

APN: 1318-23-811-009
RETURN RECORDED DEED TO:
JOEL W. LOCKE, ESQ.
ALLISON, MacKENZIE, LTD.
402 North Division Street
P.O. Box 646
Carson City, NV 89702



KAREN ELLISON, RECORDER

GRANTEE/MAIL TAX STATEMENTS TO:
RICHARD BURNINGHAM
P.O. BOX 3389
Stateline, NV 89449

The party executing this document hereby affirms that this document submitted for recording does contain the social security number of a person or persons as required by NRS 239B 030

DEATH OF GRANTOR AFFIDAVIT

JOEL W. LOCKE, ESQ., being duly sworn, deposes and says that REBECCA B. LINK, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as REBECCA B LINK, named as the grantor in the deed upon death recorded on June 3, 2014, as document or file number 0843905, records of Douglas County, Nevada, covering the real property or located in the County of Douglas, State of Nevada, and more particularly described as:

Lot 16, in Block G, as shown on the map of FIRST ADDITION TO KINGSBURY MEADOWS, filed in the office of the County Recorder of Douglas County, State of Nevada, on July 17, 1957

(Pursuant to NRS 111 312 this legal description was previously recorded on October 17, 1979, as Document No. 37792).

Assessor's Parcel Number 1318-23-811-009

The undersigned is the authorized legal representative of RICHARD BURNINGHAM, who is at least one of the beneficiaries to whom the real property is conveyed upon the death of the grantor REBECCA B LINK. The beneficiaries listed in the deed upon death are RICHARD BURNINGHAM as to an undivided one-quarter (1/4) interest, TIMOTHY BURNINGHAM as to an undivided one-quarter (1/4) interest, RONALD GRAHAM as to an undivided one-quarter (1/4) interest, HANNAH RAHN as to an undivided one-twenty fourth (1/24) interest, JOE DOUTHWRIGHT as to an undivided one-twenty fourth (1/24) interest, RUTH DOUTHWRIGHT as to an undivided one-twenty fourth (1/24) interest, FRANCIS DOUTHWRIGHT as to an undivided one-twenty fourth (1/24) interest, THERESA DOUTHWRIGHT as to an undivided one-twenty fourth (1/24) interest, and BILLY JACK DOUTHWRIGHT as to an undivided one-twenty fourth (1/24) interest, as tenants in common.

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

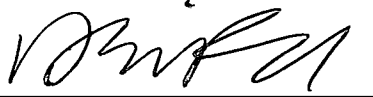
Dated this 26 day of August, 2015.



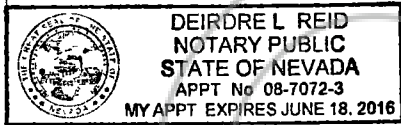
JOEL W. LOCKE, ESQ.
Nevada State Bar No. 10128

State of Nevada }
 } ss.
Carson City }

Subscribed and sworn to on this 26 day of August, in the year 2015, before me, Deidre Reid, by JOEL W. LOCKE, ESQ, authorized legal representative of RICHARD BURNINGHAM.



NOTARY SEAL



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2015005482
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) Rebecca LINK		2. DATE OF DEATH (Mo/Day/Year) April 01, 2015		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Stateline		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address) 184 Pine Drive		3e. If Hosp or Inst. indicate DOA,OP/Emer, Rm Inpatient(Specify) Home	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 74	
9a. STATE OF BIRTH (If not U S A.,) England		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 17	
13. SOCIAL SECURITY NUMBER ██████████-8371		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) School Teacher		14b. KIND OF BUSINESS OR INDUSTRY Education	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Stateline	
15d. STREET AND NUMBER 184 Pine Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		4. SEX Female	
16. FATHER/PARENT - NAME (First Middle Last Suffix) John BURNINGHAM			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Betty BLACKBURN		
18a. INFORMANT- NAME (Type or Print) Richard BURNINGHAM		18b. MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) Flat 30 Earle House, Winnall Manor Rd Winchester, England SO230NA			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) STEVEN LAURENCE BROOKS M.D. SIGNATURE AUTHENTICATED			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 01, 2015		21c. HOUR OF DEATH 01 15		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Steven Laurence Brooks M D PO Box 5637 Stateline, NV 89449				23b. LICENSE NUMBER 5124	
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 03, 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))				Interval between onset and death	
PART I (a) Malignant Lung Cancer				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1				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 (Mo/Day/Yr)		28c. HOUR OF INJURY 9999	
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

3825116

592899

CERTIFIED COPY OF VITAL RECORDS

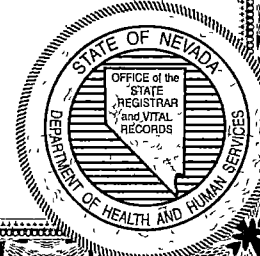
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records

DATE ISSUED

AUG 26 2015

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

VRS-Rev-20120523a

Richard W. ...
STATE REGISTRAR

STATE OF NEVADA DECLARATION OF VALUE

1. Assessor Parcel Number (s)

a) 1318-23-811-009
 b) _____
 c) _____
 d) _____

2. Type of Property:

- | | | | |
|-----------------------------|--------------|--|----------------|
| a) <input type="checkbox"/> | Vacant Land | b) <input checked="" type="checkbox"/> | Single Fam Res |
| c) <input type="checkbox"/> | Condo/Twnhse | d) <input type="checkbox"/> | 2-4 Plex |
| e) <input type="checkbox"/> | Apt Bldg | f) <input type="checkbox"/> | Comm'l/Ind'l |
| g) <input type="checkbox"/> | Agricultural | h) <input type="checkbox"/> | Mobile Home |
| i) <input type="checkbox"/> | Other | | |

FOR RECORDERS OPTIONAL USE ONLY	
Notes	_____

3. Total Value/Sales Price of Property:

	<u>\$ 279,500 00</u>
Deed in Lieu of Foreclosure Only (value of property)	\$ _____
Transfer Tax Value	\$ _____
Real Property Transfer Tax Due	<u>\$ 1,090 05</u>

4. If Exemption Claimed:

a Transfer Tax Exemption, per NRS 375.090, Section _____
 b Explain Reason for Exemption: _____

5. Partial Interest: Percentage being transferred: 100 %

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 _____ Capacity Agent
 Signature _____ Capacity Agent

SELLER (GRANTOR) INFORMATION

BUYER (GRANTEE) INFORMATION

(REQUIRED)
 Print Name: Rebecca B. Link
 Address: PO Box 3389
 City: Stateline
 State: NV Zip: 89449

(REQUIRED)
 Print Name: Richard Burningham
 Address: PO Box 3389
 City: Stateline
 State: NV Zip: 89449

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)
 Print Name: Allison MacKenzie, Ltd Escrow # _____
 Address: PO Box 646
 City: Carson City State: NV Zip: 89702