

APN: 1220-21-810-211

After Recording, Mail to:

Dennis D. Lawson
3720 Topaz Ranch Rd.
Wellington, NV 89444

Mail Tax Statements to:

Same as above



00017996201508658960040049

KAREN ELLISON, RECORDER

E05

The undersigned affirms that this document does not contain the social security number of any person. (NRS 239B.030).

DEATH OF GRANTOR AFFIDAVIT

DENNIS DALE LAWSON, being duly sworn, deposes and says that ELAINE W. LAWSON, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as ELAINE W. LAWSON named as the grantor in the Deed Upon Death recorded on July 22, 2005, in Book 0705, at page 9986, document number 0650195, official records of Douglas County, Nevada, covering the following legal property:

Lot 349 as shown on the Map of Gardnerville Ranchos Unit No. 7, filed for record in the Office of the Recorder of Douglas County, Nevada on March 27, 1974 in Book 374, Page 676 as Document No. 72456.

Dennis Dale Lawson is the grantee to whom the real property is conveyed upon the death of the grantor Elaine W. Lawson or is the authorized representative of the grantee or at least one of the grantees.

Per NRS 111.312, this legal description was previously recorded at Document No. 0546287, Book 0702, Page 00764, on July 2, 2002.

Dated: July 6, 2015


DENNIS DALE LAWSON

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2015007874

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,MIDDLE,LAST,SUFFIX) Elaine W LAWSON | | 2. DATE OF DEATH (Mo/Day/Year) April 27, 2015 | | 3a. COUNTY OF DEATH Washoe | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Reno | | 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address) Renown Regional Medical Center | | 3e. If Hosp. or Inst. Indicate DOA OP/Emer. Rm. Inpatient(Specify) Inpatient | |
| 4. SEX Female | | 5. RACE White (Specify) | | 6. Hispanic Origin? Specify: No - Non-Hispanic | |
| 7a. AGE-Last birthday (Year) 96 | | 7b. UNDER 1 YEAR MOS DAYS | | 7c. UNDER 1 DAY HOURS MINS | |
| 8. DATE OF BIRTH (Mo/Day/Yr) October 26, 1918 | | 9a. STATE OF BIRTH (If not U.S.A.) Iowa | | 9b. CITIZEN OF WHAT COUNTRY United States | |
| 10. EDUCATION 12 | | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 12. SURVIVING SPOUSE (Maiden name) | |
| 13. SOCIAL SECURITY NUMBER 5896 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) | | 14b. KIND OF BUSINESS OR INDUSTRY Own Home | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Gardnerville | |
| 15d. STREET AND NUMBER 1356 Victoria Dr. | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | Ever in US Armed Forces? No | |
| 16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) Leland MATTHEWS | | | 17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Juanita BROWN-WALKER | | |
| 18a. INFORMANT - NAME (Type or Print) Dennis LAWSON | | 18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 3720 Topaz Ranch Road Wellington, Nevada 89444 | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory | | 19c. LOCATION City or Town State Carson City Nevada 89706 | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER | | 20b. FUNERAL DIRECTOR LICENSE NUMBER 823 | | 20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410 | |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) ELLEN G.I. CLARK M.D. | | 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) ELLEN G.I. CLARK M.D. | | | |
| 21b. DATE SIGNED (Mo/Day/Yr) April 29, 2015 | | 21c. HOUR OF DEATH 02:22 | | 22c. HOUR OF DEATH 02:22 | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) April 27, 2015 | | 22e. PRONOUNCED DEAD AT (Hour) 02:22 | |
| 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Ellen G.I. Clark M.D. PO Box 11130 Reno, NV: 89520 | | | | 23b. LICENSE NUMBER 5850 | |
| 24a. REGISTRAR (Signature) BRIDGES SANDI | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 11, 2015 | | 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).) PART I | | Interval between onset and death | | | |
| (a) Rhabdomyolysis | | Interval between onset and death | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death | | | |
| (b) Collapse With Indeterminate Incapacitation Time | | Interval between onset and death | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death | | | |
| (c) Exacerbated By Humorous Fracture And Contusions | | Interval between onset and death | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death | | | |
| (d) Blunt Force Trauma | | 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 Cerebrovascular Episode; Arteriosclerotic Cardiovascular Disease; Hypothyroidism; Old Age | | | | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No | |
| 28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) ACCIDENT | | 28b. DATE OF INJURY (Mo/Day/Yr) April 28, 2015 | | 28c. HOUR OF INJURY 1129 | |
| 28d. DESCRIBE HOW INJURY OCCURRED Ground-Level Fall With Co-Morbidities | | 28e. INJURY AT WORK (Specify Yes or No) No | | | |
| 28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Residence | | 28g. LOCATION STREET OR R.F.D. No. 1356 Victoria Dr. | | 28h. CITY OR TOWN STATE Gardnerville Nevada | |

Information Corrected, State Affidavit# 61988, 05/29/2015 - 13

STATE REGISTRAR

582371

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.

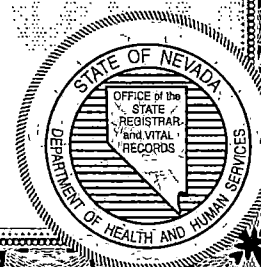
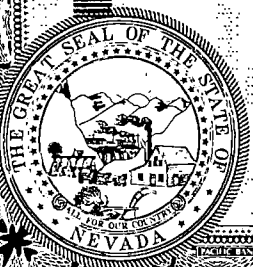
DATE ISSUED:

6/5/2015

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

Rand Whitt
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)

- a) 1220-21-810-211
- b) _____
- c) _____
- d) _____

| | |
|--|-------------------|
| FOR RECORDERS OPTIONAL USE ONLY | |
| Document/Instrument #: | _____ |
| Book: | _____ Page: _____ |
| Date of Recording: | _____ |
| Notes: | _____ |

2. Type of Property:

- a) Vacant Land
- b) Single Fam. Res.
- c) Condo/Twnhse
- d) 2-4 Plex
- e) Apt. Bldg.
- f) Comm'l/Ind'l
- g) Agricultural
- h) Mobile Home
- i) Other _____

3. Total Value/Sales Price of Property:

\$ -0-

Deed in Lieu of Foreclosure Only (value of property): \$ -0-

Transfer Tax Value: \$ -0-

Real Property Transfer Tax Due: \$ -0-

4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, Section: 5
- b. Explain Reason for Exemption: This is a transfer based on a transfer on death deed. Grantor was mother of grantee.

5. Partial Interest: Percentage being transferred: _____%

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month.

Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature: *Dennis D. Lawson* Capacity: _____
Signature: *Dennis D. Lawson* Capacity: _____

SELLER (GRANTOR) INFORMATION (Required)

Print Name: Dennis D. Lawson
Address: 3720 Topaz Ranch Rd.
City/State/Zip: Wellington, NV 89444

BUYER (GRANTEE) INFORMATION (Required)

Print Name: Dennis D. Lawson
Address: 3720 Topaz Ranch Rd.
City/State/Zip: Wellington, NV 89444

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: Law Office of Karen L. Winters Esc.# _____
Address: P.O. Box 1987
City: Minden State: NV Zip: 89423