

This document includes a certified death certificate as required by NRS 40.525 (5) which contains a social security number as required by NRS 440.380(1)(a).



Rebecca Knabe

APN: 29-131-10

RECORDING REQUESTED BY:

Bradley B Anderson, Esq.
Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway #860
Reno, Nevada 89521

WHEN RECORDED MAIL TO:

Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway #860
Reno, Nevada 89521

MAIL TAX STATEMENTS TO:

GEORGIA W. WOODARD
1480 Janes Road
Gardnerville, NV 89460

AFFIDAVIT OF DEATH

I, GEORGIA W. WOODARD, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) That I am the spouse of HERSCHEL R. WOODARD.
- (2) That a Deed, dated June 07, 1999, was made and executed by HERSCHEL R. WOODARD and GEORGIA WOODARD, who took title as GEORGIA W. WOODARD, as community property, recorded as Document No. 0470960 on June 24, 1999, of Official Records of Douglas County, Nevada.
- (3) That the property subject to the community is described in Exhibit A attached.



(4) That HERSCHEL R. WOODARD died on April 02, 2010, in Sparks, County of Washoe, Nevada. The death certificate is attached hereto as Exhibit B.

Executed on this 9th day of August, 2011, at Reno, Nevada.

Georgia W. Woodard
GEORGIA W. WOODARD

STATE OF NEVADA)
 ss:
COUNTY OF WASHOE)

This instrument was acknowledged before me, this 9th day of August, 2011, by GEORGIA W. WOODARD.

R. Knabe

Notary Public

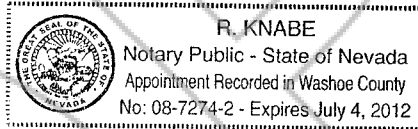




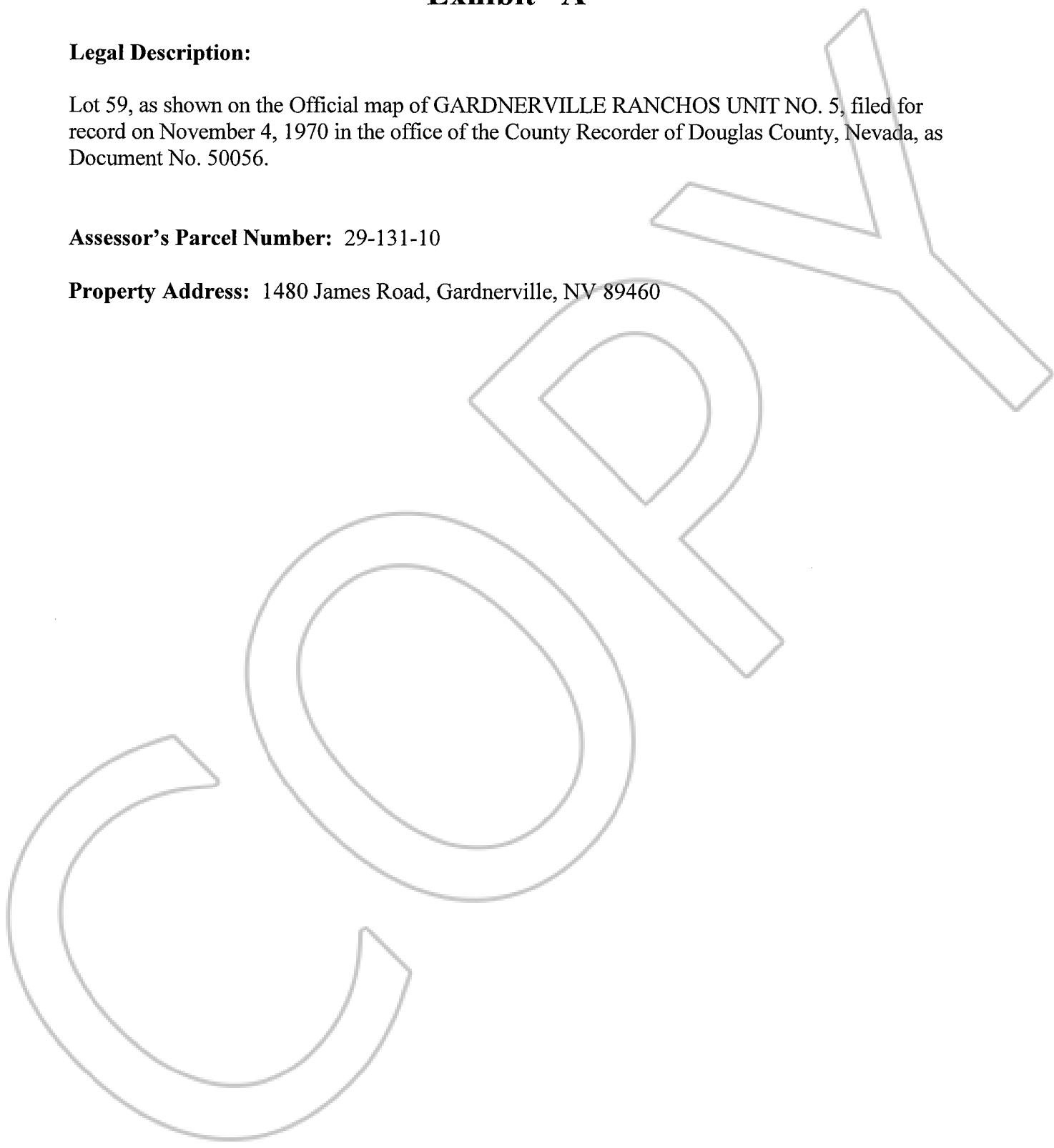
Exhibit "A"

Legal Description:

Lot 59, as shown on the Official map of GARDNERVILLE RANCHOS UNIT NO. 5, filed for record on November 4, 1970 in the office of the County Recorder of Douglas County, Nevada, as Document No. 50056.

Assessor's Parcel Number: 29-131-10

Property Address: 1480 James Road, Gardnerville, NV 89460



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2010009693
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

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) Herschel Ray WOODARD			2. DATE OF DEATH (Mo/Day/Year) April 02, 2010		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) 1480 James Road		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Home		
4. SEX Male		6. RACE - White (Specify)		7a. AGE - Last birthday (Years) 78		8. DATE OF BIRTH (Mo/Day/Yr) August 29, 1931	
9a. STATE OF BIRTH (If not U.S.A., name country) Arkansas		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 15		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
12. SURVIVING SPOUSE OR DOMESTIC PARTNER Georgia Emma WILLIAMS		13. SOCIAL SECURITY NUMBER 3834		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Truck Driver		14b. KIND OF BUSINESS OR INDUSTRY Oil	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Gardnerville		15d. STREET AND NUMBER 1480 James Road	
16. FATHER - NAME (First Middle Last Suffix) Sherman K WOODARD				17. MOTHER - NAME (First Middle Last Suffix) Esther Marie BRIDGES			
18a. INFORMANT - NAME (Type or Print) Georgia Emma WOODARD				18b. MAILING ADDRESS* (Street or R.F.D. No., City or Town, State, Zip) 1480 James Road, Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION - City or Town State Reno Nevada 89501			
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JUDITH KIMPTON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 677		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 390 E. Moana Ln. Suite D1 Reno, NV 89502			
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) BERNADETTE SMITH SIGNATURE AUTHENTICATED				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) June 29, 2010		21c. HOUR OF DEATH 16:45		22b. DATE SIGNED (Mo/Day/Yr) April 02, 2010		22c. HOUR OF DEATH 16:45	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22d. PRONOUNCED DEAD (Mo/Day/Yr) April 02, 2010			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner BERNADETTE SMITH P.O. Box 218 Minden, NV 89423						23b. LICENSE NUMBER 369	
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 06, 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).) PART I (a) Severe Hypertensive and Arteriosclerotic DUE TO, OR AS A CONSEQUENCE OF (b) Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d) 						Interval between onset and death	
PART II						26. AUTOPSY (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. 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 911
PG-2356

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AKA: Herschel Ray BRIDGES

VRS-Rev: 20090602

339418

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: 07/06/2010

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

R. Smith
STATE REGISTRAR
SIGNATURE AUTHENTICATED

