

DOC # 753250
11/03/2009 12:51PM Deputy: DW
OFFICIAL RECORD
Requested By:
NORTHERN NEVADA TITLE CC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: 16.00
BK-1109 PG-554 RPTT: 0.00



A.P.N. 1420-28-311-005
Escrow No.: DO-2090640-TA
1091989

RECORDING REQUESTED BY:

AND WHEN RECORDED, MAIL TO:

Joseph L. Rodgers, Jr.
1463 Frenchtown Rd
East Greenwich, RI 02818

THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT OF DEATH

Joseph Lewis Rodgers, Jr. as Personal Representative of the Estate of Virginia Rodgers, of legal age, being duly sworn, deposes and says

That Elizabeth Virginia Rodgers, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Elizabeth V. Rodgers named in that certain Grant, Bargain, Sale Deed, executed by Perry A. TenBrink and Crolyn L. TenBrink, Trustees of the Perry & Carolyn TenBrink 2006 Revocable Trust to Elizabeth V. Rodgers, recorded as Instrument No. 713033, on November 14, 2007, in Book 1107, Page 3582, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

Lot 137, Block H, as shown on the Final Map #PD99-02-05 for SARATOGA SPRINGS ESTATES UNIT 5, a Planned Development, recorded in the office of the County Recorder of Douglas County, Nevada, on May 4, 2001, in Book 0501, at Page 1402, as Document No. 513570 and Certificate of Amendment recorded July 17, 2001, as Document No. 518483.



Dated: October 19, 2009

Estate of Elizabeth Virginia Rodgers

BY Joseph Lewis Rodgers, Jr.
Joseph Lewis Rodgers, Jr., as Personal Representative

STATE OF Neade Island)
~~NEVADA~~)
COUNTY OF Washington)
SS.

On October 21, 2009 before me, the undersigned, a Notary Public in and for said State and County, personally appeared **Joseph Lewis Rodgers, Jr., as Personal Representative** known to me to be the person whose name subscribed to the within instrument and acknowledge that executed the same.

Signature Antonia Lee Mendes
Notary Public



Antonia Lee Mendes
Notary Public
My Commission Expires
March 18, 2010

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2008017686
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) Elizabeth Virginia RODGERS			2. DATE OF DEATH (Mo/Day/Year) November 25, 2008			3a. COUNTY OF DEATH Douglas											
3b. CITY, TOWN, OR LOCATION OF DEATH Minden			3c. HOSPITAL OR OTHER INSTITUTION-Name (If not #, then, give street and number) 1230 Jackie Lane			3a. If Hosp. or inst. Indicate BOX, OP, Emer. Rm. Inpatient, (Specify)			4. SEX Female								
5. RACE White (Specify)			6. Hispanic Origin? Specify No - Non-Hispanic			7a. AGE-Last birthday (Years) 86			7b. UNDER 1 YEAR MOS DAYS HOURS MINS			7c. UNDER 1 DAY			8. DATE OF BIRTH (Mo/Day/Yr) February 05, 1922		
9a. STATE OF BIRTH (If not U.S.A., name country) Virginia			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 14			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			12. SURVIVING SPOUSE (If wife, give maiden name)					
13. SOCIAL SECURITY NUMBER 2656			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Radiologist Calibration Specialist			14b. KIND OF BUSINESS OR INDUSTRY Federal Food And Drug Administration			Ever in US Armed Forces? Yes								
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Minden			15d. STREET AND NUMBER 1230 Jackie Lane			15e. INSIDE CITY LIMITS (Specify Yes or No) No					
16. FATHER - NAME (First Middle Last Suffix) George Henry KNOPP						17. MOTHER - NAME (First Middle Last Suffix) Bessie Rebecca BLACK											
18a. INFORMANT-NAME (Type or Print) Sue CARNE						18b. MAILING ADDRESS (Street, P.O. No., City or Town, State, Zip) 2851 Wildhorse Lane Minden, Nevada 89423											
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)			19b. CEMETERY OR CREMATORY NAME Arlington National Cemetery			19c. LOCATION City or Town State Arlington Virginia 22211											
20a. FUNERAL DIRECTOR - SIGNATURE (Or Print on Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED			20b. FUNERAL DIRECTOR LICENSE 304R1			20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lampa Ln Carson City NV 89701											
TRADE CALL - NAME AND ADDRESS Capitol Funeral Service 7219 Lee Highway Falls Church VA-22036																	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) GUY TURNBULL FOSTER M.D. SIGNATURE AUTHENTICATED			21b. DATE SIGNED (Mo/Day/Yr) November 28, 2008			21c. HOUR OF DEATH 03:00			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)			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)			22e. PRONOUNCED DEAD AT (hour)											
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Guy Turnbull Foster M.D. 200 Bath Street Carson City, NV-89703									23b. LICENSE NUMBER 10168								
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 03, 2008			24c. DEATH DUE TO COMMUNICABLE DISEASE NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>											
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))									26. AUTOPSY (Specify Yes or No) No			27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
PART I																	
(a) Hypoxia									Interval between onset and death								
(b) Pneumonia									Interval between onset and death								
(c) Dementia									Interval between onset and death								
(d)									Interval between onset and death								
PART II																	
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



BK-1109
PG-556

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VRS-Rev-2008T

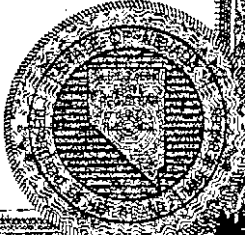
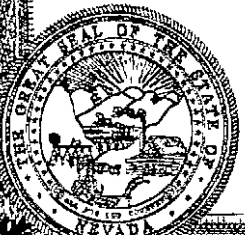
245276 CERTIFIED COPY OF VITAL RECORDS

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 bears the engraved border displaying date, seal and signature of Registrar.

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE