

DOC # 763840
05/17/2010 03:18PM Deputy: DW
OFFICIAL RECORD
Requested By:
FIRST AMERICAN TITLE MIN
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: 16.00
BK-510 PG-3343 RPTT: 0.00



APN 1420-34-201-014

When Recorded Mail to
Denise Clendenen
2723 Kayne Ave
Minden, Nv 89423

Death of Grantor Affidavit

Denise Clendenen, being duly sworn, deposes and says that Donald E. Wills, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Donald E. Wills named as the grantor or as one of the grantors in the deed recorded May 2, 2002 in Docket or Book 0508 at Page 0405 as Instrument No. 722584, records of Douglas, Nevada covering the following property:

See attached legal description

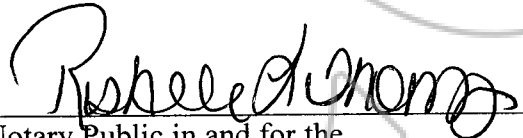
Denise Clendenen, is the Grantee or at least one of the grantees to whom the real property is conveyed upon the death of the Grantor Donald E. Wills or is the authorized representative of the grantee or at least one of the grantees.

Date 5/13/10


Denise Clendenen

State of Nevada
County of Douglas

Subscribed and sworn before me, Rishelle L. Thompson on This 13th day of May, 2010


Notary Public in and for the
State of Nevada
County of Douglas
My Commission Expires 4-10-11

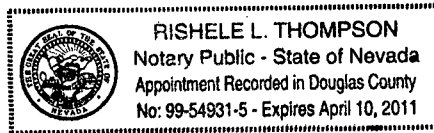




EXHIBIT "A"

The land referred to in this Commitment is situated in the County of Douglas, State of Nevada and is described as follows:

A PORTION OF THE NORTHWEST 1/4 OF SECTION 34, TOWNSHIP 14 NORTH, RANGE 20 EAST, M.D.B. & M., DESCRIBED AS FOLLOWS:

PARCEL NO. 2, AS SHOWN ON THAT PARCEL MAP FOR LESTER MAPLE, RECORDED MAY 12, 1977, IN BOOK 577 OF OFFICIAL RECORDS AT PAGE 598, AS DOCUMENT NO. 09129, DOUGLAS COUNTY, NEVADA.



CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2009010820

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) Donald Eugene WILLS			2. DATE OF DEATH (Mo/Day/Year) July 20, 2009		3a. COUNTY OF DEATH Douglas		
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 2723 Kayne Ave		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) 73	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) November 14, 1935	
9a. STATE OF BIRTH (If not U.S.A., name country) California		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 ██████-2839		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Owner-operator		14b. KIND OF BUSINESS OR INDUSTRY Wood Crafts		Ever in US Armed Forces? Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Minden		15d. STREET AND NUMBER 2723 Kayne Ave	15e. INSIDE CITY LIMITS (Specify Yes or No) No	
16. FATHER - NAME (First Middle Last Suffix) Eugene Edward WILLS				17. MOTHER - NAME (First Middle Last Suffix) Iona Ethel KESTER			
18a. INFORMANT- NAME (Type or Print) Denise CLENDENEN			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2723 Kayne Ave Minden, Nevada 89423				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706			
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 620	20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703				
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) <i>SIGNATURE AUTHENTICATED</i> ROBERT LEWIS MCDONALD 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) July 22, 2009		21c. HOUR OF DEATH 09:40		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) Robert Lewis McDonald M.D. 200 Bath Street #1 Carson City, NV 89703					23b. LICENSE NUMBER 6433		
24a. REGISTRAR (Signature) JENELLE BALDWIN <i>SIGNATURE AUTHENTICATED</i>			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 28, 2009		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).)						Interval between onset and death	
PART I							
(a) Respiratory Failure						Months	
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(b) End Stage Chronic Obstructive Pulmonary Disease						Years	
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(c)						Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(d)						Interval between onset and death	
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



BK-510
PG-3345

763840 Page: 3 of 3 05/17/2010

VRS-Rev-20090602

283061

CERTIFIED COPY OF VITAL RECORDS

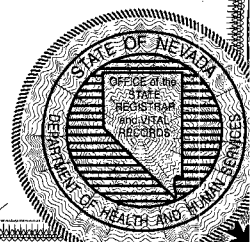
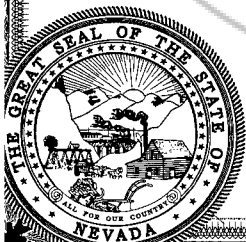
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

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

FBNCO (Rev) 11/06

R. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE