

OFFICIAL RECORD

Requested By:

JOSEPH W. TILLSON

Document Transfer Tax \$0  
Assessor's Parcel No. 1220-17-613-005

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 of 2 Fee: 15.00  
BK-0512 PG-0683 RPTT: 0.00

WHEN RECORDED AND  
MAIL TAX STATEMENTS TO:

JANIS C. CALAIS, Trustee  
P.O. Box 446  
Jackson, CA 95642



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

AFFIDAVIT--DEATH OF SETTLOR, TRUSTEE AND BENEFICIARY

JANIS C. CALAIS, of legal age, being first duly sworn, deposes and says:

That WARREN E. DAY, 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, Sale Deed dated November 8, 2004, executed by WARREN E. DAY, wherein the decedent is the settlor of the WARREN E. DAY REVOCABLE TRUST dated November 8, 2004, as amended, as well as the beneficiary and trustee under said trust; it being further acknowledged that JANIS C. CALAIS is the successor trustee under said declaration of trust, as amended, on the death of WARREN E. DAY.

The original Grant Deed aforementioned is recorded as Document No. 0642125, on April 19, 2005, at Book 0405, Page 7295, 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 165 Block A, of PLEASANTVIEW, PHASE 8 Map NO. 1009-8, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on June 30, 1999, in Book 699, Page 6647, as Document No. 471554.

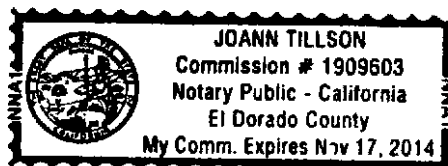
Dated: 3-5-12

Janis C. Calais  
JANIS C. CALAIS

State of California  
County of El Dorado

Subscribed and sworn to (or affirmed) before me on this 5th day of MARCH 2012,  
by JANIS C. CALAIS, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Joann Tillson



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

2011013705

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) <b>Warren E DAY</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 31, 2011</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>1165 Sweetwater Court</b>		3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>86</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>December 29, 1924</b>		9a. STATE OF BIRTH (if not U.S.A., name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Salesman</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Photographic Equipment</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1165 Sweetwater Court</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Hamilton L DAY</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Grace M SEGASSER</b>		18a. INFORMANT - NAME (Type or Print) <b>Janis CALAIS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>P.O. Box 446 Jackson, California 95642</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION - City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOSH FAULKNER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>775</b>		20c. NAME AND ADDRESS OF FACILITY <b>Capitol City Memorial Cremation and Burial Society</b> <b>1614 N Curry Street Carson City NV 89703</b>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated: (Signature & Title) <b>STEPHEN J HEWITT DO</b> SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) <b>September 02, 2011</b>		21c. HOUR OF DEATH <b>08:22</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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
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>Dr. Stephen J Hewitt DO 1090 3rd Street #1 South Lake Tahoe, CA 96150</b>	
23b. LICENSE NUMBER <b>1107</b>		24a. REGISTRAR (Signature) <b>JENELLE ENGLISH</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 06, 2011</b>	
24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Cardiopulmonary Arrest</b> Interval between onset and death <b>Minutes</b> DUE TO, OR AS A CONSEQUENCE OF (b) <b>Debility</b> Interval between onset and death <b>Years</b> DUE TO, OR AS A CONSEQUENCE OF (c) <b>End Stage Cardiac Disease</b> Interval between onset and death <b>Years</b> DUE TO, OR AS A CONSEQUENCE OF (d) <b>End Stage Renal Disease</b> Interval between onset and death <b>Years</b>			
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I:				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		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- 0512  
PG- 684

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VRS-Rev-20110104

401653

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: 09/06/2011

*Rodney White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

