

APN 1320-29-410-014

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- 2381 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:

Lots thirteen (13), fourteen (14), Fifteen (15), and one-half or twelve and on-half feet of Lot sixteen (16), adjoining lot fifteen (15), in Block "A" of the West Addition of Minden, together with all the furniture therein.

APN: 1320-29-410-014

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 McJula
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

201000731
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	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	
DECEDENT	4. SEX Male		7a. AGE-Last birthday (Years) 92		8. DATE OF BIRTH (Mo/Day/Yr) July 01, 1917	
	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOS DAYS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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	
PARENTS	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		Ever in US Armed Forces? Yes	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1565 A Virginia Ranch Rd.		15e. INSIDE CITY LIMITS (Specify Yes or No) 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	
TRADE CALL	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 (Or 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 Rloop Carson City NV 89706	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED MARK THOMAS BRUNE M.D.		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)	
REGISTRAR	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) Mark Thomas Brune M.D., 1701 County Road #H Minden, NV 89423		23b. LICENSE NUMBER 7134	
CAUSE OF DEATH	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).)		26. AUTOPSY (Specify Yes or No) No			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART I		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)	
	(a) Congestive Heart Failure		Interval between onset and death		28b. DATE OF INJURY (Mo/Day/Yr)	
(b) DUE TO, OR AS A CONSEQUENCE OF: Coronary Artery Disease		Interval between onset and death		28c. HOUR OF INJURY		
(c) DUE TO, OR AS A CONSEQUENCE OF: Hypertension		Interval between onset and death		28d. DESCRIBE HOW INJURY OCCURRED		
(d) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		28e. INJURY AT WORK (Specify Yes or No)		
PART II		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- 0310
PG- 2382

0759973 Page: 2 Of 2 03/10/2010

VRS-Rev-20090602

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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.

PHNCO (REV) 11/06

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

