

DOC # 812104
11/01/2012 01:31PM Deputy: AR
OFFICIAL RECORD
Requested By:
Stewart Title - Carson
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 5 Fee: \$43.00
BK-1112 PG-159 RPTT: 0.00



A.P.N. # 1318-24-301-007
Escrow No. 1061182DR
Recording Requested By: Stewart Title
When Recorded Mail To: Cederborg & Bret 1299 Newell Hill Pl. #203 Walnut Creek, CA 94596
(for recorders use only)

Affidavit of Death
(Title of Document)

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: 440 380

(State specific law)

Dena Reed
Signature

E.O
Title


Dena Reed
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)



A.P.N. #	1318-24-301-007
Escrow No.	1051182-DR
Recording Requested By:	
	
Mail Tax Statements To:	Same as below
When Recorded Mail To:	
Mark L. Cederborg	
1299 Newell Hill Place #203	
Walnut Creek, CA 94596	

AFFIDAVIT – DEATH OF GRANTOR

State of Nevada }
 } ss.
 County of Douglas }

Mark L. Cederborg Special Administrator X X X X X X X , being duly sworn, deposes and says that, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Curtis E. Renslow named as the grantor in the deed recorded on 3-26-12 as document number 799549, records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

Dated: 10-31-12

Mark L. Cederborg Spec. Admin.
 Mark L. Cederborg, Special Administrator

State of Nevada }
 } ss.
 County of Douglas }

This instrument was acknowledged before me on _____
 By: _____
 Signature: _____
 Notary Public

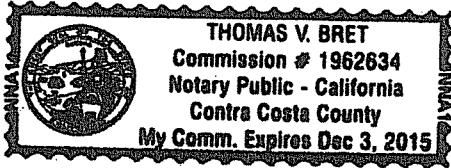
*CALIFORNIA FORM OF
 ACKNOWLEDGEMENT
 FOLLOWS PAGE 1 of 2*



State of California
County of Contra Costa

Subscribed and sworn to (or affirmed) before me on this 31st
day of October, 2012, by Mark L. Cederborg

proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.

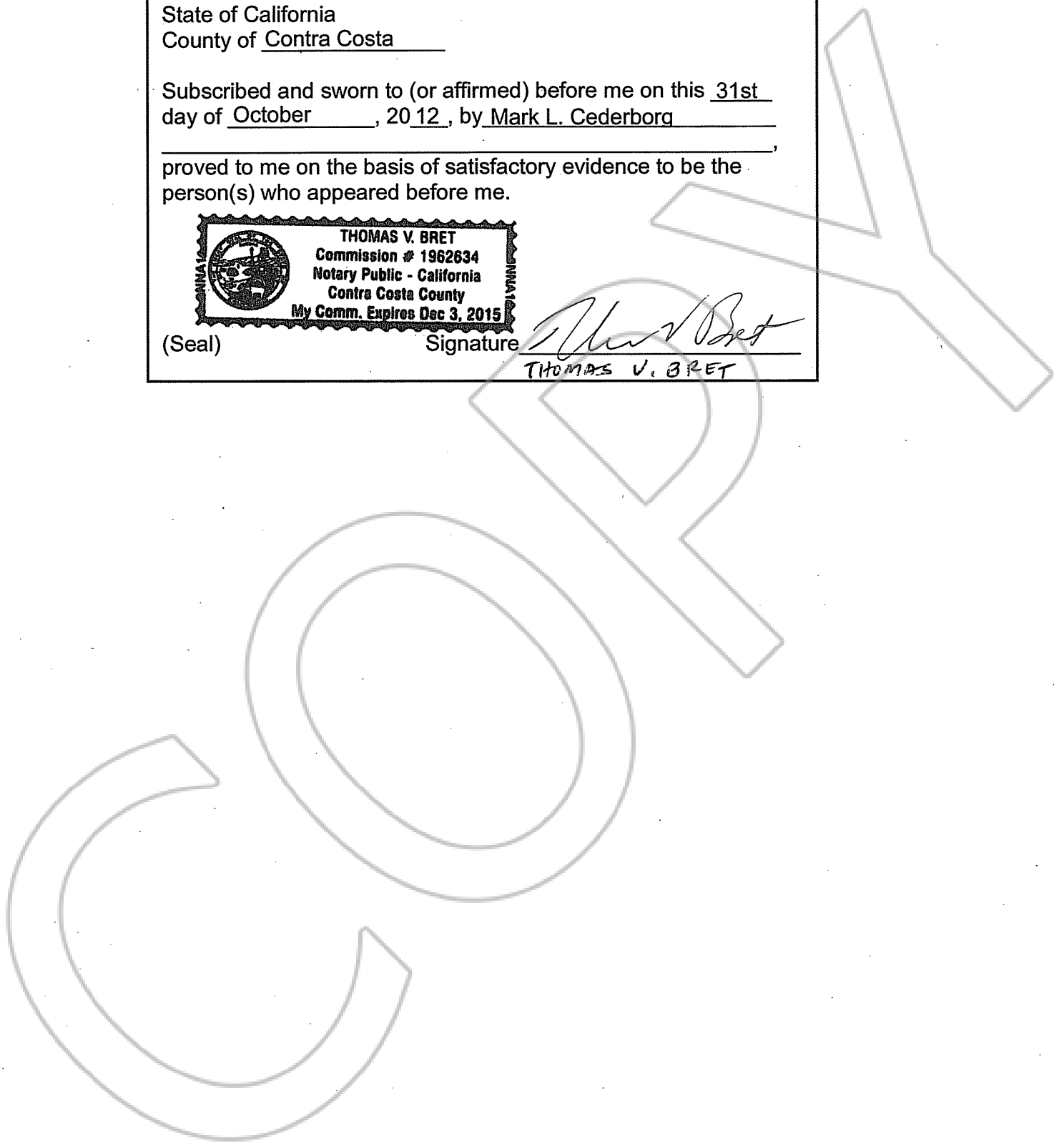


(Seal)

Signature

Thomas V. Bret

THOMAS V. BRET





**Exhibit A
LEGAL DESCRIPTION**

File Number: 1051182-DR

Commencing at the South Quarter corner of Section 24, Township 13 North, Range 18 East, M.D.B. &M.;

Thence North $0^{\circ}03'36''$ East a distance of 1652.07 feet along the North-South centerline of Section 24 to a point on the Northerly right-of-way line of Kingsbury Road; Thence along the Northerly right of way line of said Kingsbury Road; the following courses and distances North $66^{\circ}57'56''$ West 153.65 feet and thence on a curve to the left having a radius of 640 feet through a central angle of $35^{\circ}54'06''$ for an arc distance of 401.02 feet; thence leaving said roadway North $0^{\circ}11'04''$ West a distance of 152.15 feet to the true point of beginning; Thence North $0^{\circ}11'04''$ West a distance of 108.69 feet; thence North $60^{\circ}27'31''$ West a distance of 44.26 feet; thence on a curve to the left, the tangent of which bears South $84^{\circ}37'43''$ West having a radius of 25 feet through a central angle of $44^{\circ}24'55''$ for an arc distance of 19.38 feet to a point of compound curvature; thence along a curve to the right, the tangent of which bears South $66^{\circ}32'49''$ West having a radius of 45 feet through a central angle of $103^{\circ}09'58''$ for an arc distance of 81.03 feet to a point; thence South $0^{\circ}00'19''$ West, a distance of 123.87 feet; thence North $89^{\circ}52'39''$ East, a distance of 126.10 feet to the true point of beginning.

Per NRS 111.312, this legal description was previously recorded at document no. 73583, Book No. 674, Page 6, on June 3, 1974.

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

BK 1112
PG-163
812104 Page: 5 of 5 11/01/2012

TYPE OR PRINT IN PERMANENT LACK INK

PRECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF CERTIFICATE ITEMS

RENTS

POSITION

OFFICER

CONDITIONS: IF ANY HAVE BEEN USED TO DELAY THE EARLY USE OF THE LAST

SECTION OF THE

LOCAL FILE NUMBER			STATE FILE NUMBER		
DECEASED—NAME First Middle Last 1. Curtis Earl RENSLOW			DATE OF DEATH (Month/Day/Year) 2. June 23, 1996		COUNTY OF DEATH 3a. Douglas
CITY, TOWN, OR LOCATION OF DEATH 3b. Stateline		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 481 Laurel		If Hosp. or Inst. indicate DOA, OPI, Emer, Am. Inpatient (Specify) 3e. _____	
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6. _____		AGE—Last Birthday (Years) 7a. 73	UNDER 1 YEAR MOS : DAYS 7b. : : UNDER 1 DAY HOURS : MINS 7c. : :
DATE OF BIRTH (Mo., Day, Yr.) 8. August 18, 1922		STATE OF BIRTH (If not U.S.A., name country) 9a. North Dakota		CITIZEN OF WHAT COUNTRY 9b. USA	
SOCIAL SECURITY NUMBER 13. 0118		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Mechanic/Fabricator		KIND OF BUSINESS OR INDUSTRY 14b. Auto Repair/Construction	
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Stateline		STREET AND NUMBER 15d. 481 Laurel
INSIDE CITY LIMITS (Specify Yes or No) 15e. No		FATHER—NAME First Middle Last 16. George Renslow			
MOTHER—MAIDEN NAME First Middle Last 17. Ruby Hazell		INFORMANT—NAME (Type or Print) 18a. Michael Scott Renslow - Son			
MAILING ADDRESS 18b. 37950 Stenhammer, Fremont, California 94536-1849		BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation			
CEMETERY OR CREMATORY—NAME 19b. FitzHenry's Funeral Home		LOCATION City or Town State 19c. Carson City, Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 36		NAME AND ADDRESS OF FACILITY 20c. FitzHenry's Funeral Home 833 N. Edmonds Drive, Carson City, Nevada 89701	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 21b. 6/25/96			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) and manner stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 22b. _____		
HOUR OF DEATH 21c. 0930			HOUR OF DEATH 22c. _____		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. K J Kurtz			PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON _____		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. Dr. K.J. Kurtz, 1000 Locust Street, Reno, Nevada 89520			LICENSE NUMBER 23b. NEV# 3540		
REGISTRAR 24a. (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. 6-27-96		DEATH DUE TO COMMUNICABLE DISEASE 24c. 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) CARDIAC DYSRHYTHMIA Interval between onset and death					
(b) CAD / CHF Interval between onset and death					
(c) COPD Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.				AUTOPSY (Specify Yes or No) 26. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a. _____				DATE OF INJURY (Mo., Day, Yr.) 28b. _____	
HOUR OF INJURY 28c. _____				DESCRIBE HOW INJURY OCCURRED 28d. _____	
INJURY AT WORK (Specify Yes or No) 28a. _____		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f. _____		LOCATION 28g. _____	
STREET OR R.F.D. No.		CITY OR TOWN		STATE	



This is to certify that the above is a true and correct copy of the certificate on file in this office.

Issued: **JUN 27 1996**

No. 096966

[Signature]
Deputy Registrar



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT