

APN 1220-22-310-148

✓ 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- 2379 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:

Lot 735, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 27, 1974, as Document No. 72456.

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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 Medina  
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

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>Darwin K ELLIS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 16, 2010</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>1565 A Virginia Ranch Rd.</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>92</b>		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>July 01, 1917</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER <b>██████████-3387</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Fire Chief</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Fire Department</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1565 A Virginia Ranch Rd.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>Yes</b>	
16. FATHER - NAME (First Middle Last Suffix) <b>John R ELLIS</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Norma DANGBERG</b>		
18a. INFORMANT - NAME (Type or Print) <b>Susan E CLEVELAND</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1533 Evan St Carson City, Nevada 89701</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Mottsville Cemetery</b>		19c. LOCATION City or Town State <b>Minden Nevada</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>Walton's Chapel of the Valley</b> <b>1281 N Roop Carson City NV 89706</b>	
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) <b>MARK THOMAS BRUNE M.D.</b> 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) <b>January 19, 2010</b>		21c. HOUR OF DEATH <b>01:15</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) <b>Mark Thomas Brune M.D. 1701 County Road #H Minden, NV 89423</b>		23b. LICENSE NUMBER <b>7134</b>	
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 21, 2010</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <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) <b>Congestive Heart Failure</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Coronary Artery Disease</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Hypertension</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
PART II					
26. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED		26e. INJURY AT WORK (Specify Yes or No)		26f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)	
26g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		26h. LOCATION		26i. LOCATION	
26j. LOCATION		26k. LOCATION		26l. LOCATION	

STATE REGISTRAR



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BK- 0310  
PG- 2380

VRS-Rev. 20090602

311859 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.

PBNC0 (Rev) 11/06

*R. D. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

