

45-

Assessor's Parcel Number: 1320-27-001-0024

Recording Requested By:

Name: Patti L. Graf

✓ Address: 1740 Buckthorn Ct.

City/State/Zip Minden, NV 89423

Real Property Transfer Tax:

Doc Number: **0840721**

04/07/2014 11:57 AM

OFFICIAL RECORDS

Requested By
PATTI L GRAF

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 7 Fee: \$ 45.00
Bk: 0414 Pg: 1241



Deputy sg

\$ _____

Affidavit of Death

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

Affidavit of Death

STATE OF Nevada
COUNTY OF Douglas

I, Patti Graf, residing at 1740 Buckthorn Court, Minden, Nevada 89423, being of legal age, depose and say that:

That Gary J. Graf, 1740 Buckthorn Court, Minden, Nevada 89423 died on Dec. 16, 2013 as evidenced by a certified copy of the Certificate of Death, attached hereto;

That decedent owned the following property described in the real property deed attached hereto and incorporated herein;

That I am the successor to the estate of the decedent and to the decedents interest in the described property and no other person has a superior right to the interest of the decedent in the described property;

That no proceeding is being or has been conducted in Nevada for administration of the decedent's estate;

That the funeral expenses, expenses of last illness, and all unsecured debts of decedent have been paid.

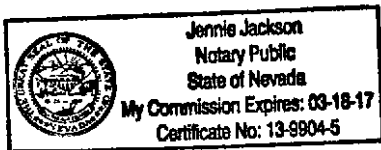
Oath or Affirmation:

I certify under penalty of perjury under Nevada law that I know the contents of this Affidavit signed by me and that the statements are true and correct.

Patti L. Graf
4.7.14 Date
Patti L. Graf

STATE OF NEVADA, COUNTY OF DOUGLAS, ss:

This Affidavit was acknowledged before me on this 17th day of April, 2014 by Patti Graf, who, being first duly sworn on oath according to law, deposes and says that ~~he~~/she has read the foregoing Affidavit subscribed by ~~him~~/her, and that the matters stated herein are true to the best of ~~his~~/her information, knowledge and belief.



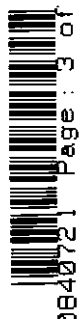
Jennie Jackson
Notary Public

Title (and Rank)

My commission expires 03/18/2017

BK. 0414
PG. 1243
4/7/2014

COPY



DOC # 777949
02/01/2011 10:53AM Deputy: GB
OFFICIAL RECORD
Requested By:
FIRST AMERICAN TITLE MIN
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: 16.00
BK-211 PG-128 RPTT: 2,983.50

A.P.N.: 1320-27-001-024
File No: 143-2404000 (SC)
R.P.T.T.: \$2,983.50

When Recorded Mail To: Mail Tax Statements To:
Gary J. Graf and Patti L. Graf
9824 Red Fox Drive
Oakdale, CA 95361

GRANT, BARGAIN and SALE DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

Craig G. Brown and Sharen A. Ryan, Trustees of the Brown/Ryan 2006 Trust

do(es) hereby GRANT, BARGAIN and SELL to

Gary J. Graf and Patti L. Graf, husband and wife as community property with right of survivorship

the real property situate in the County of Douglas, State of Nevada, described as follows:

ALL THAT CERTAIN REAL PROPERTY LOCATED WITHIN A PORTION OF THE SOUTH 1/2 OF THE NORTHEAST 1/4 OF SECTION 27, TOWNSHIP 13 NORTH, RANGE 20 EAST, M.D.M., FURTHER DESCRIBED AS PORTIONS OF LOT 8 AND LOT 7, AS SHOWN ON THAT CERTAIN FINAL SUBDIVISION MAP PD#01-018 FOR GMG DEVELOPMENT L.L.C., FILED FOR RECORD ON JANUARY 30, 2002, IN BOOK 102, AT PATE 8899, AS DOCUMENT NO. 533512, OF OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA, BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT THE NORTHEAST CORNER OF LOT 7 AS SHOWN ON THAT CERTAIN FINAL SUBDIVISION MAP, DOCUMENT NO. 533512;

THENCE ALONG THE WESTERLY R.O.W. LINE OF BUCKTHORN COURT, S 00°50'48" W., 224.50 FEET;

THENCE LEAVING THE WESTERLY R.O.W. LINE OF BUCKTHORN COURT, N 75°31'12" W., 251.22 FEET;

THENCE N 85°20'58" W., 386.30 FEET;

THENCE N 02°55'10" W., 299.93 FEET;

THENCE S 89°20'50" E., 205.00 FEET;

THENCE S 69°18'45" E., 472.33 FEET TO THE POINT OF BEGINNING.

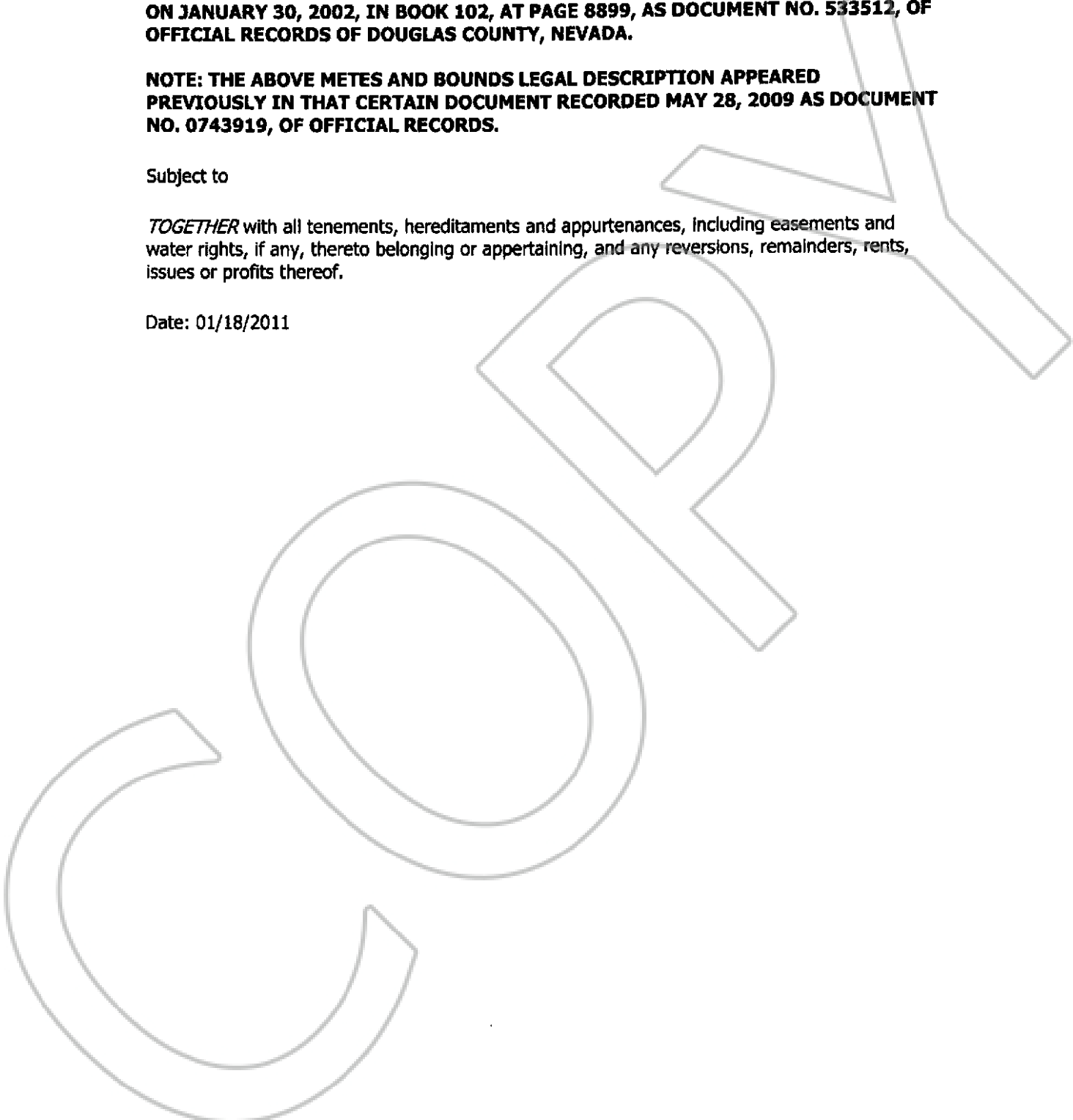
THE BASIS OF BEARINGS FOR THIS LEGAL DESCRIPTION IS N 00°50'48" E., BEING THE CENTERLINE OF BUCKTHORN COURT AS SHOWN ON THAT CERTAIN FINAL SUBDIVISION MAP PD#01-018 FOR GMG DEVELOPMENT L.L.C., FILED FOR RECORD ON JANUARY 30, 2002, IN BOOK 102, AT PAGE 8899, AS DOCUMENT NO. 533512, OF OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA.

NOTE: THE ABOVE METES AND BOUNDS LEGAL DESCRIPTION APPEARED PREVIOUSLY IN THAT CERTAIN DOCUMENT RECORDED MAY 28, 2009 AS DOCUMENT NO. 0743919, OF OFFICIAL RECORDS.

Subject to

TOGETHER with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

Date: 01/18/2011



Craig G. Brown and Sharen A. Ryan,
Trustees of the Brown/Ryan 2006 Trust

Craig G. Brown Trustee
Craig G. Brown, Trustee

Sharen A. Ryan Trustee
Sharen A. Ryan, Trustee

STATE OF **NEVADA**)
) : ss.
COUNTY OF **DOUGLAS**)

This instrument was acknowledged before me on Jan. 27th by
Craig G. Brown and Sharen A. Ryan.

Suzanne Cheechov
Notary Public
(My commission expires: 6/25/2011)



This Notary Acknowledgement is attached to that certain Grant, Bargain Sale Deed dated
January 18, 2011 under Escrow No. **143-2404000**.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

2013020792
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Gary J GRAF			2. DATE OF DEATH (Mo/Day/Year) December 16, 2013		3a. COUNTY OF DEATH Douglas		
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden			3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) 1740 Buckthorn Court		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. (Inpatient)(Specify) Home		
DECEDENT	5. RACE - White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 61		7b. UNDER 1 YEAR MOS DAYS	
	7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) May 16, 1952		9a. STATE OF BIRTH (if not U.S.A., name country) New York		9b. CITIZEN OF WHAT COUNTRY United States	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	10. EDUCATION 18		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Patti DISTERDICK		13. SOCIAL SECURITY NUMBER 4018	
	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) V P Strategic Sourcing			14b. KIND OF BUSINESS OR INDUSTRY Chemical		15. Ever in US Armed Forces? No		15a. RESIDENCE - STATE Nevada
PARENTS	15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden		15d. STREET AND NUMBER 1740 Buckthorn Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
	16 FATHER/PARENT - NAME (First Middle Last Suffix) George GRAF				17. MOTHER/PARENT - NAME (First Middle Last Suffix) Gloria LODER			
DISPOSITION	18a. INFORMANT - NAME (Type or Print) Patti GRAF				18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1740 Buckthorn Court 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			
TRADE CALL	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI		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 - 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) RALPH HERBIG DO				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) December 18, 2013		21c. HOUR OF DEATH 04:25		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				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) Dr. Ralph Herbig DO 1540 Hwy 395 N, Ste E Gardnerville, NV. 89410						23b. LICENSE NUMBER 984	
CAUSE OF DEATH	24a. REGISTRAR (Signature) BIANCA GALEANO		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 26, 2013		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						26. AUTOPSY (Specify Yes or No) No	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART I. (a) Cardiopulmonary Arrest						Interval between onset and death Minutes	
	(b) Electrolyte Imbalance						Interval between onset and death Hours	
(c) Hepatic Failure						Interval between onset and death Month		
(d) Alcohol Abuse						Interval between onset and death Years		
PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I						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

0840721 Page 7 of 7

BK 04 14
PG 1247
4/7/20 14

VRS-Rev-20120523a

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:

12/26/2013

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

STATE REGISTRAR
R. Whitt
SIGNATURE AUTHENTICATED

