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APN: 1220-09-301-001
Recording requested by, and please
send recorded document and
future tax statements to:

✓ Donna Garcia
1240 Centerville Ln
Gardnerville, NV 89460



KAREN ELLISON, RECORDER

STATE OF Nevada
COUNTY OF ~~Douglas~~ (Carson)

Affidavit of Death Joint Tenant
Pursuant to NRS § 111.365

The affiant, Donna Garcia, being first duly sworn, deposes and states that:

1. The affiant is of legal age for the state of Nevada.
2. That Donald Garcia, the decedent mentioned in the attached certified certificate of death, who died on April 4, 2015, in Gardnerville, Nevada, is the same person as Donald Garcia.
3. That the affiant and the decedent were both grantees in that certain Grant, Bargin, deed dated September 5, 2008, recorded on September 25, 2008, as book/page 908/5269 or instrument # 730549 in the records of Douglas County, Nevada, and executed by the grantor(s) Mark Van Voorst and Michele Van Voorst to the grantee(s) Don Garcia and Donna Garcia as Joint Tenants covering the real property commonly known as 1240 Centerville Ln, City of Gardnerville, County of Douglas, State of Nevada, more particularly described as:
Please see attached legal description

4. That the relationship between the affiant and the decedent was that of:
Husband and Wife

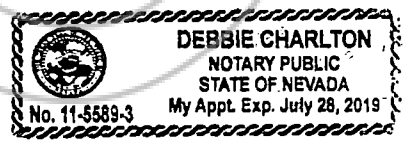
I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

In witness whereof, I set my hand this 26 day of August, 2015

Donna Garcia
Affiant


Donna Garcia
Print name

Subscribed and sworn to before me on August 26, 2015 by Donna Garcia



Debbie Charlton
Notary Public
Debbie Charlton
Notary name

DOC # 730549
 09/25/2008 11:39AM Deputy: PK
OFFICIAL RECORD
 Requested By:
STEWART TITLE - DOUGLAS
 Douglas County - NV
 Karen Ellison - Recorder
 Page: 1 of 2 Fee: 15.00
 BK-908 PG-5269 RPTT: 1,856.40

A.P.N. #	1220-09-301-001
R.P.T.T.	\$1,856.40
Escrow No.	1009800TA
Recording Requested By:	
	
Mail Tax Statements To:	Same as below
When Recorded Mail To:	
Mr. and Mrs. Don Garcia	
P. O. Box 8045	
South Lake Tahoe, CA 96158	




GRANT, BARGAIN, SALE DEED

THIS INDENTURE WITNESSETH: That Mark Van Voorst and Michele Van Voorst, husband and wife for valuable consideration, the receipt of which is hereby acknowledged, does hereby Grant, Bargain Sell and Convey to Don Garcia and Donna Garcia, husband and wife, as Joint Tenants all that real property situated in the County of Douglas, State of Nevada, bounded and described as follows:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

Dated: 9/5/08


 Mark Van Voorst


 Michele Van Voorst

State of Nevada

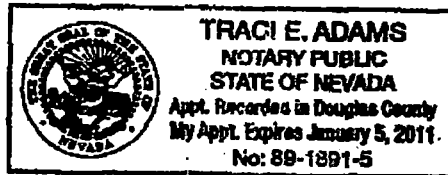
ss.

County of Douglas

This instrument was acknowledged before me on

by: Mark Van Voorst, Michele Van Voorst

Signature: 
 Notary Public



**Exhibit A
LEGAL DESCRIPTION**

File Number: 1009800

A portion of the Northwest 1/4 of the Southwest 1/4 and the Southwest 1/4 of the Northwest 1/4 of Section 9, Township 12 North, Range 20 East, M.D.B.&M., described as follows:

Commencing at the Southwest corner of said Section 9, proceed North 25°16' East, 2947.00 feet, to the True Point of Beginning, which is the Northeast corner of the parcel, and lies on the Westerly right-of-way line of Centerville Lane; proceed thence South 0°02'30" East, 145.46 feet, along said Westerly right-of-way line, to a point which is the Southeast corner of the parcel; and lies approximately in the center of Rocky Slough; thence North 84°00'03" West, 449.60 feet, approximately along the centerline of Rocky Slough, to the Southwest corner of the parcel, thence North 02°43'50" East, 90.51 feet, to the Northwest corner of the parcel; thence North 88°57'30" East, 442.80 feet, to the True Point of Beginning.

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"IN COMPLIANCE WITH NEVADA REVISED STATUTE 111.312, THE HEREIN ABOVE LEGAL DESCRIPTION WAS TAKEN FROM INSTRUMENT RECORDED JUNE 4, 1990, BOOK 690, PAGE 244, AS FILE NO. 227344, RECORDED IN THE OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA."



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2015005869

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Donald P GARCIA		2. DATE OF DEATH (Mo/Day/Year) April 04, 2015		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and Carson Valley Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient (Specify) Emergency Room / Outpatient	
DECEDENT	4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 85		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY MOS DAYS HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) October 18, 1929		9a. STATE OF BIRTH (If not U.S.A.) California		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) Donna HAMER	
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-3500		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Business Owner		14b. KIND OF BUSINESS OR INDUSTRY Construction	
	15a. RESIDENCE- STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1240 Centerville Ln		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Donald Victor GARCIA	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Hanna Jane ROWAN		18a. INFORMANT-NAME (Type or Print) Donna GARCIA			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, Zip) 1240 Centerville Ln, Gardnerville, Nevada 89460				19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	
	19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI		20b. FUNERAL DIRECTOR LICENSE NUMBER 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
	TRADE CALL - NAME AND ADDRESS					
CAUSE OF DEATH	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) VIJAY MAIYA MD		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) April 09, 2015		21c. HOUR OF DEATH 12:00		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22c. HOUR OF DEATH	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Vijay Maiya MD 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 11909	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) NICOLE SHORE		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 09, 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).)					
STATE REGISTRAR	PART I (a) Cardiopulmonary Arrest		Interval between onset and death			
	(b) Chronic Kidney Disease, Stage III		Interval between onset and death			
(c) Hyponatremia		Interval between onset and death				
(d) Chronic Atrial Fibrillation		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 Unknown Etiology					26. AUTOPSY (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						

Information Corrected, State Affidavit# 61788, 04/23/2015 - 13

STATE REGISTRAR

590405

CERTIFIED COPY OF VITAL RECORDS

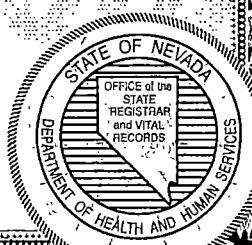
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **AUG 04 2015**

RudWhan
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



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VRS-Rev-20120523a