

APN# 1022-11-002-005



00027930201508746210060061

KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: CRAIG R SCOTT

Address: PO BOX 2189

City/State/Zip: GARDNERVILLE NV
89410

Mail Tax Statements to:

Name: SAME ABOVE

Address: _____

City/State/Zip: _____

AFFIDAVIT OF DEATH

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Craig R. Scott
Signature

CRAIG R SCOTT
Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

Affidavit of Death

STATE OF Nevada
COUNTY OF Douglas

I, Craig R. Scott, residing at 4060 Eagle Mountain Rd, Wellington, Nevada 89444, being of legal age, depose and say that:

That Keith R. Scott, 4060 Eagle Mountain Rd, Wellington, Nevada 89444 died on December 06, 2015 as evidenced by a certified copy of the Certificate of Death, attached hereto;

That decedent owned the following property described in the real property deed attached hereto and incorporated herein;

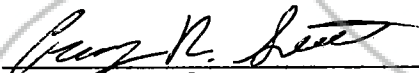
That I am the successor to the estate of the decedent and to the decedent's interest in the described property and no other person has a superior right to the interest of the decedent in the described property;

That no proceeding is being or has been conducted in Nevada for administration of the decedent's estate;

That the funeral expenses, expenses of last illness, and all unsecured debts of decedent have been paid.

Oath or Affirmation:

I certify under penalty of perjury under Nevada law that I know the contents of this Affidavit signed by me and that the statements are true and correct.

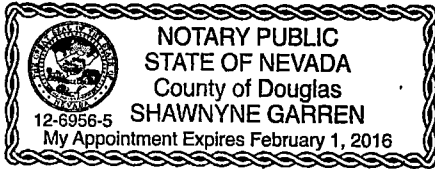


CRAIG R. SCOTT

Date 12-29-2015

STATE OF NEVADA, COUNTY OF DOUGLAS, ss:

This Affidavit was acknowledged before me on this 29 day of December, 2015 by Craig R. Scott, who, being first duly sworn on oath according to law, deposes and says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters stated herein are true to the best of his/her information, knowledge and belief.



Shawnyne Garren
Notary Public

Notary Public
Title (and Rank)

My commission expires 2/1/16

COOPER

15

Doc Number: **0815781**

01/07/2013 11:53 AM

OFFICIAL RECORDS

Requested By
KEITH SCOTT

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 2 Fee: \$ 15.00

Bk: 0113 Pg: 1135 RPTT # 5



Deputy: sg

Assessor's Parcel Number: 1022-11-002-005

Recording Requested By:

Name: Keith R. Scott

✓

Address: P.O. Box 2189

City/State/Zip GARDNERVILLE NV
89410

Real Property Transfer Tax: \$ 0

GRANT, BARGAIN, AND SALE DEED

(Title of Document)

THIS INDERTURE, made this 7th day of January, 2013, by and between KEITH R. SCOTT, an unmarried man, as Grantor, and KEITH R. SCOTT, an unmarried man, along with CRAIG R. SCOTT, an unmarried man, in JOINT TENANCY, WITH RIGHT OF SURVIVORSHIP, and not as tenants in common, as Grantees.

WITNESSETH

That Grantor, in consideration of the sum of Ten Dollars (\$10), lawful money of the United States, and good and valuable consideration, paid to Grantor by Grantee(s) the receipt whereof is hereby acknowledged, does by these presents grant, bargain and sell to Grantee(s) and to Grantees successors and assigns, all that certain lot, piece, or parcel of land situated in County of Douglas, State of Nevada, and more particularly described as follows:

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

PAGE 2 OF 2

GRANT, BARGAIN, AND SALE DEED

Assessors parcel No. 1022-11-002-005

WITNESSETH (continued)

LOT 29, AS SHOWN ON THE MAP OF TOPAZ RANCH ESTATES, UNIT 1, DOUGLAS COUNTY, NEVADA, FILED IN THE OFFICE OF THE COUNTY RECORDER, DOUGLAS COUNTY, NEVADA ON DECEMBER 28, 1992 UNDER DOCUMENT No. 296208, BOOK 1292, PAGE 4603.

TOGETHER WITH all and singular the tenements, hereditaments, and appurtenances Thereunto belonging or in anywise appertaining, and the reversion and reversions, Remainder or remainders, rents, issues and profits thereof.

TO HAVE AND TO HOLD all and singular the premises, together with the Appurtenances, unto Grantee and to Grantee's successors and assigns forever.

IN WITNESS WHEREOF, Grantor has executed this conveyance the day and year First above written.

STATE OF Nevada
COUNTY OF Douglas

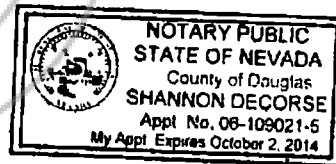
This instrument was acknowledged before me on

this 7th day of January, 2013

by Keith R. Scott

Shannon D. Corse
Notary Public

Keith R. Scott
KEITH R. SCOTT



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3868957

2015021733
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Keith Richardson SCOTT		2. DATE OF DEATH (Mo/Day/Year) December 06, 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 or Inpatient(Specify) Carson Valley Medical Center Emergency Room / Outpatient		4. SEX Male	
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 77	
	7b. UNDER 1 YEAR MOS: _____ DAYS: _____		7c. UNDER 1 DAY HOURS: _____ MINS: _____		8. DATE OF BIRTH (Mo/Day/Yr) May 19, 1938	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not U.S.A.) Montana		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
	11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-4364		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Sheriff		14b. KIND OF BUSINESS OR INDUSTRY Law Enforcement	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
PARENTS	15d. STREET AND NUMBER 4060 Eagle Mountain		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Merle Richardson SCOTT			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Agnetta DAURA		
DISPOSITION	18a. INFORMANT- NAME (Type or Print) Craig SCOTT		18b. MAILING ADDRESS P.O. Box 2189 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	
TRADE CALL	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 823		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Roop Carson City NV 89708	
	TRADE CALL - NAME AND ADDRESS					
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED AYODELE OKUNOLA 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) December 09, 2015		21c. HOUR OF DEATH 14:02		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	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)	
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) AYODELE OKUNOLA MD Gardnerville, NV				23b. LICENSE NUMBER 13936	
	24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 17, 2015		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I				Interval between onset and death	
	(a) Acute Respiratory Failure Due To Malignant Pleural Effusion DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Metastatic Lung Cancer With Massive Pleural Effusion DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(c) Unknown Etiology 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		
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

608437

CERTIFIED COPY OF VITAL RECORDS

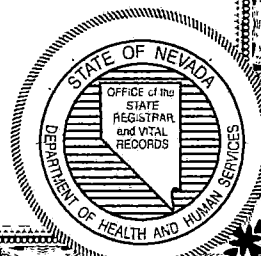
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

Rud Whitt
SIGNATURE AUTHENTICATED

DATE ISSUED: 12/22/2015

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

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE