

APN: 1022-16-001-064

WHEN RECORDED MAIL TO:

Delvida Kay Clarke  
3443 Karen Ave  
Long Beach, Calif. 90808



KAREN ELLISON, RECORDER

DEATH OF GRANTOR AFFIDAVIT

STATE OF NEVADA )

COUNTY OF Douglas )

SS

Delvida Kay Clarke, being duly sworn, deposes and says that Gerald Milton Clarke the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Gerald Milton Clarke, named as the grantor or as one of the grantors in the deed upon death recorded on Nov. 14, 2008, as document or file number 0735316, book 0109, at page 0263, records of Douglas County, Nevada, covering the real property commonly known as 1485 Topaz Ranch Rd city of Wellington, county of Douglas, state of Nevada [or located in the county of \_\_\_\_\_, state of Nevada], and more particularly described as:

LOT 3 in block 0, as shown on the map of Topaz Ranch Estates Unit No. 4,

Delvida Kay Clarke, is the beneficiary, or at least one of the beneficiaries, to whom the real property is conveyed upon the death of the grantor, Gerald Milton Clarke, or is the authorized representative of the beneficiary or at least one of the beneficiaries. The beneficiary or beneficiaries listed in the deed upon death are Delvida Kay Clarke.

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS.

DATE: May 5, 2015

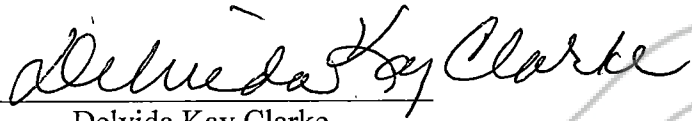
Delvida Kay Clarke  
(Print name of Affiant)

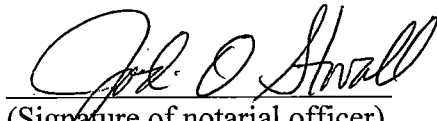
(JURAT)

Death of Grantor Affidavit  
(attached)

State of Nevada  
County of Douglas County

This instrument was acknowledged by me on May 5, 2015, by Delvida Kay Clarke.

  
\_\_\_\_\_  
Delvida Kay Clarke

  
(Signature of notarial officer)



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2015007200

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

Form containing fields for: 1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) - Gerald Milton CLARKE; 2. DATE OF DEATH - April 19, 2015; 3a. COUNTY OF DEATH - Douglas; 3b. CITY, TOWN, OR LOCATION OF DEATH - Wellington; 3c. HOSPITAL OR OTHER INSTITUTION - 3661 Topaz Ranch Road; 4. SEX - Male; 5. RACE - White; 6. Hispanic Origin? - No; 7a. AGE - 82; 8. DATE OF BIRTH - August 11, 1932; 9a. STATE OF BIRTH - California; 9b. CITIZEN OF WHAT COUNTRY - United States; 10. EDUCATION - 11; 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED - Divorced; 12. SURVIVING SPOUSE - None; 13. SOCIAL SECURITY NUMBER - 9240; 14a. USUAL OCCUPATION - Assembly; 14b. KIND OF BUSINESS OR INDUSTRY - Aircraft; 15a. RESIDENCE - STATE - Nevada; 15b. COUNTY - Douglas; 15c. CITY, TOWN OR LOCATION - Wellington; 15d. STREET AND NUMBER - 1485 Topaz Ranch Road; 15e. INSIDE CITY LIMITS - No; 16. FATHER/PARENT - NAME - George Leroy Milton CLARKE JR; 17. MOTHER/PARENT - NAME - Mary Katherine HELM; 18a. INFORMANT - NAME - Delvida CLARKE; 18b. MAILING ADDRESS - 3443 Karen Long Beach, California 90808; 19a. BURIAL, CREMATION, REMOVAL, OTHER - Cremation; 19b. CEMETERY OR CREMATORY - Walton's Sierra Crematory; 19c. LOCATION - Carson City Nevada 89706; 20a. FUNERAL DIRECTOR - SIGNATURE - CURT KOESTLER; 20b. FUNERAL DIRECTOR LICENSE NUMBER - 823; 20c. NAME AND ADDRESS OF FACILITY - Capitol City Memorial Cremation and Burial Society, 1614 N Curry Street Carson City NV: 89703; 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated - SIGNATURE AUTHENTICATED - JORGE HERNAN PEREZ-CARDONA M.D.; 21b. DATE SIGNED - April 20, 2015; 21c. HOUR OF DEATH - 15:22; 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER; 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; 22b. DATE SIGNED; 22c. HOUR OF DEATH; 22d. PRONOUNCED DEAD; 22e. PRONOUNCED DEAD AT (Hour); 23a. NAME AND ADDRESS OF CERTIFIER - Jorge Hernan Perez-Cardona M.D., 1460 S Curry St., Ste. 100 Carson City, NV 89703; 23b. LICENSE NUMBER - 10108; 24a. REGISTRAR - SIGNATURE - VERALYNN A BOYACK; 24b. DATE RECEIVED BY REGISTRAR - April 30, 2015; 24c. DEATH DUE TO COMMUNICABLE DISEASE - YES [ ] NO [X]; 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) - (a) Malignant Melanoma; 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; 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

577943

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:

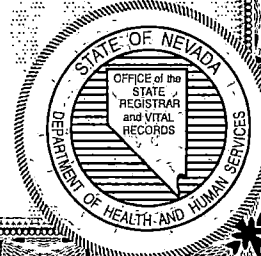
DATE ISSUED:

4/30/2015

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

STATE REGISTRAR
Signature: R. White
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE