

APN: 1420-33-810-037

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0912 PG-0557 RPTT: 0.00

When Recorded Mail To:

ROWE HALES YTURBIDE, LLP
Jennifer Yturbide, Esq.
P.O. Box 2080
Minden, NV 89423



Send Tax Statements To:

Shannon Ferris
5235 Shorecrest Dr.
Anchorage, AK 99502

**DEATH OF GRANTOR AFFIDAVIT
(Death of Joint Tenant)**

Shannon DeAnn Ferris, court appointed Personal Representative of the Estate of Kenneth M. Damm, Case No. 12-PB-0052, In the Ninth Judicial District Court of the State of Nevada in and for the County of Douglas, Letters Testamentary having been recorded as Document No. 0804711 on June 26, 2012, being duly sworn, deposes and says that Elaine Hazel Damm, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Elaine H. Damm, named as the grantee in the deed recorded on January 10, 2008, in book 108, at page 1791, instrument number 715985, records of Douglas County, Nevada, covering the following described property:

Lot 20, of Edle Acres Subdivision, as Shown on the Official Map Thereof, Filed in the Office of the County Recorder of Douglas County, Nevada, on April 5, 1960, in Book 1 of Maps, Document No. 15812

Per NRS 111.312, this legal description was previously recorded at Document No. 715985, Book No. 108, Page 1791, on January 10, 2008.

Pursuant to NRS 239B.030(4), I affirm that this instrument does contain a social

security number and that NRS 111.109 mandates that a true and correct copy of a Death Certificate be recorded with this affidavit.

IN WITNESS WHEREOF, I have hereunto set my hand this 28th day of August, 2012.

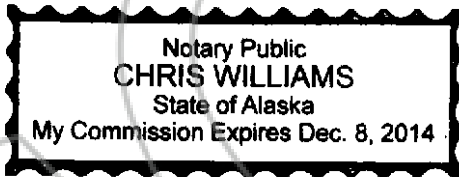
Shannon Ferris

SHANNON DEANN FERRIS
Personal Representative of Estate of
Kenneth M. Damm

STATE OF Alaska)
COUNTY OF 3rd Judicial District) ss.

This instrument was acknowledged before me on the 28 day of August, 2012,
by Shannon DeAnn Ferris.

WITNESS my hand and official seal.



Chris Williams
NOTARY PUBLIC

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2010016369
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) Hazel Elaine DAMM		2. DATE OF DEATH (Mo/Day/Year) October 23, 2010		3a COUNTY OF DEATH Carson City	
3b CITY, TOWN, OR LOCATION OF DEATH Carson City		3c HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) Carson Tahoe Regional Medical Center		3e. (If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient) (Specify) Inpatient	
5 RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 68	
7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) November 07, 1941	
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) Married		12 SURVIVING SPOUSE (if wife, give maiden name) Ken DAMM			
13. SOCIAL SECURITY NUMBER ██████████-0723		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Owner		14b. KIND OF BUSINESS OR INDUSTRY Office Products	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1311 Judy St		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			

PARENTS

16 FATHER - NAME (First Middle Last Suffix) O.G. ZEDIKER		17. MOTHER - NAME (First Middle Last Suffix) Hazel LaVern REYNOLDS	
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DISPOSITION

18a. INFORMANT - NAME (Type or Print) Ken DAMM		18b. MAILING ADDRESS (Street or R.F.D., No, City or Town, State, Zip) 1311 Judy St Minden, Nevada 89423	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME FitzHenry's Crematory	
19c. LOCATION City or Town State Carson City Nevada 89701			
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			

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) VIJAY MAIYA <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)	
21b. DATE SIGNED (Mo/Day/Yr) October 27, 2010		21c. HOUR OF DEATH 14:50	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Aguirre, Jose Alfredo		22b. DATE SIGNED (Mo/Day/Yr)	
		22c. HOUR OF DEATH	
		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) Dr. Vijay Maiya 1600 Medical Parkway Carson City, NV 89703		23b. LICENSE NUMBER 11909	
24a. REGISTRAR (Signature) JENELLE ENGLISH <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 03, 2010	
		24c. DEATH DUE TO COMMUNICABLE DISEASE 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) Cardiopulmonary Arrest			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death.	
(b) Anoxic Brain Injury			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death.	
(c) Acute Myocardial Infarction			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death.	
(d) Atherosclerotic Disease			

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

PART II		26. AUTOPSY (Specify Yes or No) NO		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) NO	
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

358994

CERTIFIED COPY OF VITAL RECORDS

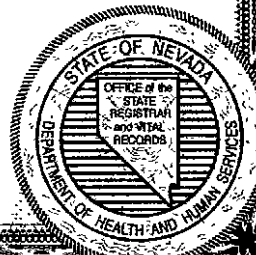
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pg 559

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: 11/03/2010

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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



VRS Rev. 20100219

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