

APN: 1022-09-001-008

RECORDING REQUESTED BY:  
Shannon Taylor-Hutchinson  
2904 W. Glass Lane  
Phoenix, AZ 85041

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 Of 2 Fee: 15.00  
BK-0712 PG- 3492 RPT: 39.00



AFTER RECORDING MAIL DOCUMENTS and  
TAX STATEMENTS TO:  
Tim Taylor  
P.O. Box 141  
Verdi, NV 89439

DEATH OF GRANTOR AFFIDAVIT

SHANNON TAYLOR-HUTCHINSON, being duly sworn, deposes and says that NORMAN T. KNOPP, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as NORMAN T. KNOPP, named as the grantor or as one of the grantors in the deed recorded on December 15, 2011, in book 1211, at page 3450, document 794347, records of Douglas County, Nevada, covering the following described property:

Lot 108 as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 3, filed in the office of the County Recorder of Douglas County, Nevada, on March 31, 1969.

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SHANNON TAYLOR-HUTCHINSON is the grantee or at least one of the grantees to whom the real property is conveyed upon the death of the grantor NORMAN T. KNOPP or is the authorized representative of the grantee or at least one of the grantees.

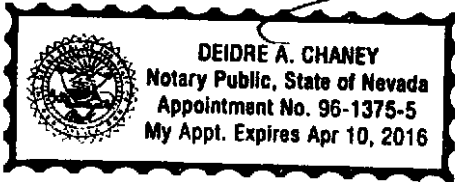
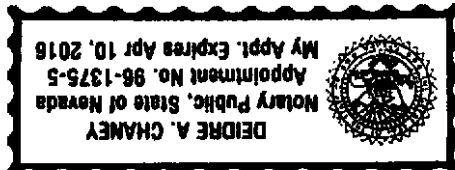
Dated this 13<sup>th</sup> day of July, 2012.

SHANNON TAYLOR-HUTCHINSON

STATE OF NEVADA )  
COUNTY OF DOUGLAS)

On this 13<sup>th</sup> day of July, 2012, personally appeared before me, a Notary Public, Shannon Taylor-Hutchinson, personally known to me to be the person whose name is subscribed to the above instrument and who acknowledged that she executed the above instrument.

NOTARY PUBLIC



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2012010606

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) Norman T KNOPP		2. DATE OF DEATH (Mo/Day/Year) June 08, 2012		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) 3913 Clearacre Lane #139		3e. If Hosp. or Inst. indicate DOA, OPEmer Rm. Inpatient (Specify) Residence	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 68	
9a. STATE OF BIRTH (If not U.S.A. name country) Illinois		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
13. SOCIAL SECURITY NUMBER [REDACTED] 5476		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Controller		14b. KIND OF BUSINESS OR INDUSTRY Paint Manufacturing	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Elmer KNOPP		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ida CHASELEY		12. SURVIVING SPOUSE (If wife, give maiden name)	
18a. INFORMANT - NAME (Type or Print) Tim TAYLOR		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 141 Verdi, Nevada 89439			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION: City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BLAKE HOWE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 622		20c. NAME AND ADDRESS OF FACILITY Walton's Sparks Funeral Home 1745 Sullivan Lane Sparks NV 89431	
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 CHRISTOPHER MARK LAMBERT M.D.					
21b. DATE SIGNED (Mo/Day/Yr) June 28, 2012		21c. HOUR OF DEATH 05:48		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	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Christopher Mark Lambert M.D. Po Box 30084 Reno, NV 89520		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23b. LICENSE NUMBER 10506		24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 09, 2012	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		26. AUTOPSY (Specify Yes or No) No	
(a) Sudden Death - Cardiac		Interval between onset and death		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
(b) DUE TO, OR AS A CONSEQUENCE OF Cardiomyopathy		Interval between onset and death			
(c) DUE TO, OR AS A CONSEQUENCE OF Chronic Obstructive Pulmonary Disease		Interval between onset and death			
(d) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part 1					
28a. ACC, SUICIDE, HOM, UNDET OR PENDING INVEST (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28d. DESCRIBE HOW INJURY OCCURRED	
		28g. LOCATION		STREET OR R.F.D. No CITY OR TOWN STATE	

STATE REGISTRAR



0805694 Page: 2 of 2 07/13/2012

BK- 0712  
PG- 3493

VRS-Rev-20120529a

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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.

07/11/2012

DEPUTY REGISTRAR

Joseph P. Iser M.D., D.P.H., M.S.  
SIGNATURE AUTHENTICATED

DATE ISSUED

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

