



**Recording Requested By**

PRC Division of Placer Title Company, a  
National Closing Solutions Affiliate

**And when recorded mail to**  
DAVID M CAMPBELL  
640 CARMEL WAY  
GARDNERVILLE, NV 89460

Escrow no. 2301-26905-KL

APN: 1220-21-810-236 (Space above this line for Recorder's use)

**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF NEVADA )  
 ) ss.  
COUNTY OF DOUGLAS )

DAVID M CAMPBELL, of legal age, being first duly sworn, deposes and says: That LEONARD FRANCIS CAMPBELL, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as LEONARD F CAMPBELL named as one of the parties in that certain GRANT DEED dated 11/12/02 executed by LEONARD F. CAMPBELL, TRUSTEE OF THE LEONARD F. CAMPBELL TRUST to LEONARD F. CAMPBELL, A SINGLE MAN, AND DAVID M. CAMPBELL, A SINGLE MAN, as joint tenants with right of survivorship, recorded 6/2/2005, as Doc # 0645840, of Official Records of DOUGLAS County, NEVADA, covering the following described property:

THE LAND DESCRIBED HEREIN IS SITUATED IN THE STATE OF NEVADA, COUNTY OF DOUGLAS, AND IS DESCRIBED AS FOLLOWS:

LOT 415, 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.

Dated: June 9 2010

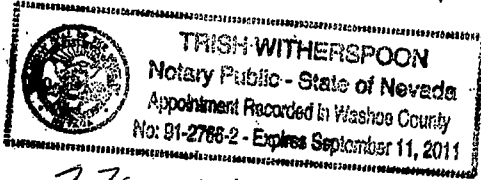
\_\_\_\_\_  
DAVID M CAMPBELL

STATE OF NEVADA )  
 ) ss.  
COUNTY OF *DOUGLAS* )



Subscribed and sworn to (or affirmed) before me on this 14th day of JUNE, 2010 by DAVID M. CAMPBELL  
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

*Trish Witherspoon*  
NOTARY PUBLIC  
Trish Witherspoon



775-849-1383

Trish Witherspoon  
Notary Public - State of Nevada  
Appointment Recorded in Washoe County  
No: 91-2766-2 - Expires  
September 11, 2011

STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
~~CERTIFICATE OF BIRTH~~  
CERTIFICATE OF DEATH

200700938  
STATE FILE NUMBER

VITAL STATISTICS

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 Leonard			1b. MIDDLE Francis			1c. LAST CAMPBELL			2. DATE OF DEATH (Mo/Day/Year) February 25, 2007			3a. COUNTY OF DEATH Carson City		
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City				3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Carson Tahoe Regional Medical Center				3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient			4. SEX Male			
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) 86		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) October 31, 1920		
9a. STATE OF BIRTH (If not U.S.A., name country) Minnesota			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 ██████████-4833			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Carpenter						14b. KIND OF BUSINESS OR INDUSTRY Construction					
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Gardnerville			15d. STREET AND NUMBER 640 Carmel Way			15e. INSIDE CITY LIMITS (Specify Yes or No) No		
16. FATHER - NAME (First Middle Last Suffix) Frank CAMPBELL						17. MOTHER - NAME (First Middle Last Suffix) Flora GAGNER								
18a. INFORMANT- NAME (Type or Print) David M. CAMPBELL						18b. MAILING ADDRESS- (Street or R.F.D. No. City or Town, State, Zip) 640 Carmel Way Gardnerville, Nevada 89460								
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) <b>RICK NOEL</b> 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 - 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) SIGNATURE AUTHENTICATED <b>B BOTTENBERG D.O.</b>						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) February 27, 2007			21c. HOUR OF DEATH 05:30			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) B Bottenberg D.O. 550 W Washington #1 Carson City, NV 89701										23b. LICENSE NUMBER DO674				
24a. REGISTRAR (Signature) <b>MIKE NEUMANN</b> SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 05, 2007			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 (a) Parkinson's Disease						Interval between onset and death Years								
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death								
PART (b)						Interval between onset and death								
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death								
PART (c)						Interval between onset and death								
OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.						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



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BK-610  
PG-5970

QSRB1004-Rev. F-2

T1156

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.

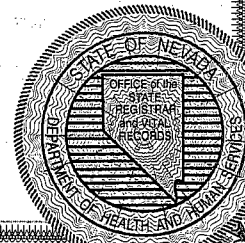
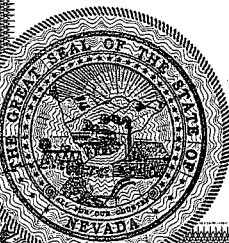
DATE ISSUED:

03/05/2007

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

PBNC0 (Rev.) 11/06

*[Signature]*  
SIGNATURE AUTHENTICATED





Order No. 2301-26905

**EXHIBIT "A"  
LEGAL DESCRIPTION**

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