



KAREN ELLISON, RECORDER

APN: 1022-10-001-095

When Recorded Mail to:
Chris D. Nichols, Esq.
Minden Lawyers, LLC
P.O. Box 2860
Minden, NV 89423

Mail Tax Statements to:
Martha I. Guerrero
3828 Sandstone Drive
Wellington, NV 89444

SPACE ABOVE RESERVED FOR RECORDER'S USE

Pursuant to *NRS 239B.030*, I, the undersigned, affirm that this document submitted for recording does not contain the social security number of any person or persons.

AFFIDAVIT OF DEATH OF JOINT TENANT

State of NEVADA)
 : ss.
County of DOUGLAS)

Comes now, MARTHA I. GUERRERO, Affiant herein, being of lawful age and sound mind and having been duly sworn upon her oath, does state:

1. I am over 18 years of age, am of sound mind, and if called to testify would competently testify to the following.
2. The real property commonly known as 3828 Sandstone Drive, Wellington, NV 89444, was conveyed by Homesales, Inc., to ANTHONY S. FERRIS and MARTHA I. GUERRERO, husband and wife, as joint tenants, by that certain Grant, Bargain, Sale Deed recorded on 28 April 2011 as Document No. 782312 in Book 411 at Page 5779 of the Official Records in the Office of the County Recorder of Douglas County, in and for the State of Nevada.

3. ANTHONY S. FERRIS died on 24 August 2015. A certified copy of ANTHONY S. FERRIS' death certificate is attached hereto and incorporated herein by reference as *Exhibit A*.

4. I am ANTHONY S. FERRIS' survivor joint tenant referred to as Grantee in that certain Grant, Bargain, Sale Deed recorded on 28 April 2011 as Document No. 782312 in Book 411 at Page 5779 of the Official Records in the Office of the County Recorder of Douglas County, in and for the State of Nevada.

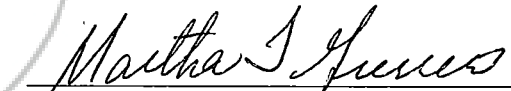
5. The real property commonly known as 3828 Sandstone Drive, Wellington, NV 89444, which is the subject of the above-described deed is located in the County of Douglas, State of Nevada, and is more particularly described as follows:

Lot 52 of TOPAZ RANCH ESTATES UNIT NO. 2, according to the map thereof, filed in the office of the County Recorder of Douglas County, Nevada, February 20, 1967, in Book 47, Page 761, as Document No. 35464

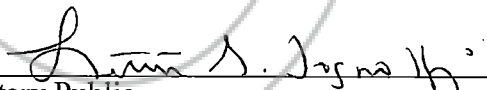
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Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or anywise appertaining.

DATED this 5th day of October, 2015.


MARTHA I. GUERRERO

SUBSCRIBED and SWORN to before me
by MARTHA I. GUERRERO this 5th day
of October, 2015.


Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2015014715

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

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) Anthony Steven FERRIS		2. DATE OF DEATH (Mo/Day/Year) August 24, 2015		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION-Name(if not either, give street and Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient(Specify) Intensive Care Unit (ICU)	
4. SEX Male		5. RACE: White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 58		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 24, 1957		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) Divorced		12. SURVIVING SPOUSE (Maiden name)	
13. SOCIAL SECURITY NUMBER 5286		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Engineer		14b. KIND OF BUSINESS OR INDUSTRY Casino	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
15d. STREET AND NUMBER 1300 Hematite Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) William FERRIS JR			17. MOTHER/PARENT - NAME (First Middle Last Suffix) JoAnne LAWRENCE		
18a. INFORMANT- NAME (Type or Print) Amanda HEMMAH		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1377 Brooke Way Gardnerville, Nevada 89410			
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) RICHARD HEARN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 228		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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) KAMERON FERDOWSALI 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) August 31, 2015		21c. HOUR OF DEATH 15:31		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) Kameron Ferdowsali M.D. 1600 Medical Parkway Carson City, NV 89703			
23b. LICENSE NUMBER 12745		24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 31, 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 (a) Cardiopulmonary Arrest				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) T-cell Lymphocytic Leukemia				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Acute Intraparenchymal Hemorrhage				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
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	
				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	
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.		28h. CITY OR TOWN STATE	

STATE REGISTRAR

595130

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.

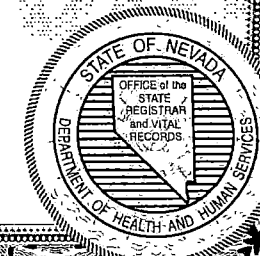
DATE ISSUED:

9/8/2015

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

R. J. Whelan
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE