

DOC # 735963
01/16/2009 02:52PM Deputy: DW
OFFICIAL RECORD
Requested By:
WESTERN TITLE INC RIDGE
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: 16.00
BK-109 PG-3246 RPTT: 0.00



APN#: 1220-22-110-079

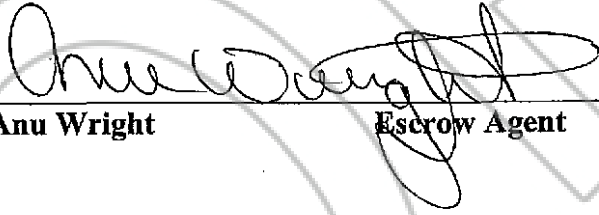
Recording Requested By:
Western Title Company, Inc.
Escrow No.: 022647-LMS

When Recorded Mail To:
Albert Ruhland
P.O. Box 6172
Gardnerville, NV
89460

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons.
(Per NRS 239B.030)

Signature 
Anu Wright **Escrow Agent**

Affidavit-Death of Trustee

This page added to provide additional information required by NRS 111.312
(additional recording fee applies)

Recording Requested By

WHEN RECORDED MAIL TO

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

Apr: 1220.22-110-079

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 January 10, 1996 as instrument no. 378700 book 196 page 1784 of the official records of Douglas County, State of Nevada described as follows:

Lot 135, as shown on the Map of Gardnerville Ranchos Unit No. 5, filed for record in the Office of the County Recorder of Douglas County, Nevada on November 4, 1970, as Document No. 50056.

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

Albert J. Ruhland

Signature *[Signature]*



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

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 052486			STATE FILE NUMBER		
DECEASED—NAME First Middle Last 1. Wendy E. RUHLAND			DATE OF DEATH (Month, Day, Year) 2. September 4, 2005		COUNTY OF DEATH 3a. Washoe
CITY, TOWN OR LOCATION OF DEATH 3b. Reno		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Tahoe Pacific Hospital		(If Hosp. or Inst. indicate DOA, OP/Emet. Fin. Inpatient) (Specify) 3e. Inpatient	SEX 4. Female
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 69	UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :	DATE OF BIRTH (Mo., Day, Yr.) a. February 18, 1936
STATE OF BIRTH (If not U.S.A., name country) 9a. Pennsylvania	CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 12 years	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	SURVIVING SPOUSE (If wife, give maiden name) 12. Albert Ruhland	
SOCIAL SECURITY NUMBER 13. ██████████ 7219		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired) 14a. Manager	KIND OF BUSINESS OR INDUSTRY 14b. Baking Industry		
RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Gardnerville	STREET AND NUMBER 15d. 1469 Tyndall Way	INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes	
FATHER—NAME First Middle Last 16. James Henry			MOTHER—MAIDEN NAME First Middle Last 17. Nellie McGlynn		
INFORMANT—NAME (Type or Print) 18a. Albert Ruhland - Husband			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1469 Tyndall Way, Gardnerville, Nevada 89460		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—NAME 19b. Eastside Memorial Park		LOCATION City or Town State 19c. Minden, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 217	NAME AND ADDRESS OF FACILITY 20c. Home, 1380 Hwy 395, Gardnerville, Nevada 89410		
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) <i>[Signature]</i> MEDICAL DOCTOR			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>		
DATE SIGNED (Mo., Day, Yr.) 21b. 9/7/2005		HOUR OF DEATH 21c. 0545		DATE SIGNED (Mo., Day, Yr.) 22b.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.			PRONOUNCED DEAD (Mo., Day, Yr.) 22c.		PRONOUNCED DEAD (Hour) 22d. AT
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Levente Lepai MD P.O. Box 6840, Reno, NV 89513					LICENSE NUMBER 23b. 11454
REGISTRAR 24a. (Signature) <i>[Signature]</i> Dep.		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. September 7, 2005		DEATH DUE TO COMMUNICABLE DISEASE 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) Respiratory Failure w/ tracheostomy DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death : WEEKS
PART I	(b) Acute bowel obstruction DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death :
PART I	(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.				Interval between onset and death :
ACC., SUICIDE, HGM., UNDET., OR PENDING INVEST. (Specify) 25b.			DATE OF INJURY (Mo., Day, Yr.) 25c.	HOUR OF INJURY 25d. M	DESCRIBE HOW INJURY OCCURRED 25e.
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26a.		LOCATION 26b.	STREET OR R.F.D. No. 26c.	CITY OR TOWN 26d.	STATE 26e.



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]*

SEP 14 2005



BK-109
PG-3248