Albert Ruhland - Husband		18. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1469 Tyndall Way, Gardnerville, Nevada 89460	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY—NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden, Nevada	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home, 1380 Hwy 395, Gardnerville, Nevada 89410	
21a. If the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i> MEDICAL DOCTOR		21b. DATE SIGNED (Mo., Day, Yr.) 9/7/2005		21c. HOUR OF DEATH 0545	
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) <i>[Signature]</i>		22b. DATE SIGNED (Mo., Day, Yr.)	
22c. PRONOUNCED DEAD (Mo., Day, Yr.)		22d. PRONOUNCED DEAD (Hour)		22e. AT	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Levente Lepai MD P.O. Box 6840, Reno, NV 89513		23b. LICENSE NUMBER 11454		24. REGISTRAR (Signature) <i>[Signature]</i> Dep.	
24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) September 7, 2005		24c. DEATH DUE TO COMMUNICABLE DISEASE NO		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) Respiratory Failure w/ tracheostomy DUE TO, OR AS A CONSEQUENCE OF: (b) Acute bowel obstruction DUE TO, OR AS A CONSEQUENCE OF: (c) 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. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28f. LOCATION.		28g. STREET OR R.F.D. No. CITY OR TOWN STATE	

BK- 0109
PG- 2638
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STATE REGISTRAR

No. 320006

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

Deputy Registrar: *[Signature]*

Date: **SEP 14 2005**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

