

APN 1320-30-112-007

RECORDING REQUESTED BY AND
AFTER RECORDING MAIL THIS DEED TO:

Rachelle J. Nicolle
Attorney at Law
1662 Highway 395, Suite 214
Minden, NV 89423

Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 2 Fee: 15.00
BK-0310 PG- 2377 RPTT: 0.00



MAIL TAX STATEMENTS TO:

Darwin V. Ellis
297 Great Hill Road
Ridgefield, CT 06877

We the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law. [Per NRS 440.380(1)(a) and 40.525(5)]

DEATH OF GRANTOR AFFIDAVIT

I, DARWIN V. ELLIS, being duly sworn depose and say that:

1.) DARWIN K. ELLIS, the decedent described in the attached certified copy of the Certificate of Death is the same person as DARWIN K. ELLIS, who is named as Grantor in the Deed recorded on 12/02/2009, in book 1209, at page 0329, instrument number 0754828 of the Official Records of Douglas County, Nevada, covering the real property described as follows:

Unit No. 7, as set forth on the Final Map of WESTWOOD PARK NO. III, A Planned Unit Development, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on November 29, 1989, in Book 1189, on Page 3658, as Document No. 215633.

Together with an undivided 1/18th interest in and to the common area lying within the interior lines as set forth on the Final Map of WESTWOOD PARK NO. III, A Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on November 29, 1989, in Book 1189, on Page 3658, as Document No. 2154633.

APN: 1320-30-112-007

2.) DARWIN V. ELLIS is the Grantee to whom the real property is conveyed upon the death of the Grantor, DARWIN K. ELLIS.

3.) I, DARWIN V. ELLIS, am 18 years of age, or over.

IN WITNESS WHEREOF, dated: 5 March, 2010.

Darwin V. Ellis
Darwin V. Ellis

JURAT

State of Connecticut
County of Fairfield

Signed and Sworn to before me on March 5, 2010 by DARWIN V. ELLIS.

WITNESS my hand and official seal.

Kathleen M. ...
NOTARY PUBLIC

my commission expires
August 31, 2014

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2010000731
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) Darwin K. ELLIS		2. DATE OF DEATH (Mo/Day/Year) January 16, 2010		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 1565 A Virginia Ranch Rd.		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 92		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
8. DATE OF BIRTH (Mo/Day/Yr) July 01, 1917		9a. STATE OF BIRTH (If not U.S.A. name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER 3387		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Fire Chief		14b. KIND OF BUSINESS OR INDUSTRY Fire Department	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1565 A Virginia Ranch Rd.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER - NAME (First Middle Last Suffix) John R ELLIS			17. MOTHER - NAME (First Middle Last Suffix) Norma DANGBERG		
18a. INFORMANT - NAME (Type or Print) Susan E CLEVELAND			18b. MAILING ADDRESS (Street or R.F.D.-No, City or Town, State, Zip) 1533 Evan St Carson City, Nevada 89701		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Mottsville Cemetery		19c. LOCATION City or Town State Minden Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Roop Carson City NV 89706	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) MARK THOMAS BRUNE M.D. SIGNATURE AUTHENTICATED			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)		
21b. DATE SIGNED (Mo/Day/Yr) January 19, 2010		21c. HOUR OF DEATH 01:15		22b. DATE SIGNED (Mo/Day/Yr)	
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) Mark Thomas Brune M.D. 1701 County Road #H Minden, NV: 89423				23b. LICENSE NUMBER 7134	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 21, 2010		24c. DEATH DUE TO COMMUNICABLE DISEASE 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				Interval between onset and death	
(a) Congestive Heart Failure					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Coronary Artery Disease					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Hypertension					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
PART II				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. 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

0759971 Page: 2 Of 2 03/10/2010

BK- 0310
PG- 2378

VRS-Rev-20090602

311861 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: 01/26/2010

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

