

APN# 1320-29-117-020



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: CHARLOTTE LANCEY

Address: 1798 LINDEN Ct.

City/State/Zip: MINOR, NV. 89423

Mail Tax Statements to:

Name: 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)

CHARLOTTE LANCEY  
Signature

CHARLOTTE LANCEY  
Printed Name

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

\_\_\_\_\_  
\_\_\_\_\_

**Affidavit of Death**

STATE OF Nevada  
COUNTY OF Douglas

I, Charlotte Lancey, residing at 1798 Linden Ct, Minden,  
Nevada 89423, being of legal age, depose and say that:

That Merle Lancey, 1798 Linden Ct,  
Minden, NV 89423  
Merle Lancey died on March 21, 2016 as  
evidence by a certified copy of that Certificate of Death, attached hereto;

That I am the successor to the estate of the descendant and to the descendants interest in funds held by various institutions and no other person has a superior right to the interest of the decedents in the described property;

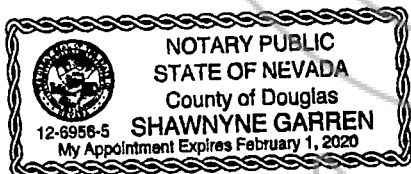
That no proceeding is being or has been conducted in Douglas City, Nevada for administration of the descendant's estate.

**Oath of 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.

Charlotte G. Lancey  
Charlotte G. Lancey  
4/18/16 Date

STATE OF Nevada, COUNTY OF Douglas, ss:



Shawnyne Garren  
Notary Public

\_\_\_\_\_  
Title (and Rank)

My commission expires 2/1/20

**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. 3885491

**2016005599**  
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>Merle LaVerne LANCEY</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 21, 2016</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and <b>Gardnerville Health and Rehabilitation Center</b>		3d. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Nursing Home</b>	
4. SEX <b>Male</b>		5 RACE <b>White</b> (Specify)		8. DATE OF BIRTH (Mo/Day/Yr) <b>December 09, 1917</b>	
8. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>98</b>		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
7c. UNDER 1 DAY HOURS MINS		9a. STATE OF BIRTH (if not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Charolotte G HAWKE</b>	
13. SOCIAL SECURITY NUMBER <b>3195</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Bank Manager</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Banking</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>1798 Linden Ct</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Frank O LANCEY</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Isabelle D HOBRON</b>		18a. INFORMANT- NAME (Type or Print) <b>Charlotte G LANCEY</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1798 Linden Ct Minden, Nevada 89423</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</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>TAMAR R ROBINSON</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>870</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno</b> <b>969 West Moana Lane Reno NV 89509</b>	
20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno</b>		20d. SIGNATURE AUTHENTICATED		20e. 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>JOSE AGUIRRE M.D.</b>		21b. DATE SIGNED (Mo/Day/Yr) <b>March 30, 2016</b>		21c. HOUR OF DEATH <b>12:00</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
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) <b>Jose Aguirre M.D. 1600 Medical Parkway Carson City, NV 89703</b>		23b. LICENSE NUMBER <b>11479</b>		24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b>	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 30, 2016</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>Severe Protein Calorie Malnutrition</b>	
(c) <b>Adult Failure To Thrive</b>		Interval between onset and death		(d) <b>Dysphagia</b>	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Unknown Etiology</b>		26. AUTOPSY (Specify Yes or No)		27. WAS CASE REFERRED TO CORONER (Specify Yes or 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					

STATE REGISTRAR

VRS-Rev-20120523a

2016

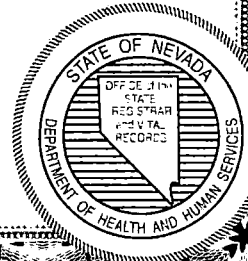
CERTIFIED COPY OF VITAL RECORDS

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: 3/31/2016

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

*Cody Phinney*  
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

A.P.N.: 1320-29-117-020  
File No: 142-2247686 (MK)  
R.P.T.T.: \$1,345.50

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 2 Fee: 15.00  
BK-1205 PG- 6839 RPTT: 1345.50



When Recorded Mail To: Mail Tax Statements To:  
Merle L. Lancey & Charlotte G. Lancey,  
1798 Linden Court  
Minden, NV 89423

***GRANT, BARGAIN and SALE DEED***

*FOR A VALUABLE CONSIDERATION*, receipt of which is hereby acknowledged,

Everett W. Earley and Patricia E. Earley, husband and wife as Community Property

do(es) hereby *GRANT, BARGAIN and SELL* to

Merle L. Lancey and Charlotte G. Lancey, Trustees of the Merle L. Lancey and Charlotte  
G. Lancey Truste dated September 28 1998

the real property situate in the County of Douglas, State of Nevada, described as follows:

**UNIT 193, SHOWN ON THE OFFICIAL PLAT OF WINHAVEN, UNIT NO. 5, FIELD FOR  
RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA  
ON FEBRUARY 10, 1994, IN BOOK 294 OF OFFICIAL RECORDS AT PAGE 1845, AS  
DOCUMENT NO. 329790.**

*TOGETHER* with all tenements, hereditaments and appurtenances, including easements and  
water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents,  
issues or profits thereof.

Date: 11/23/2005

Everett W. Earley  
Everett W. Earley

Patricia E. Earley  
Patricia E. Earley

STATE OF **NEVADA** )  
 : **ss.**  
COUNTY OF **DOUGLAS** )

This instrument was acknowledged before me on December 5, 2005 by **Everett W. Earley and Patricia E. Earley.**

Mary Kelsh  
Notary Public  
(My commission expires: 11-5-06)



This Notary Acknowledgement is attached to that certain Grant, Bargain Sale Deed dated **November 23, 2005** under Escrow No. **142-2247686.**