

APN: 1220-21-710-074

After Recording, Mail to:
Cheryl D Dutton
1371 Langley Dr.
Gardnerville, NV 89460

Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: 16.00
BK-0710 PG- 3992 RPTT: # 5

Mail Tax Statements to:

Same as above

The undersigned affirms that this document **does** contain the social security number of a person.
(NRS 239B.030).

DEATH OF GRANTOR AFFIDAVIT

CHERYL DENISE DUTTON, being duly sworn, deposes and says that SARA M. WILHELM, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as SARA WILHELM named as the grantor or as one of the grantors in the deed recorded on June 26, 2009, in Book 0609, at Page 8831, as Document Number 0746147, Official Records of Douglas County, Nevada, covering the following described real property in the County of Douglas, State of Nevada:


Lot 559, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed for record in the office of the Douglas County Recorder, State of Nevada, on March 27, 1974, in Book 374, at Page 378, as File No. 72456, of Official Records.

Per NRS 111.312, this legal description was previously recorded on August 16, 2002 in Book 0802 at Page 05169 as Document No. 0549722.

TOGETHER WITH the tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

CHERYL DENISE DUTTON, is the grantee or at least one of the grantees to whom the real property is conveyed upon the death of the grantor SARA WILHELM or is the authorized representative of the grantee or at least one of the grantees.

Date: July 21, 2010



CHERYL DENISE DUTTON

ACKNOWLEDGMENT

STATE OF NEVADA)
: ss.
COUNTY OF DOUGLAS)

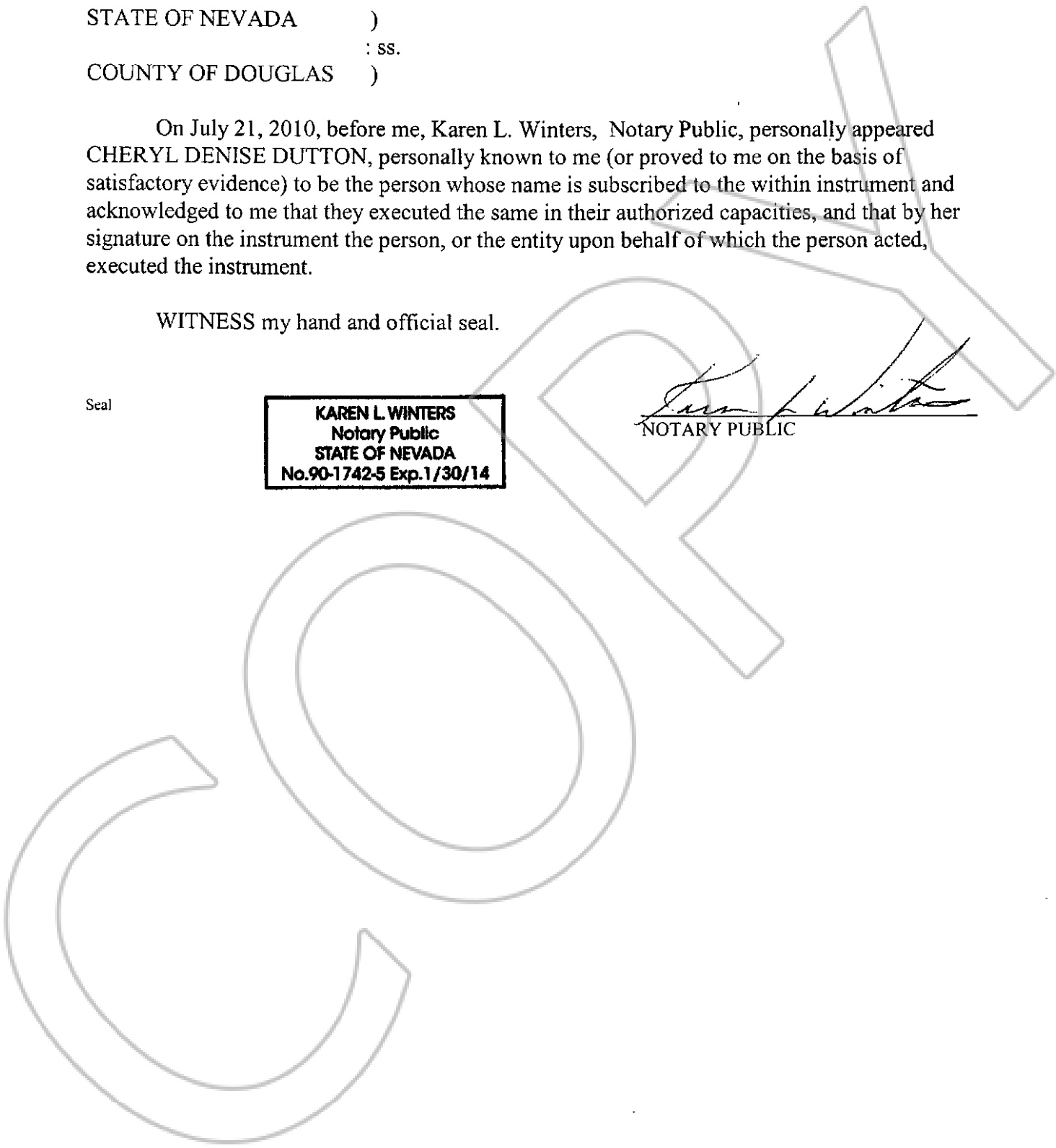
On July 21, 2010, before me, Karen L. Winters, Notary Public, personally appeared CHERYL DENISE DUTTON, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Seal

KAREN L. WINTERS
Notary Public
STATE OF NEVADA
No.90-1742-5 Exp.1/30/14

[Handwritten signature]
NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2010004736
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) Sara M WILHELM		2. DATE OF DEATH (Mo/Day/Year) March 06, 2010		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 Female		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 82	
5 RACE White (Specify)		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) April 07, 1927		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 OR DOMESTIC PARTNER	
13. SOCIAL SECURITY NUMBER [REDACTED]-8851		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Clerical		14b. KIND OF BUSINESS OR INDUSTRY Pacific Gas & Electric	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 786 Homet Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16 FATHER - NAME (First Middle Last Suffix) Angelo MONTALVO			17 MOTHER - NAME (First Middle Last Suffix) Flora SALLAS		
18a. INFORMANT - NAME (Type or Print) Cheryl DUTTON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1371 Langley Drive Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
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 CRAIG STEVEN RAU 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) March 08, 2010		21c. HOUR OF DEATH 14:50		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)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Craig Steven Rau M.D. 880 Alder Ave., Ste. 200 Incline Village, NV 89451				23b. LICENSE NUMBER 10991	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 11, 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).)				Interval between onset and death	
PART I (a) Aspiration Pneumonia DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Dysphagia DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:				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- 0710
PG- 3994
0767396 Page: 3 Of 3 07/22/2010

VRS-Rev-20080602

324310 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: APR 06 2010

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

Rd W...
STATE REGISTRAR

