

Document Transfer Tax \$0
Assessor's Parcel No. 1318-23-510-018



KAREN ELLISON, RECORDER

WHEN RECORDED AND
MAIL TAX STATEMENTS TO:

✓ Geraldine H. Nafie, Trustee
P.O. Box 1303
Zephyr Cove, NV 89448

The grantor declares:
Documentary transfer tax is \$ -0-
 computed on full value of property conveyed,

AFFIDAVIT--DEATH OF TRUSTOR, TRUSTEE AND BENEFICIARY

GERALDINE H. NAFIE, of legal age, being first duly sworn, deposes and says:

That HOWARD R. NAFIE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as is named as the party in that certain Quitclaim Deed dated November 2, 1999, executed by HOWARD R. NAFIE AND GERALDINE H. NAFIE, Husband and Wife as joint tenants, to HOWARD R. NAFIE and GERALDINE H. NAFIE, Trustees of the Nafie Family Revocable Trust dated November 2, 1999, as well as the beneficiary under said trust; it being further acknowledged that Geraldine H. Nafie is the successor trustee under said declaration of trust on the death of Howard R. Nafie.

The original Quitclaim Deed aforementioned is recorded as Document No.0480154 at Book 1199, Page 0916, on November 5, 1999, in the Official Records of Douglas County, State of Nevada, covering the following described property situate in the County of Douglas, State of Nevada:

Lot 8, in Block C, of Terrace View Heights Subdivision, as shown on the map thereof filed in the office of the County Recorder of Douglas County, Nevada, on August 10, 1964 as Document No. 25806.

EXCEPTING THEREFROM all minerals lying below a depth of 500 feet, but without the right of surface entry to take, market, mine, explore or drill for the same, as reserved by Mary Hansen in Deed recorded April 4, 1963 in Book 16 of Official Records at Page 548, as Document No. 22159.

Dated: 2-4-2015

Geraldine H. Nafie
GERALDINE H. NAFIE

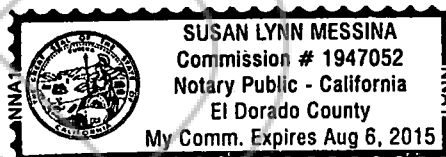
JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA
COUNTY OF EL DORADO

Subscribed and sworn to (or affirmed) before me on this 4TH day of February, 2015, by GERALDINE H. NAFIE, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Susan Lynn Messina



AFFIDAVIT--DEATH OF TRUSTOR,
TRUSTEE AND BENEFICIARY
Assessor's Parcel No. 1318-23-510-018

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2007010406
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 Howard			1b. MIDDLE Redman			1c. LAST NAFIE			2. DATE OF DEATH (Mo/Day/Year) November 24, 2007			3a. COUNTY OF DEATH Douglas					
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville						3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Evergreen Gardnerville Health & Rehab Center						3e. If Hosp. or Inst: indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient			4. SEX Male		
5. RACE (e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. No Non-hispanic			7a. AGE-Last birthday (Years) 83			7b. UNDER 1 YEAR MOS / DAYS			7c. UNDER 1 DAY HOURS MINS			8. DATE OF BIRTH (Mo/Day/Yr) January 19, 1924		
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) Geraldine. PATTERSON					
13. SOCIAL SECURITY NUMBER [REDACTED]-5571						14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Surveyor						14b. KIND OF BUSINESS OR INDUSTRY Land Surveying					
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Stateline			15d. STREET AND NUMBER 307 Chimney Rock			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
16. FATHER - NAME (First Middle Last Suffix) Clifford NAFIE									17. MOTHER - NAME (First Middle Last Suffix) Irene DORLAND								
18a. INFORMANT - NAME (Type or Print) Geraldine NAFIE									18b. MAILING ADDRESS (Street or R.F.D., No, City or Town, State, Zip) P. O. Box 1303 Zephyr Cove, Nevada 89448								
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 SIGNATURE AUTHENTICATED						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																	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) LAURENCE GEORGE GAY M.D. SIGNATURE AUTHENTICATED						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) November 26, 2007			21c. HOUR OF DEATH 10:20			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH								
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) Laurence George Gay M.D. PO Box 19936 Reno, NV 895110871												23b. LICENSE NUMBER 5152					
24a. REGISTRAR (Signature) SARAH KOERNER SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 27, 2007			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).)												Interval between onset and death					
PART (a) Cardiac Arrest												Seconds					
DUE TO, OR AS A CONSEQUENCE OF:												Interval between onset and death					
(b) Hyperkalemia												Days					
DUE TO, OR AS A CONSEQUENCE OF:												Interval between onset and death					
(c) Renal Failure												Days					
PART II OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I Urosepsis, Coronary Artery Disease, Hypertension												26. AUTOPSY (Specify Yes or No) No			27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		
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



178698 CERTIFIED COPY OF VITAL RECORDS

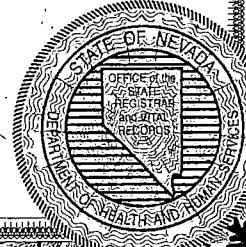
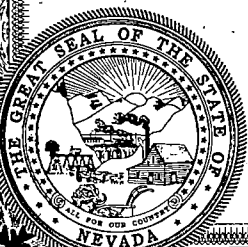
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

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

PBNC0 (REV) 11/06

STATE REGISTRAR
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE