

✓ Joseph W. Tillson
589 Tahoe Keys Blvd, Ste. E-4
So. Lake Tahoe, CA 96150

DOUGLAS COUNTY, NV 2015-866531
Rec:\$16.00
Total:\$16.00 07/20/2015 10:07 AM
JOSEPH W. TILLSON Pgs=3

Document Transfer Tax \$0
Assessor's Parcel No. 1318-03-212-017



KAREN ELLISON, RECORDER

WHEN RECORDED AND
MAIL TAX STATEMENTS TO:

Emmie Sue Parman, Trustee
P.O. Box 11529
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

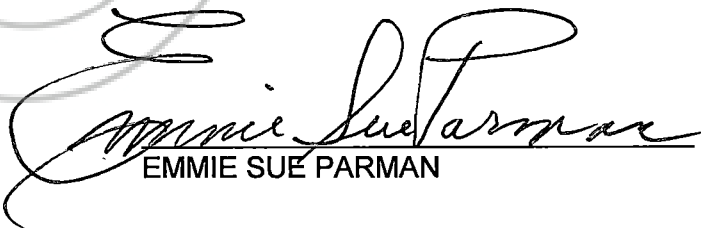
EMMIE SUE PARMAN, of legal age, being first duly sworn, deposes and says:

That COLOME S. PARMAN, 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 September 6, 1991, executed by COLOME S. PARMAN, a married man, as his sole and separate property to COLOME S. PARMAN and EMMIE SUE PARMAN, husband and wife, co-trustees of the PARMAN FAMILY TRUST dated Sept. 6, 1991, as well as the beneficiary under said trust; it being further acknowledged that EMMIE SUE PARMAN is the successor trustee under said declaration of trust on the death of COLOME S. PARMAN.

The original Quitclaim Deed aforementioned is recorded as Document No.263219 at Book 1091, Page 3667, on October 22, 1991, 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 202, as shown on the map of SKYLAND SUBDIVISION NO. 3, filed in the office of the County Recorder of Douglas County, Nevada, on February 24, 1960, as Document No. 15653.

Dated: 5/14/15


EMMIE SUE PARMAN

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 14TH day of May, 2015, by EMMIE SUE PARMAN, 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. 1318-03-212-017

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

97 013267

LOCAL FILE NUMBER			STATE FILE NUMBER		
DECEASED—NAME First Middle Last 1. Colome Shough PARMAN			DATE OF DEATH (Month, Day, Year) 2. December 15, 1997		COUNTY OF DEATH 3a. Douglas
CITY, TOWN, OR LOCATION OF DEATH 3b. Zephyr Cove		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 116 Ponderosa Circle		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. 6	SEX 4. Male
RACE—(e.g., White, Black, American Indian, etc) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban; Puerto Rican, etc. 6.		AGE—Last Birthday (Years) 7a. 84	UNDER 1 YEAR MOS : DAYS 7b. : UNDER 1 DAY HOURS : MINS 7c. : DATE OF BIRTH (Mo., Day, Yr.) 8. March 28, 1913
STATE OF BIRTH (If not U.S.A., name country) 9a. Missouri		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		Decedent's Education. Specify highest grade completed. 10. 12	
SOCIAL SECURITY NUMBER 13. ████████-3777		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Sound Technician		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Zephyr Cove		STREET AND NUMBER 15d. 116 Ponderosa Circle
FATHER—NAME First Middle Last 16. Frank Parman		MOTHER—MAIDEN NAME First Middle Last 17. Cora Shough		SURVIVING SPOUSE (If wife, give maiden name) 12. Emmie S. Davey	
INFORMANT—NAME (Type or Print) 18a. Emmie Parman — Wife			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 116 Ponderosa Circle Zephyr Cove, Nevada 89448		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Carson Sierra Crematory		LOCATION City or Town State 19c. Carson City Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. Jimmy Benson		FUNERAL DIRECTOR LICENSE NUMBER 20b. 62L	NAME AND ADDRESS OF FACILITY 20c. Society 1614 N. Curry St. 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 and Title) <i>J. Cooper</i>		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) and manner stated. (Signature and Title) _____		DATE SIGNED (Mo., Day, Yr.) 21b. 12-17-1997	
DATE SIGNED (Mo., Day, Yr.) 21b. 12-17-1997		HOUR OF DEATH 21c. 1825		DATE SIGNED (Mo., Day, Yr.) 22b. _____	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. _____		PRONOUNCED DEAD (Mo., Day, Yr.) 22b. _____		PRONOUNCED DEAD (Hour) 22c. _____	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Gary Cooper M.D. 2155 South Ave. Suite #25 S.L.T., CA. 96151		LICENSE NUMBER 23b. 4821			
REGISTRAR 24a. (Signature) <i>Catherine Bodnar</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. Dec 18 1997		DEATH DUE TO COMMUNICABLE DISEASE 24c. 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 I (a) Metastatic Rectal Carcinoma				3 months	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Rectal Carcinoma				14 months	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) _____					
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. Prostate Cancer, esophagitis, An insulin dependant Diabetes		AUTOPSY (Specify Yes or No) 26. No		WAS CASE REFERRED TO CORONER (Specify Yes or No). 27. Yes	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a. _____		DATE OF INJURY (Mo., Day, Yr.) 28b. _____	HOUR OF INJURY 28c. M	DESCRIBE HOW INJURY OCCURRED 28d. _____	
INJURY AT WORK (Specify Yes or No) 28e. _____		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f. _____		LOCATION. 28g. _____	STREET OR R.F.D. No. CITY OR TOWN STATE

STATE REGISTRAR
217799 CERTIFIED COPY OF VITAL RECORDS

No. 116650

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.

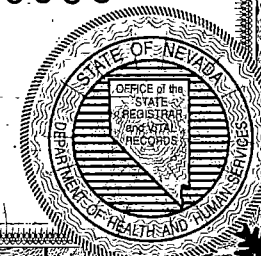
DATE ISSUED: JUN 17 2008

R. White
STATE REGISTRAR

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

FB/CO (Rev.) 11/06

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE