

157

DOC # 0783739
05/25/2011 11:27 AM Deputy: GB

OFFICIAL RECORD
Requested By:
JOSEPH TILLSON

Document Transfer Tax \$0
Assessor's Parcel No. 1320-33-816-032

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 2 Fee: 15.00
BK-0511 PG- 4474 RPTT: 0.00

WHEN RECORDED AND
MAIL TAX STATEMENTS TO:
Edward A. Wright, Trustee
2241 Lake Tahoe Boulevard
South Lake Tahoe, CA 96150



The grantor declares:
Documentary transfer tax is \$ -0-
 computed on full value of property conveyed,

AFFIDAVIT--DEATH OF SETTLOR, TRUSTEE AND BENEFICIARY

EDWARD A. WRIGHT, of legal age, being first duly sworn, deposes and says:

That WALTER WILLIAM MOHRDICK III, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as is named as the party in that certain Grant, Bargain and Sale Deed dated September 23, 2010, executed by RusselMar 7431SN041407DL Trust, M.D. Diamond Trustee, wherein the decedent is the settlor of THE MOHRDICK 2008 REVOCABLE TRUST dated September 24, 2008, as well as the beneficiary and trustee under said trust; it being further acknowledged that EDWARD A. WRIGHT is the successor trustee under said declaration of trust on the death of WALTER WILLIAM MOHRDICK III.

The original Grant, Bargain and Sale Deed aforementioned is recorded as Document No.772135, on October 14, 2010, in the Official Records of Douglas County, State of Nevada, covering the following described property situate in the County of Douglas, State of Nevada:

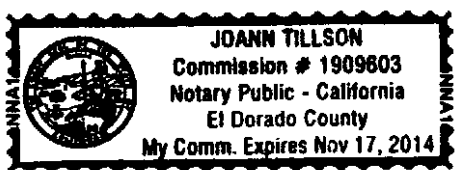
LOT 51, BLOCK C, AS SET FORTH ON FINAL SUBDIVISION MAP NO. 1006-11 FOR CHICHESTER ESTATES, PHASE II, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA AND RECORDED DECEMBER 27, 2002, IN BOOK 1202, PAGE 12732, AS DOCUMENT NO. 562225, AND BY CERTIFICATE OF AMENDMENT RECORDED MARCH 27, 2003 IN BOOK 0303, PAGE 13037, AS DOCUMENT NO. 0571430, OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA.

Dated: 5/20/11

EDWARD A. WRIGHT

State of California
County of El Dorado

Subscribed and sworn to (or affirmed) before me on this 20th day of May 2011
by EDWARD A. WRIGHT, proved to me on the basis of satisfactory evidence to be the person who appeared before me.



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH

VITAL STATISTICS CERTIFICATE OF DEATH

2011001101

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Walter William MOHRDICK III		2. DATE OF DEATH (Mo/Day/Year) January 09, 2011		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name/(If not ather, give street and number) Evergreen Gardnerville Health & Rehab Center		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 59	
	7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) April 03, 1951	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		12. SURVIVING SPOUSE (if wife, give maiden name)			
PARENTS	13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Electrician		14b. KIND OF BUSINESS OR INDUSTRY Electric Company	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1345 East Marion Russell Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Walter W MOHRDICK II			17. MOTHER/PARENT - NAME (First Middle Last Suffix)		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) Ed WRIGHT		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2241 Lake Thoe Blvd South Lake Tahoe, California 96150			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		19b. CEMETERY OR CREMATORY - NAME Holy Cross Cemetery		19c. LOCATION City or Town State Colma California *	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) LAURENCE GEORGE GAY M.D. <i>SIGNATURE AUTHENTICATED</i>		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)			
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) January 13, 2011		21c. HOUR OF DEATH 08:18		22b. DATE SIGNED (Mo/Day/Yr)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Gay, Laurence George		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Laurence George Gay M.D. PO Box 19936 Reno, NV 895110871				23b. LICENSE NUMBER 5152	
	24a. REGISTRAR (Signature) NICOLE SHORE <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 28, 2011		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I				Interval between onset and death	
	(a) Cardiac Arrest				Seconds	
(b) Myocardial Infarction				Minutes		
(c) Coronary Artery Disease				Years		
(d) Hypertension				Years		
PART II 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		
26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		
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



0783739

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BK- 0511
PG- 4475
05/25/2011

VRS-Rev. 20110104

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: 01/31/2011

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

R. D. White
SIGNATURE AUTHENTICATED

