

OFFICIAL RECORD

Requested By:

STEPHEN K GORSUCH

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 5 Fee: 18.00  
BK-0209 PG-4049 RPTT: # 5



Assessor's Parcel Number: 1420-18-214-093

Recording Requested By: \_\_\_\_\_

Name: STEPHEN K Gorsuch

Address: 862 Folsom Ct.

City/State/Zip CARSON CITY, NV. 89705

Real Property Transfer Tax: \$ \_\_\_\_\_

Death of Grantor Affidavit

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

*This cover page must be typed or legibly hand printed.*

REVOCATION OF DEED

The undersigned hereby revokes the deed recorded on 10-17-08 (date), in docket or book 1008, at page 2673, or instrument number 0731560, records of Douglas County, Nevada.

(Date)

[Handwritten Signature]

(Signature)

8. Upon the death of the last grantor of a deed created pursuant to subsection 1, a declaration of value of real property pursuant to NRS 375.060 and a copy of the death certificate of each grantor must be attached to a Death of Grantor Affidavit and recorded in the office of the county recorder where the deed was recorded. The Death of Grantor Affidavit must be in substantially the following form:

DEATH OF GRANTOR AFFIDAVIT

Stephen Kenneth Gorsuch (affiant name), being duly sworn, deposes and says that Elva Gorsuch (name of deceased), the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as [blank] (name of grantor), named as the grantor or as one of the grantors in the deed recorded on 10-17-08 (date), in docket or book 1008, at page 2673, or instrument number 0731560, records of Douglas County, Nevada, covering the following described property:

(Legal Description) Stephen Kenneth Gorsuch (affiant name) is the grantee or at least one of the grantees to whom the real property is conveyed upon the death of the grantor Elva Gorsuch (name of deceased) or is the authorized representative of the grantee or at least one of the grantees.

(Date)

[Handwritten Signature]

(Signature)

9. The provisions of this section must not be construed to limit the recovery of benefits paid for Medicaid.

(Added to NRS by 2003, 2507; A 2005, 960)

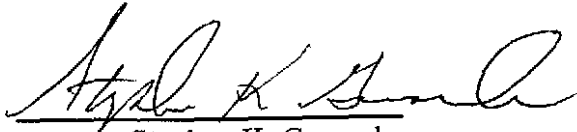
What about the other grantees? If they are not listed on this document, they will not be indexed. How does Assessor list grantees if not listed on "Death of Grantor Affidavit"?

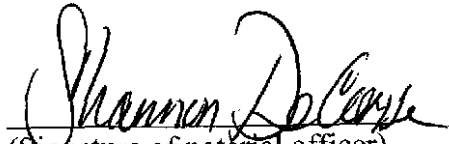


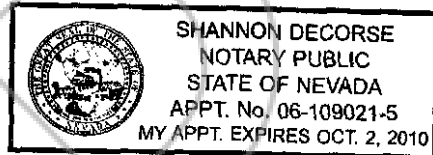
Death of Grantor Affidavit

State of Nevada  
County of Douglas County

This instrument was acknowledged by me on February 18, 2009, by Stephen Kenneth Gorsuch.

  
Stephen K. Gorsuch

  
(Signature of notarial officer)



"EXHIBIT A"  
LEGAL DESCRIPTION

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

Lot 97, Block F, as shown on the map of SILVERADO HEIGHTS SUBDIVISION, filed for record in the office of the County Recorder of Douglas County, Nevada, on September 18, 1978, as Document No. 25326, and Certificate of Amendment of the final plat of said subdivision recorded August 23, 1979, in Book 879 of Official Records at Page 1725, Douglas County, Nevada, as Document No. 35885, and Certificate of Amendment of the final plat of said subdivision recorded October 12, 1979, in Book 1079 of Official Records, at Page 1039, Douglas County, Nevada, as Document No. 37638.

Assessment Parcel No. 13-252-29.

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

2008016630  
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

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF  
DEATH

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Elva Marie GORSUCH</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 30, 2008</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Indian Hills</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>862 Folsom Court</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Female</b>	
5. RACE - White (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>080</b>	
9a. STATE OF BIRTH (if not U.S.A. name country) <b>Colorado</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
13. SOCIAL SECURITY NUMBER <b>1073</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Manager</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Indian Hills</b>	
16. FATHER - NAME (First Middle Last Suffix) <b>John CLARK</b>		17. MOTHER - NAME (First Middle Last Suffix) <b>Martha WILEMON</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Ever in US Armed Forces? - No</b>	
18a. INFORMANT- NAME (Type or Print) <b>Steve GORSUCH</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>862 Folsom Court Carson City, Nevada 89705</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION - City or Town - State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>RICK NOEL</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE# <b>620</b>		20c. NAME AND ADDRESS OF FACILITY <b>Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703</b>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>SIGNATURE AUTHENTICATED</b> <b>KELLE LYNN BROGAN M.D.</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>November 03, 2008</b>		21c. HOUR OF DEATH <b>02:30</b>		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Kelle Lynn Brogan M.D. 18653 Wedge Pkwy Reno, NV 89511</b>		23b. LICENSE NUMBER <b>6000</b>			
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 07, 2008</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Interval between onset and death					
PART I					
(a) <b>Lung Cancer</b>					
DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
(b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
(c) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
(d) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
PART II				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		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



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BK- 0209  
PG- 4053

VRS Rev 2008T

241855 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 it is on an engraved border displaying date, seal and signature of Registrar.

PBNC O (Rev 11/06)

*R. J. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

