

This document includes a certified death certificate as required by NRS 40.525 (5) which contains a social security number as required by NRS 440.380(1)(a).



Rebecca M. Conti

**APN: 1023-17-001-010, 1023-17-001-011,
1023-17-001-012, 1023-17-001-013,
1023-17-001-014, 1023-17-001-016,
1023-17-001-017 & 1023-17-001-018**

RECORDING REQUESTED BY:

Bradley B Anderson, Esq.
Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

WHEN RECORDED MAIL TO:

Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway #860
Reno, Nevada 89521

MAIL TAX STATEMENTS TO:

ALICE R. FURRY
5441 Via Del Cerrito
Rancho Murieta, CA 95683

AFFIDAVIT OF DEATH

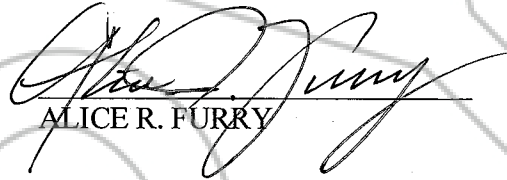
I, ALICE R. FURRY, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) That I am the surviving spouse of WILLIAM SMITH FURRY.
- (2) That a Deed, dated April 11, 2003, was made and executed by WILLIAM SMITH FURRY and ALICE R. FURRY, who took title as, WILLIAM S. FURRY and ALICE R. FURRY, husband and wife as Community Property with right of survivorship, recorded as Document No. 573976 on April 18, 2003, in the Official Records of Douglas County, Nevada.

(3) That the property subject to Community Property is described in Exhibit "A" attached.

(4) That WILLIAM SMITH FURRY died on December 17, 2014, in Rancho Murieta, County of Sacramento, California. The death certificate is attached hereto as Exhibit "B."

Executed on this 14th day of MAY, 2015, at SACRAMENTO, CA.

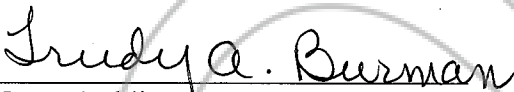

ALICE R. FURRY

STATE OF CALIFORNIA)

SS:

COUNTY OF SACRAMENTO)

This instrument was acknowledged before me, this 14th day of May, 2015, by ALICE R. FURRY.


Notary Public

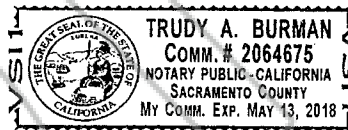


Exhibit "A"

Legal Description:

Parcels 1, 2 and 3 of Parcel Map LDA 08-006 for WILLIAM S. AND ALICE R. FURRY, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on February 22, 2011 in Book 0211, Page 3784, as Document No. 778813, Official Records.

Parcels 4-A, 4-B and 4-C of Parcel Map LDA 08-007 for WILLIAM S. AND ALICE R. FURRY, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on February 22, 2011, in Book 0211, Page 3785, as Document No. 77814, Official Records.

APN: 1023-17-001-010, 1023-17-001-011, 1023-17-001-012, 1023-17-001-013, 1023-17-001-014, 1023-17-001-016, 1023-17-001-017 & 1023-17-001-018

Property Address: 1461, 1481 & 1491 Spear Point Court, Wellington, NV 89444; 1480, 1470 & 1460 Highfire Court, Wellington, NV 89444

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES

3052014234045 **CERTIFICATE OF DEATH** 3201434010901
STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS. LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT - FIRST (Given) WILLIAM		2. MIDDLE SMITH		3. LAST (Family) FURRY	
4. DATE OF BIRTH mm/dd/ccyy 07/05/1945		5. AGE Yrs 69		6. SEX M	
9. BIRTH STATE/FOREIGN-COUNTRY CA		10. SOCIAL SECURITY NUMBER 8005		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SRDP* (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/ccyy 12/17/2014		8. HOUR (24 Hours) 1116	
13. EDUCATION - Highest Level/Degree (see worksheet on back) MASTER'S		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED PUBLIC POLICY ANALYST		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, head construction, employment agency, etc.) STATE GOVERNMENT		19. YEARS IN OCCUPATION 18	
20. DECEDENT'S RESIDENCE (Street and number, or location) 6441 VIA DEL CERRITO					
21. CITY RANCHO MURIETA		22. COUNTY/PROVINCE SACRAMENTO		23. ZIP CODE 95683	
24. YEARS IN COUNTY 16		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP ALICE FURRY, WIFE			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 6441 VIA DEL CERRITO, RANCHO MURIETA, CA 95683		
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST ALICE		29. MIDDLE -		30. LAST (BIRTH NAME) ROTZEL	
31. NAME OF FATHER/PARENT - FIRST FRANK		32. MIDDLE WILLIAM		33. LAST FURRY	
34. BIRTH STATE IL		35. NAME OF MOTHER/PARENT - FIRST HELEN		36. MIDDLE GERTRUDE	
37. LAST (BIRTH NAME) FRIESEN		38. BIRTH STATE SD			
39. DISPOSITION DATE mm/dd/ccyy 12/24/2014		40. PLACE OF FINAL DISPOSITION UCSF WILLED BODY PROGRAM 513 PARNASSUS AVENUE, SAN FRANCISCO, CA 94143-0902			
41. TYPE OF DISPOSITION(S) SU		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT UCSF WILLED BODY PROGRAM		45. LICENSE NUMBER NONE		46. SIGNATURE OF LOCAL REGISTRAR OLIVIA KASIRYE, MD	
47. DATE mm/dd/ccyy 12/22/2014					
101. PLACE OF DEATH OWN RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> (a) IP <input type="checkbox"/> (b) ER/OP <input type="checkbox"/> (c) DCA <input type="checkbox"/> (d) Hospice <input type="checkbox"/> (e) Nursing Home/LTC <input type="checkbox"/> (f) Decedent's Home <input type="checkbox"/> (g) Other	
104. COUNTY SACRAMENTO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 6441 VIA DEL CERRITO		106. CITY RANCHO MURIETA	
107. CAUSE OF DEATH (A) PROBABLY CARDIOPULMONARY ARREST (B) HYPERTENSIVE CARDIOVASCULAR DISEASE (C) TOBACCO USE		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: 07/07/2014 Decedent Last Seen Alive: 09/30/2014		115. SIGNATURE AND TITLE OF CERTIFIER AMR BADAWI M.D.	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE AMR BADAWI M.D.		117. LICENSE NUMBER A121136		118. DATE mm/dd/ccyy 12/19/2014	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/ccyy	
122. HOUR (24 Hours)		123. PLACE OF INJURY (e.g., Home, construction site, wooded area, etc.)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/ccyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

STATE REGISTRAR A B C D E *010001002810365* FAX AUTH.# CENSUS TRACT

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
 COUNTY OF SACRAMENTO } SS

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

DATE ISSUED: **December 24, 2014**
 PBNCO (Rev) 08/13

* 0 0 1 4 8 5 8 0 9 *
Olivia Kasirye MD
 LOCAL REGISTRAR

