

APN: 1220-16-710-097

When Recorded, Please Return To:  
Heritage Law Group, P.C.  
1625 Highway 88, Suite 304  
Minden, Nevada 89423



KAREN ELLISON, RECORDER

Mail Future Tax Statements To:  
Mrs. Robyn Christl  
20660 N 40th St., Unit #2011  
Phoenix, AZ 85050

**AFFIDAVIT OF DEATH**

The attached document does contain the social security number of a person as required by NRS 440.380.

Addie Lee Birdwell, II, being of sound mind and body, hereby testifies:

That he is over the age of 18,

That all of the real property situated in the State of Nevada, County of Douglas, more precisely described as:

**Lot 14, in Block C, as said lot and block are shown on the map of GARDNERVILLE RANCHOS UNIT NO. 4, filed in the office of the County Recorder of Douglas County, State of Nevada, on April 10, 1967, in Map Book 1, File No. 35914.**

was held by Lillie M. Haight, an unmarried woman, Gayle M. Birdwell Robinson, and George Dwayne ("Robbie") Robinson, husband and wife, who acquired joint tenancy by Grant, Bargain, Sale Deed No. 715165 recorded on December 21, 2007,

That Gayle M. Birdwell Robinson passed away on June 21, 2015, as identified in Certificate of Death # 2015011037, issued by the State of Nevada,

That pursuant to the rules of survivorship, Lillie M. Haight, and George Dwayne ("Robbie") Robinson are the survivors and now hold this property as joint tenants.

**That this information is offered with personal knowledge and declared under penalty of perjury.**

Pursuant to NRS 111.312, the above legal description previously appeared in Grant, Bargain, Sale Deed No. 715165 recorded on December 21, 2007.

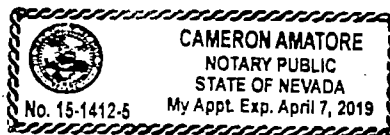
Date: 11-2-15, 2015

*Addie Lee Birdwell*  
Addie Lee Birdwell, II

State of Nevada )  
Douglas County )

This instrument was signed and sworn to before me on November 2, 2015, by Addie Lee Birdwell, II.

*Cameron Amatore*  
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**

2015011037  
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) <b>Gayle B ROBINSON</b>		2. DATE OF DEATH (Mo/Day/Year) <b>June 21, 2015</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and city) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA, OP, Emer, Rm. Inpatient (Specify) <b>Inpatient</b>	
4. SEX <b>Female</b>		5. RACE: White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE - Last birthday (Years) <b>71</b>		7b. UNDER 1 YEAR MOS    DAYS		7c. UNDER 1 DAY HOURS    MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>July 28, 1943</b>		9a. STATE OF BIRTH (If not U.S.A.) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>14</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (Maiden name) <b>George ROBINSON</b>	
13. SOCIAL SECURITY NUMBER <b>4628</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
<b>Correctional Officer</b>		<b>State Of Nevada</b>		<b>Ever in US Armed Forces? No</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1339 Ritter Dr</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) <b>Robert RONNOW</b>	
17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) <b>Lillie Marie SMITH</b>		18a. INFORMANT - NAME (Type or Print) <b>Robert Charles WEBB</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>1339 Ritter Dr, Gardnerville, Nevada 89460</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Crementation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenrys Funeral Home</b> <b>3945 Fairview Dr Carson City NV 89701</b>	
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) <b>VIJAY MAIYA MD</b> <b>SIGNATURE AUTHENTICATED</b>			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) <b>June 23, 2015</b>		21c. HOUR OF DEATH <b>08:35</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. PRONOUNCED DEAD (Mo/Day/Yr)		22d. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER), (Type or Print) <b>Vijay Maiya MD 1600 Medical Parkway Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>11909</b>	
24a. REGISTRAR (Signature) <b>VERALYNN A. BOYACK</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 01, 2015</b>		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) <b>Cardiopulmonary Arrest</b>				Interval between onset and death	
(b) <b>Acute Hepatic Failure</b>				Interval between onset and death	
(c) <b>Upper Gastrointestinal Bleed</b>				Interval between onset and death	
(d) <b>Septic Shock</b>				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. <b>Acute Renal Failure</b> <b>Unknown Etiology</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		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	

AKA: Gayle Marie RONNOW  
AKA: Gayle Marie BIRDWELL

STATE REGISTRAR

601233

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:

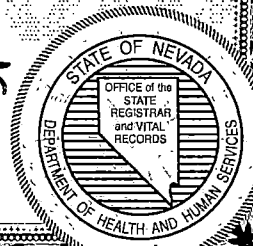
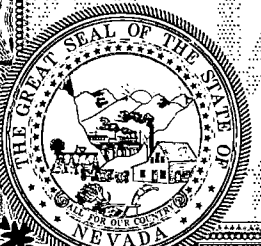
**OCT 21 2015**

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



*Rudwan*  
STATE REGISTRAR