

APN # 1320-08-413-003

Escrow # 00202453 --MI

Recording Requested By:
First Centennial Title Company
1450 Ridgeview Dr. #100
Reno, NV 89509

When Recorded Return to:
Donald D. Bankofier
16715 Villagio Drive
Sunrise, AZ 853787

DOC # 838158
02/12/2014 01:34PM Deputy: PK
OFFICIAL RECORD
Requested By:
First Centennial - Reno
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: \$17.00
BK-214 PG-1998 RPTT: 0.00



SPACE ABOVE FOR RECORDERS USE

Affidavit of Surviving Spouse Succeeding to Title via community property with right of survivorship

(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: NRS 440.380 (state specific law).


SIGNATURE

Title Officer
TITLE

Kathy Pavlik
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)

SPACE BELOW FOR RECORDER



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Escrow No. 00202453 - 001 -

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16715 Villagio Dr.
Sunrise, AZ 853787

SPACE ABOVE FOR RECORDERS USE

**AFFIDAVIT OF SURVIVING SPOUSE SUCCEEDING TO TITLE
VIA COMMUNITY PROPERTY WITH RIGHT OF SURVIVORSHIP**

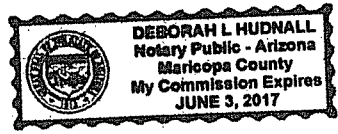
STATE OF Arizona } ss:
COUNTY OF Maricopa

Donald D. Bankofier, of legal age, being duly sworn, deposes and says
That Sharon Adams Bankofier the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Sharon L. Bankofier named as one of the parties in that certain Deed dated December 27, 1994 executed by Al Shank and Wilbur Bradshaw Jager and Janet Tate Jager, Trustees of the Jager 1988 Family Trust dated 11/2/88 to Donald D. Bankofier and Sharon L. Bankofier, husband and wife as Community Property with the Right of Survivorship, recorded as Instrument No. 353469, on December 27, 1994 in Book 1294 Page 4444 of Official Records of Douglas County, Nevada, covering the following described property.

See Exhibit A attached hereto and made a part hereof.

Dated: February, 2014
Donald D. Bankofier
Donald D. Bankofier

STATE OF Arizona
COUNTY OF Maricopa SS.



SUBSCRIBED AND SWORN TO before me on this 8 day of February, by Donald D. Bankofier

Deborah L. Hudnall
NOTARY PUBLIC

SPACE BELOW FOR RECORDER



Exhibit A

PARCEL 1:

A parcel of land located within a portion of the Southwest $\frac{1}{4}$ of Section 8, Township 13 North, Range 20 East, M.D.M., Douglas County, Nevada described as follows:

Parcel B as shown on that certain Record of Survey for AL SHANKLE AND THE JAGER 1988 FAMILY TRUST, recorded August 22, 1994, in Book 894 at Page 3558 as Document No. 344389; further described as follows:

Commencing at a found $\frac{5}{8}$ " rebar and plastic cap stamped R.L.S. 1586 at the Southeast corner of Parcel F per said Record of Survey, thence North $26^{\circ}35'07''$ West, 110.61 feet to the Point of Beginning; thence West, 68.00 feet; thence North $45^{\circ}00'00''$ West, 16.97 feet; thence North, 42.00 feet; thence East, 80.00 feet; thence South 54.00 feet to the Point of Beginning.

PARCEL 2:

An Easement for ingress, egress and public utilities as set forth in Document recorded August 31, 1994, in Book 894, at Page 5863, as Document No. 345267.

SPACE BELOW FOR RECORDER

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

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

20000012022

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Sharon Adams BANKOFIER		2. October 09, 2000	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Gardnerville		3a. Douglas	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify)	
3c. 1380 Centerville Lane		3e. 7	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		SEX:	
5. White		4. Female	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	
6.		7a. 64	
UNDER 1 YEAR: MOS : DAYS		UNDER 1 DAY: HOURS : MINS	
7b. :		7c. :	
DATE OF BIRTH (Mo., Day, Yr.)		8. February 01, 1936	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. Idaho		9b. U.S.A.	
Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
10. 13		11. Married	
SURVIVING SPOUSE (If wife, give maiden name)		12. Donald Bankofier	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even If Retired)	
13. [REDACTED] 4234		14a. Legal Secretary	
KIND OF BUSINESS OR INDUSTRY (Specify)		14b. Law	
RESIDENCE—STATE		COUNTY	
15a. Nevada		15b. Humboldt	
CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15c. Winnemucca		15d. Ballard Lane 1680	
INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Afton Adams		17. Maisie Oswalt	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Donald Bankofier		18b. 1680 Ballard Lane - Winnemucca, Nevada 89445	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. Walton's Sierra Crematory	
LOCATION City or Town State		19c. Carson City - Nevada	
FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	
20a. [Signature]		20b. 09	
NAME AND ADDRESS OF FACILITY		20c. 1478 Fourth St. - Minden, Nevada 89423 53	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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) [Signature]		(Signature and Title) [Signature]	
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. 10/11/00		21c. 15:40	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22c. PRONOUNCED DEAD (Hour)	
21e. AT		22d. ON	
21f. AT		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		LICENSE NUMBER	
23a. Dr. Cassidy M.D. 75 Prindle Way #1009 NV 89404		23b. 4124	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. [Signature]		24b. October 12 2000	
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).)		Interval between onset and death:	
PART I (a) Cardiorespiratory Arrest		5 min	
(b) Metastatic Breast Cancer		8 yrs	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		Interval between onset and death:	
PART II		26. No	
AUTOPSY (Specify Yes or No)		27. Yes	
ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a.		28b.	
HOUR OF INJURY		28c. M	
DESCRIBE HOW INJURY OCCURRED		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e.		28f.	
LOCATION		STREET OR R.F.D. No.	
28g.		CITY OR TOWN STATE	



BK 214
PG-2001

No. 168892

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CERTIFIED COPY OF VITAL RECORDS

515624

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: FEB 11 2014

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

[Signature]
STATE REGISTRAR

