



<b>A.P.N. #</b>	1220-21-610-025
<b>RPTT</b>	None due
<b>Escrow No.</b>	1029214DR
<b>Recording Requested By:</b>	
<b>Stewart Title</b>	
<b>When Recorded Mail To:</b>	
<b>Margarita Espinoza</b>	
1614 Dorris Ct.	
St Helena, CA 94574	
(for recorders use only)	

AFFIDAVIT OF DEATH

(Title of Document)

**Please complete Affirmation Statement below:**

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS chapter 440.380 \_\_\_\_\_  
(State specific law)

*Kelsi Thorson*  
 \_\_\_\_\_  
**Signature**

*Escrow Assistant*  
 \_\_\_\_\_  
**Title**

*Kelsi Thorson*  
 \_\_\_\_\_  
**Print Signature**

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)



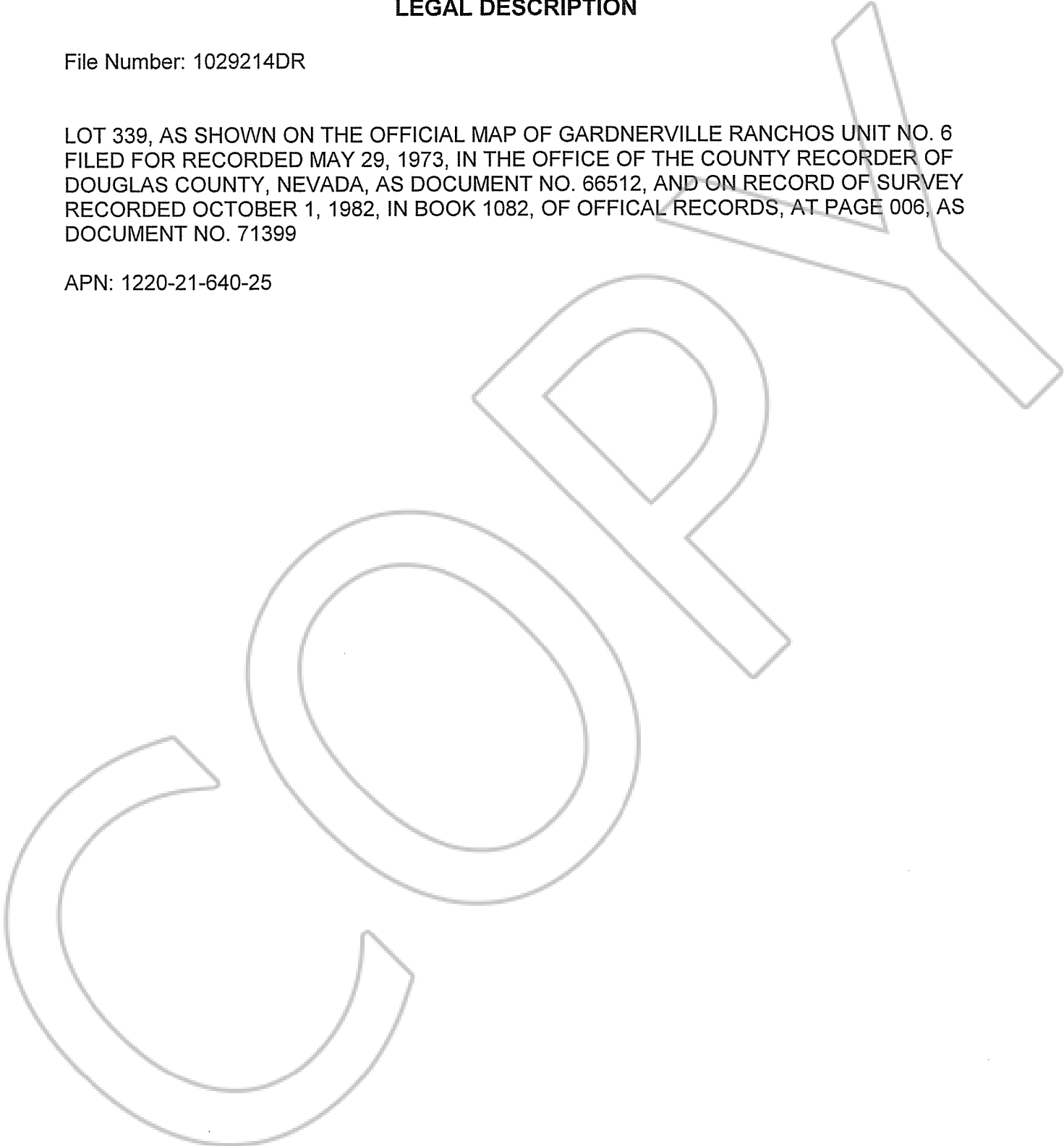


**Exhibit A**  
**LEGAL DESCRIPTION**

File Number: 1029214DR

LOT 339, AS SHOWN ON THE OFFICIAL MAP OF GARDNERVILLE RANCHOS UNIT NO. 6 FILED FOR RECORDED MAY 29, 1973, IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, AS DOCUMENT NO. 66512, AND ON RECORD OF SURVEY RECORDED OCTOBER 1, 1982, IN BOOK 1082, OF OFFICIAL RECORDS, AT PAGE 006, AS DOCUMENT NO. 71399

APN: 1220-21-640-25



**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

BK-610  
PG-1923

DIVISION OF HEALTH  
VITAL STATISTICS

765035 Page: 4 of 4 06/09/2010

**CERTIFICATE OF DEATH**

2007001987  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME - FIRST Billie			1b. MIDDLE Fayé			1c. LAST BOHAN			2. DATE OF DEATH (Mo/Day/Year) April 30, 2007			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) 970 Dean Drive						3e. If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient (Specify)			4. SEX Female		
DECEDENT	5. RACE (e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? (If yes, specify Mexican, Cuban, Puerto Rican, etc.) No Non-hispanic			7a. AGE-Last birthday (Years) 71			7b. UNDER 1 YEAR MOS. DAYS HOURS MINS			7c. UNDER 1 DAY			8. DATE OF BIRTH (Mo/Day/Yr) December 22, 1935		
	9a. STATE OF BIRTH (If not U.S.A., name country) Texas			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 12			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (If wife, give maiden name) Daniel E BOHAN					
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER [REDACTED]-0318			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker						14b. KIND OF BUSINESS OR INDUSTRY Own Home								
	15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Gardnerville			15d. STREET AND NUMBER 970 Dean Drive			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
PARENTS	16. FATHER - NAME (First Middle Last Suffix) Gordon PORTER									17. MOTHER - NAME (First Middle Last Suffix) Edna GRIFFITH								
	18a. INFORMANT - NAME (Type or Print) Daniel E BOHAN						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 970 Dean Drive Gardnerville, Nevada 89460											
DISPOSITION	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 SIGNATURE AUTHENTICATED						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	TRADE CALL - NAME AND ADDRESS																	
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 KELLE LYNN BROGAN 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) May 02, 2007			21c. HOUR OF DEATH 12:07			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) 18653 Wedge Pkwy Reno, NV 89511									23b. LICENSE NUMBER 6000								
REGISTRAR	24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 02, 2007			24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)																	
	PART I (a) Pancreatic Cancer DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I																	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST	26a. ACC., SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)			26b. DATE OF INJURY (Mo/Day/Yr)			26c. HOUR OF INJURY			26d. DESCRIBE HOW INJURY OCCURRED								
	28a. 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



330248

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:

MAY 14 2010

*Rd White*  
STATE REGISTRAR

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

