

APN: 1320-33-714-061

After Recording Mail to:

Gary Coulon
1339 Petar Dr.
Gardnerville, NV 89410



KAREN ELLISON, RECORDER

The undersigned affirms that this document **does** contain the social security number of any person, as required by NRS 440.380. (NRS 239B.030).

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
: ss.
COUNTY OF DOUGLAS)

GARY COULON, being duly sworn, declares:

That CHARLENE LYNN COULON, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as CHARLENE COULON, named as one of the parties in the Grant, Bargain, Sale Deed executed by Leslie Smith and Leonard Scott Ravenscroft as Successor Co-Trustees of the Bruce and Frankie Ravenscroft Family Trust dated February 1, 2002, grantors to Gary Coulon and Charlene Coulon, husband and wife, as joint tenants with right of survivorship, and recorded as Instrument No.2015-872172 on November 3, 2015 of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

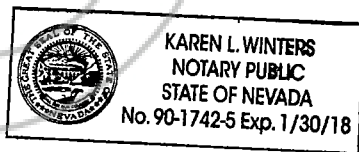
Lot 61 in Block H as set forth on the Final Subdivision Map No. 1006-6 of Chichester Estates Phase 6, filed in the office of the County Recorder of Douglas County, Nevada and recorded February 16, 2000 in Book 0200 at Page 2552 as Document No. 486411.

Per NRS 111.312, this legal description was previously recorded at Document No. 2015-872172, on November 3, 2015.

Gary E Coulon
GARY COULON

Subscribed and sworn to before me this 24th day of May, 2016.

[Seal]



Karen L Winters
NOTARY PUBLIC

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052016057981

CERTIFICATE OF DEATH

3201633003526

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/08)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) CHARLENE		2. MIDDLE LYNN		3. LAST (Family) COULON	
AKA, ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 11/29/1951		5. AGE Yrs. 64 <small>IF UNDER ONE YEAR: Months _____ Days _____</small> <small>IF UNDER 24 HOURS: Hours _____ Minutes _____</small>	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 0460		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION — Highest Level/Degree (See worksheet on back) SOME COLLEGE <input type="checkbox"/> YES <input type="checkbox"/> NO		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input checked="" type="checkbox"/> NO		12. MARITAL STATUS/SRDP (at Time of Death) MARRIED	
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		7. DATE OF DEATH mm/dd/yyyy 03/18/2016	
CUSTOMER SERVICE		APPLIANCE MANUFACTURING		8. HOUR (24 Hour) 1125	
20. DECEDENT'S RESIDENCE (Street and number, or location) 1339 PETAR DR.					
21. CITY GARDNERVILLE		22. COUNTY/PROVINCE DOUGLAS		23. ZIP CODE 89410	
24. YEARS IN COUNTY 0		25. STATE/FOREIGN COUNTRY NV			
26. INFORMANT'S NAME, RELATIONSHIP GARY COULON, HUSBAND			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1339 PETAR DR., GARDNERVILLE, NV 89410		
28. NAME OF SURVIVING SPOUSE/SRDP—FIRST GARY		29. MIDDLE EUGENE		30. LAST (BIRTH NAME) COULON	
31. NAME OF FATHER/PARENT—FIRST WILLIAM		32. MIDDLE -		33. LAST JACOBS	
34. BIRTH STATE CA		35. NAME OF MOTHER/PARENT—FIRST LYNN		36. MIDDLE RITA	
37. LAST (BIRTH NAME) CRISP		38. BIRTH STATE CA			
39. DISPOSITION DATE mm/dd/yyyy 03/23/2016		40. PLACE OF FINAL DISPOSITION RES: GARY COULON 1339 PETAR DR., GARDNERVILLE, NV 89410			
41. TYPE OF DISPOSITION(S) CR/TR/RES		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT NATIONAL CREMATION SERVICE		45. LICENSE NUMBER FD1804		46. SIGNATURE OF LOCAL REGISTRAR ▶ CAMERON KAISER, MD	
47. DATE mm/dd/yyyy 03/22/2016					
101. PLACE OF DEATH RIVERSIDE COMMUNITY HOSPITAL		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Or	
104. COUNTY RIVERSIDE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 4445 MAGNOLIA AVE		106. CITY RIVERSIDE	
107. CAUSE OF DEATH Enter the chain of events — diseases, injuries, or complications — that clearly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) PENDING		Time Interval Between Onset and Death (AT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		108. DEATH REPORTED TO CORONER? 2016-03359	
109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)					
113A. IF FEMALE, PREGNANT (BY LAST YEAR) <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since (A) mm/dd/yyyy (B) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER ▶		116. LICENSE NUMBER	
117. DATE mm/dd/yyyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. DATE mm/dd/yyyy	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED: MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hour)		122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and state)					
126. SIGNATURE OF CORONER / DEPUTY CORONER ▶ DONNA BURNS		127. DATE mm/dd/yyyy 03/22/2016		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER DONNA BURNS, DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
				CENSUS TRACT	
				010001003199344	

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Public Health.

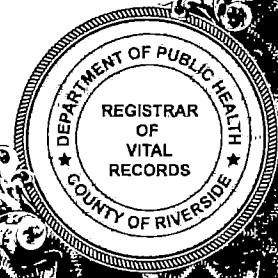


001405520

DATE ISSUED **Apr 5, 2016**

Cameron Kaiser
DR. CAMERON KAISER, MD
COUNTY HEALTH OFFICER

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



ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE