

18-

APN# 1022-13-001-007



Recording Requested by/Mail to:

Name: WALTER DUPUIS

Address: 4313 Kyle Dr.

City/State/Zip: WELLINGTON, NV 89444

KAREN ELLISON, RECORDER

E05

Mail Tax Statements to:

Name: WALTER DUPUIS

Address: 4313 Kyle Dr

City/State/Zip: WELLINGTON, NV 89444

DEATH of GRANTORS AFFIDAVIT

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)

Walter Dupuis

Signature

WALTER DUPUIS

Printed Name

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

\$1.00 Additional Recording Fee for Use of This Page

APN: 1022-13-001-007

RECORDING REQUESTED BY:

Walter Dupuis
4313 Kyle Dr.
Wellington, NV 89444

AFTER RECORDATION, RETURN BY MAIL TO:

Walter Dupuis
4313 Kyle Dr.
Wellington, NV 89444



SPACE ABOVE THIS LINE FOR RECORDER'S USE

DEATH OF GRANTORS AFFIDAVIT

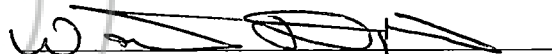
WALTER DUPUIS, being duly sworn, deposes and says that Larry Monroe Dupuis and Josephine Dupuis, the decedents mentioned in the attached certified copy of the Certificate of Death, are the same persons as Larry M. Dupuis and Josephine Dupuis, named as the grantors in the deed upon death recorded on November 18, 2011, as document number 0792887, book 1111, at page 4217, records of Douglas County, Nevada, covering the real property located in the County of Douglas, State of Nevada, and more particularly described as:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

Walter Dupuis is the beneficiary to whom the real property is conveyed upon the death of the grantors Larry Monroe Dupuis and Josephine Dupuis. The beneficiary listed in the deed upon death is Walter Dupuis.

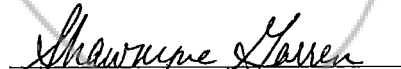
THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS.

DATE: 11-3-16


Walter Dupuis

State of Nevada }
 } ss.
County of Douglas }

On this 3 day of Nov, in the year 2016, before me, Shawnyne Garren personally appeared Walter Dupuis, ~~personally known to me~~ (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he executed it.


(Signature of Notary Public)

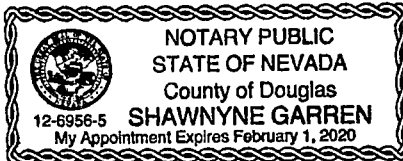


EXHIBIT "A"
LEGAL DESCRIPTION
PARCEL B

All that certain lot, piece or parcel of land, situate in the County of Douglas, State of Nevada, described as follows:

Parcel 1

Being all that portion of Sections 13 and 14, Township 10 North, Range 22 East, M.D.B. & M., described as follows: Beginning at the corner common to Sections 11, 12, 13 and 14 T 10 N, R 22 E; thence South 06°35'24" West, a distance of 101.97 feet; thence on a curve to the right having a radius of 500 feet through a central angle of 22°50'55" for an arc distance of 75.69 feet; thence South 74°27' East a distance of 1990.82 feet to the True Point of Beginning; thence South 15°33' West along the centerline of a 30 foot access and utility easement 880 feet; thence South 71°27'17" East a distance of 482.66 feet; thence North 15°33' East a distance of 905.22; thence North 74°27' West a distance of 482.00 feet to the True Point of Beginning. Reference is made to Record of Survey filed in the Office of the County Recorder of Douglas County, Nevada on October 10, 1969, under File No. 45991, and the above described parcel shown as Parcel 31.

Parcel 2

Being all that portion of Section 13 and the East half of Section 14, Township 10 North, Range 22 East, M.D.B. & M., described as follows:

Non-exclusive easements for roadway and utility purposes and to provide access to State Route No. 3, for the benefit of and appurtenant to the property conveyed hereinabove and shall insure to the benefit of and be used by all persons who may become owners of said land or any parts or portions thereof said easements being 60 feet in width the centerline of which is described as follows:

Commencing at North quarter corner of said Section 14; thence South 89°51' East along the North line of said Section 14, a distance of 792.53 feet to a point; thence South 13°00' East 104.32 feet to a point on the Southerly right of way line of State Route No. 3, the true point of beginning; thence along said line South 13°00' East 360.80 feet; thence on a curve to the left the tangent of which bears the last described course having a radius of 500 feet through a central angle of 22°30'00" for an arc distance of 196.35 feet; thence South 35°30' East 2287.85 feet; thence on a curve to the left the tangent of which bears the last described course having a radius of 500 feet through a central angle of 29°15' for an arc distance of 255.25 feet; thence S 64°45' E a distance of 1,559.09 feet; thence a curve to the left the tangent of which bears the last described course having a radius of 500 feet through a central angle of 49°29'15" for an arc distance of 431.86 feet; thence North 65°45'45" East 1075.22 feet; thence on a curve to the left the tangent of which bears the last described course having a radius of 500 feet through a central angle of 16°40'22" for an arc distance of 145.50 feet; thence North 49°05'23" East a distance of 1161.73 feet to the true point of ending.

Also commencing at North quarter corner of said Section 14; thence South 89°51' East along the North line of said Section 14 a distance of 792.53 feet to a point; thence South 13°00' East 104.32 feet to a point on the Southerly right of way line of State Route No. 3; thence South 13°00' East 360.80 feet.; thence on a curve to the left the tangent of which bears the last described course having a radius of 500 feet through a central angle of 07°04'13" for an arc distance of 61.70 feet to the True Point of Beginning; thence North 76°34' East 1706.97 feet; thence on a curve to the right the tangent of which bears the last described course having a radius of 500 feet through a central angle of 28°59'00" for an arc distance of 129.23 feet; thence South 74°27' East a distance of 3465.80 feet to the true point of ending.

Reference is made to Record of Survey filed in the office of the County Recorder of Douglas County, Nevada, on October 10, 1969 under File No. 45991, and the above described easements shown as Bosler Way and Kyle Drive.

Excepting therefrom any portions of the above described easements lying within the exterior boundaries of Parcel 1.

Per NRS 111.312 this legal description was previously recorded as Document No. 110611, Book No. 1184, Page 2282, on date of recording

APN: 1022-13-001-007

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2014007338
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Larry Monroe DUPUIS		2. DATE OF DEATH (Mo/Day/Year) April 30, 2014		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Wellington		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 4313 Kyle Dr		3e. If Hosp. or Inst. indicate DOA,OP/Emr. Rm. Inpatient(Specify) Home	
DECEDENT	4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 84		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A. name country) Washington		9b. CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 9	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Josephine GEIMER		13. SOCIAL SECURITY NUMBER ████████-0455	
PARENTS	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Carpenter		14b. KIND OF BUSINESS OR INDUSTRY Construction		15. INSIDE CITY LIMITS (Specify Yez or No) Yes	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
DISPOSITION	16. FATHER/PARENT - NAME (First Middle Last Suffix) Samuel DUPUIS		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Eve VICKREY			
	18a. INFORMANT - NAME (Type or Print) Walter DUPUIS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 4313 Kyle Dr Wellington, Nevada 89444			
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Hillcrest Cemetery		19c. LOCATION City or Town State Wellington Nevada 89444	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
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) CARL FERNAND JUNEAU 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) May 07, 2014		21c. HOUR OF DEATH 07:50		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)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Carl Fernand Juneau M.D. 2874 N. Carson Street Carson City, NV 897061681		23b. LICENSE NUMBER 8494		24a. REGISTRAR (Signature) BIANCA GALEANO SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 08, 2014		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))		Interval between onset and death			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE -> STATING THE UNDERLYING CAUSE LAST	PART I (a) Sudden Cardiac Death, Unknown Etiology		Interval between onset and death			
	(b) Atrial Flutter, Chronic		Interval between onset and death 3 Years			
(c) Permanent Pacemaker		Interval between onset and death 12 Years				
(d) Hypertension		Interval between onset and death 10 Years				
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.		28. 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

529605

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.

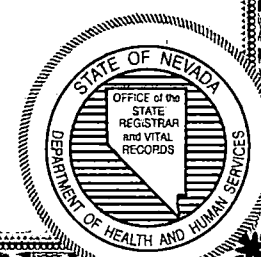
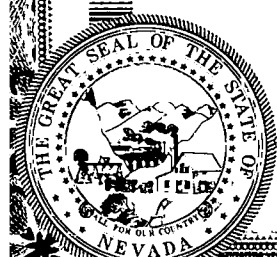
DATE ISSUED:

05/15/2014

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

STATE REGISTRAR
R. J. White
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3894109

CERTIFICATE OF DEATH

2016008841
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Josephine DUPUIS		2. DATE OF DEATH (Mo/Day/Year) May 12, 2016		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 Inpatient(Specify) Carson Tahoe Regional Medical Center Inpatient		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 84	
	7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY INPATIENT		8. DATE OF BIRTH (Mo/Day/Yr) February 06, 1932	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
	13. SOCIAL SECURITY NUMBER ██████████3817		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of		14b. KIND OF BUSINESS OR INDUSTRY Home	
PARENTS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
	15d. STREET AND NUMBER 4313 Kyle Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Joe GIMMER	
DISPOSITION	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Clementina ZPOTA		18a. INFORMANT- NAME (Type or Print) Walter DUPUIS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 4313 Kyle Drive Wellington, Nevada 89444	
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Hillcrest Cemetery		19c. LOCATION City or Town State Smith Nevada 89430	
TRADE CALL	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) GERALD HITCHCOCK SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 814		20c. NAME AND ADDRESS OF FACILITY Freitas Ruprecht Funeral Home PO BOX 1271 Yerington NV 89447	
	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) JOSE AGUIRRE M.D. SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) May 17, 2016		21c. HOUR OF DEATH 04:50	
	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)	
REGISTRAR	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) Jose Aguirre M.D. 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 11479	
CAUSE OF DEATH	24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 17, 2016		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).)					
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART I (a) Cardiopulmonary Arrest				Interval between onset and death	
	(b) Severe Sepsis With Shock				Interval between onset and death	
(c) Ischemic Gut				Interval between onset and death		
(d) Multiorgan Failure				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. Acute Hypoxic Respiratory Failure; Renal Failure; Shock Liver; Unknown Etiology				26. AUTOPSY (Specify Yes or No) 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

629925

CERTIFIED COPY OF VITAL RECORDS

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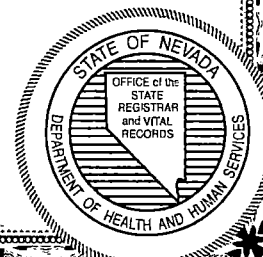
DATE ISSUED:

6/1/2016

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Cody P. Pringy
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



STATE OF NEVADA
DECLARATION OF VALUE

1. Assessors Parcel Number(s)
 a) 1022-13-001-007
 b) _____
 c) _____
 d) _____

2. Type of Property:
 a) Vacant Land b) Single Fam. Res.
 c) Condo/Twnhse d) ~~2-4 Plex~~
 e) Apt. Bldg f) Comm'l/Ind'l
 g) Agricultural h) Mobile Home
 i) Other _____

FOR RECORDERS OPTIONAL USE ONLY	
DOCUMENT/INSTRUMENT #:	_____
BOOK _____	PAGE _____
DATE OF RECORDING: _____	
NOTES: <u>21- DUD doc 792887</u>	

3. Total Value/Sales Price of Property: \$ _____
 Deed in Lieu of Foreclosure Only (value of property) (_____
 Transfer Tax Value: \$ _____
 Real Property Transfer Tax Due: \$ _____

4. If Exemption Claimed:
 a. Transfer Tax Exemption per NRS 375.090, Section # 5
 b. Explain Reason for Exemption: TRANSFER TO SON BER
DEED UPON DEATH

5. Partial Interest: Percentage being transferred: _____ %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the parties agree that disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month.

Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature [Signature] Capacity GRANTEE
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: WALTER DUPUIS
 Address: 4313 KYLE
 City: WELLINGTON
 State: NV Zip: 89444

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: _____
 Address: SAME
 City: _____
 State: _____ Zip: _____

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

Print Name: _____ Escrow # _____
 Address: _____
 City: _____ State: _____ Zip: _____

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)