

16

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT DOES NOT CONTAIN A SOCIAL SECURITY NUMBER.

APN: 1220-31-001-016

Recording Requested by: Paralegals Plus, LLC 4355 Snowshoe Lane Reno, NV 89502

When recorded mail tax statements and documents to: Tom Long 371 State Rte 88 Gardnerville, NV 89460



KAREN ELLISON, RECORDER

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY AFFIDAVIT - DEATH OF A JOINT TENANT

1. The undersigned declares: \$00. DOCUMENTARY TRANSFER TAX Exemption #10. A conveyance of real property by deed which becomes effective upon the death of the grantor pursuant to NRS 111.109.

State of Nevada)) ss County of Washoe)

TOM LONG, of legal age, being duly sworn, deposes and says that JILL K. LONG, the decedent mentioned in the attached copy of the Certificate of Death, is the same person as Jill K. Long named as one of the parties in that certain deed dated July 18, 2008, executed by Tom Long and Jill K. Long as husband and wife as joint tenants, recorded as Document No. 727837 on July 31, 2008. Official Records of Douglas County, Nevada. 637918 3-2-05 C.D.

All that real property situate in the City of GARDNERVILLE, County of Douglas, State of Nevada described as follows:

Legal Description attached as Exhibit A.

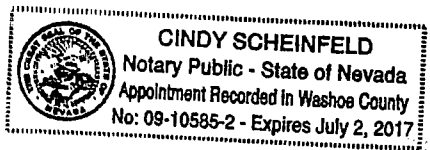
Referred to as 371 State Rte 88 Gardnerville Nevada 89460.

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

Tom Long Signature, Tom Long

SUBSCRIBED and SWORN to before me This 25th day of November, 2014.

Cindy Scheinfeld NOTARY PUBLIC



On this 25th day of November, 2014, personally appeared before me, Cindy Scheinfeld, a Notary Public, in and for the City of Carson, State of Nevada, Tom Long proved to me to be the person whose name is subscribed to the above instrument who acknowledged that he/she executed the within instrument.

Cindy Scheinfeld NOTARY PUBLIC

EXHIBIT A

LEGAL DESCRIPTION

APN 1220-31-001-016

The land referred to herein is situated in the State of Nevada, County of DOUGLAS, described as follows;

Being a portion of the Northeast $\frac{1}{4}$ of Section 31, Township 12 North, Range 20 East, M.D.B. & M., further described as follows:

Parcel 2-A as set forth on parcel Map LDA #04-078 for Tom and Jill Long and Martin Gardner, filed for record in the office of the County Recorder of Douglas County, State of Nevada on February 25, 2005 in Book 0205, Page 9205, as Document No. 637545.

Also known as:

371 State Rte 88
Gardnerville, NV 89460

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2011019726

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Jill Kirsten LONG			2. DATE OF DEATH (Mo/Day/Year) December 17, 2011		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and city) Renown Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm., Inpatient (Specify) Inpatient		4. SEX Female
	5. RACE - White (Specify) White	6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE - Last birthday (Years) 47	7b. UNDER 1 YEAR MOS: _____ DAYS: _____	7c. UNDER 1 DAY HOURS: _____ MINS: _____	8. DATE OF BIRTH (Mo/Day/Yr) February 03, 1964	
	9a. STATE OF BIRTH (If not U.S.A., specify) Colorado		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 16	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	12. SURVIVING SPOUSE (Maiden name) Tom LONG	
13. SOCIAL SECURITY NUMBER 6049		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Town Management		14b. KIND OF BUSINESS OR INDUSTRY Cutting Horses		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville	15d. STREET AND NUMBER 371 SR 88		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		
16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) George LAMB				17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Joyce BRANTON			
18a. INFORMANT - NAME (Type or Print) Tom LONG			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 371 SR 88, Gardnerville, Nevada 89460				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION - City or Town - State Sparks Nevada 89431			
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOANN BUSAM SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 624	20c. NAME AND ADDRESS OF FACILITY Truckee Meadows Cremation and Burial 616 South Wells Avenue Reno, NV 89502				
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) PETER CHRISTOPHER LIM 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) December 20, 2011		21c. HOUR OF DEATH 23:59	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) Peter Christopher Lim, M.D., 75 Pringle Way, F-11 Reno, NV 89502					23b. LICENSE NUMBER 8759		
24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 21, 2011		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) Respiratory arrest					Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
	(b) Sepsis					Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death		
(c) Ovarian cancer					Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death		
(d)					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.					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

571281

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:

Rud Whelan

DATE ISSUED:

MAR 17 2015

STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a

