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DOC # 0769417  
08/27/2010 04:41 PM Deputy: KE  
OFFICIAL RECORD  
Requested By:  
RACHELLE J NICOLLE

APN 1320-29-410-014

**RECORDING REQUESTED BY AND  
AFTER RECORDING MAIL THIS AFF. TO:**

Rachelle J. Nicolle  
Attorney at Law  
1662 Highway 395, Suite 214  
Minden, NV 89423

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 Of 4 Fee: 17.00  
BK-0810 PG- 6458 RPIT: 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**

This document is being re-recorded to correct the page and instrument numbers referenced in item 1.)

**FROM** page 0329, instrument number 0754828

**TO** page 0323, instrument number 0754824

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**

2010000731  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX)<br><b>Darwin K. ELLIS</b>    |  | 2. DATE OF DEATH (Mo/Day/Year)<br><b>January 16, 2010</b>  |  | 3a. COUNTY OF DEATH<br><b>Douglas</b>   |  |
| 3b. CITY, TOWN, OR LOCATION OF DEATH<br><b>Gardnerville</b>               |  | 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number)<br><b>1565 A Virginia Ranch Rd.</b> |  | 3d. If Hosp. or Inst. indicate DOA,OP/Emer, Rm, (Inpatient)(Specify)<br><b>Home</b> |  |
| 5 RACE White (Specify)  |  | 6. Hispanic Origin? Specify No - Non-Hispanic  |  | 7a. AGE-Last birthday (Years)<br><b>92</b>  |  |
| 7b. UNDER 1 YEAR<br>MOS   DAYS   HOURS   MINS                             |  | 7c. UNDER 1 DAY<br>HOURS   MINS  |  | 8. DATE OF BIRTH (Mo/Day/Yr)<br><b>July 01, 1917</b>                                |  |
| 9a. STATE OF BIRTH (If not U.S.A. name country)<br><b>Nevada</b>          |  | 9b. CITIZEN OF WHAT COUNTRY<br><b>United States</b>  |  | 10. EDUCATION<br><b>12</b>  |  |
| 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b> |  | 12. SURVIVING SPOUSE (if wife, give maiden name)   |  |   |  |
| 13. SOCIAL SECURITY NUMBER<br><b>3387</b>                                 |  | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)<br><b>Fire Chief</b>   |  | 14b. KIND OF BUSINESS OR INDUSTRY<br><b>Fire Department</b>                         |  |
| 15a. RESIDENCE - STATE<br><b>Nevada</b>                                   |  | 15b. COUNTY<br><b>Douglas</b>  |  | 15c. CITY, TOWN OR LOCATION<br><b>Gardnerville</b>                                  |  |
| 15d. STREET AND NUMBER<br><b>1565 A Virginia Ranch Rd.</b>                |  | 15e. INSIDE CITY LIMITS (Specify Yes or No)<br><b>Yes</b>  |  |   |  |

PARENTS

|   |  |   |  |
|---|--|---|--|
| 16. FATHER - NAME (First Middle Last Suffix)<br><b>John R ELLIS</b> |  | 17. MOTHER - NAME (First Middle Last Suffix)<br><b>Norma DANGBERG</b> |  |
|---|--|---|--|

DISPOSITION

|  |  |  |  |
|--|--|--|--|
| 18a. INFORMANT-NAME (Type or Print)<br><b>Susan E CLEVELAND</b>                  |  | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)<br><b>1533 Evan St. Carson City, Nevada 89701</b> |  |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Burial</b>                |  | 19b. CEMETERY OR CREMATORY - NAME<br><b>Mottsville Cemetery</b>  |  |
| 19c. LOCATION City or Town State<br><b>Minden Nevada</b>                         |  |  |  |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br><b>RICK/NOEL</b> |  | 20c. NAME AND ADDRESS OF FACILITY<br><b>Walton's Chapel of the Valley</b>  |  |
| 20b. FUNERAL DIRECTOR LICENSE<br><b>620</b>                                      |  | 20d. ADDRESS OF FACILITY<br><b>1281 N Roop Carson City NV 89708</b>  |  |

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)<br><b>MARK THOMAS BRUNE M.D.</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)<br><b>January 19, 2010</b>   |  | 22b. DATE SIGNED (Mo/Day/Yr)   |  |
| 21c. HOUR OF DEATH<br><b>01:15</b>  |  | 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)  |  |  |  |

REGISTRAR

|   |  |   |  |
|---|--|---|--|
| 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN; ATTENDING PHYSICIAN; MEDICAL EXAMINER; OR CORONER) (Type or Print)<br><b>Mark Thomas Brune:M.D. 1701 County Road #H Minden, NV 89423</b> |  | 23b. LICENSE NUMBER<br><b>7134</b>  |  |
| 24a. REGISTRAR (Signature)<br><b>CHRISTINA GRIFFITH</b>   |  | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>January 21, 2010</b>  |  |
| 24c. SIGNATURE AUTHENTICATED  |  | 24c. DEATH DUE TO COMMUNICABLE DISEASE<br>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).) |  | Interval between onset and death |  |
| PART I   |  |                                  |  |
| (a) <b>Congestive Heart Failure</b>  |  |                                  |  |
| DUE TO, OR AS A CONSEQUENCE OF   |  |                                  |  |
| (b) <b>Coronary Artery Disease</b>   |  |                                  |  |
| DUE TO, OR AS A CONSEQUENCE OF   |  |                                  |  |
| (c) <b>Hypertension</b>  |  |                                  |  |
| DUE TO, OR AS A CONSEQUENCE OF   |  |                                  |  |
| (d)  |  |                                  |  |

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| PART II                                 |  | 26. ACC., SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)                            |  | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No)<br><b>No</b> |  |
| 28a. DATE OF INJURY (Mo/Day/Yr)         |  | 28b. HOUR OF INJURY  |  | 28c. DESCRIBE HOW INJURY OCCURRED                                 |  |
| 28d. INJURY AT WORK (Specify Yes or No) |  | 28e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) |  | 28f. LOCATION STREET OR R.F.D. No CITY OR TOWN STATE              |  |

STATE REGISTRAR



BK- 0310  
PG- 2382  
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BK- 0810  
PG- 6460  
0769417 Page: 3 Of 4 08/27/2010

VR&B-2010002

311860 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 data, seal and signature of Registrar.

*Rud Whitt*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED



COPY

Certified Copy

The foregoing instrument is a full, true and correct copy of the original on file in the office of the County Recorder of Douglas County, State of Nevada. Per NRS 239B.030 Sec 5 the SSN may be redacted, but in no way affects the legality of the document.

Witnessed my hand this 27

day of August 2010

By: [Signature] Deputy Recorder