

19-

APN# 1022-13-001-016



KAREN ELLISON, RECORDER E05

Recording Requested by/Mail to:

Name: WALTER DUPUIS

Address: 4313 KYLE DR

City/State/Zip: WELLINGTON, NV 89444

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

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

**APN: 1022-13-001-016**

**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**

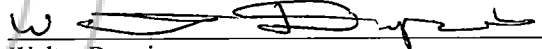
WALTER DUPUIS, being duly sworn, deposes and says that Larry Monroe Dupuis and Josephine Dupuis, the decedents mentioned in the attached certified copy of the Certificate of Death, are the same persons as Larry M. Dupuis and Josephine Dupuis, named as the grantors in the deed upon death recorded on November 18, 2011, as document number 0792888, book 1111, at page 4220, 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.

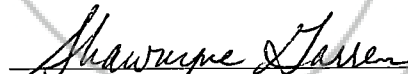
THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS.

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)

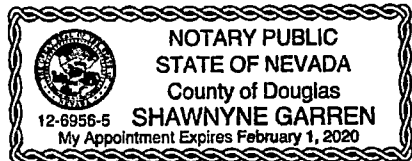


EXHIBIT "A"

LEGAL DESCRIPTION

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 Section 13 Township 10 North, Range 22 East, and M. D. B. & M., described as follow:

Commencing at the North Quarter corner of Section 14, Township 10 North, Range 22 East, M. D. E. & M., thence South  $89^{\circ}51'$  East along the North line of said section 14, a distance of 792.53 feet to a point: thence South  $13^{\circ}00'$  East 104.32 feet to a point on the Southerly right of way line of State Route No. 3: thence continuing South  $13^{\circ}00'$  East distance East distance of 360.00 feet to a point: 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  $07^{\circ}04'13''$  for arc distance of 61.70 feet: thence North  $76^{\circ}34'$  East 1706.97 feet to a point: thence a curve to the right tangent of which bears the last described course having a radius of 500 feet through a central angle  $28^{\circ}59'00''$  for an arc distance of 129.23 feet: thence South  $74^{\circ}27'$  East a distance of 1990.82 feet to a point: thence South  $15^{\circ}33''$  West a distance 880.00 to a True Point of Beginning: thence South  $27^{\circ}50'30''$  West 975.89 feet to a point: thence North  $84^{\circ}19'15''$  East 559.20 feet to a point: thence North  $50^{\circ}00'$  East a distance of 860.00 feet to a point: thence North  $71^{\circ}27'17''$  West of a distance of 801.08 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 32.

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., describe as follow:

Non-exclusive easements for roadway and utility purpose 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  $89^{\circ}51'$  East along the North line of said Section 14, a distance of 792.53 feet to a point: thence South  $13^{\circ}00'$  East 104.31 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  $13^{\circ}00'$  East 360.00 feet: thence a curve to the left the tangent of which bears the last described course having a radius of 500 feet through central angle of  $22^{\circ}30'00''$  for an arc distance of 196.35 feet, thence South  $35^{\circ}30'$  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  $29^{\circ}15'$  for an arc distance of 255.25 feet: thence South  $64^{\circ}45'$  East 1559.09 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  $49^{\circ}29'15''$  for an arc distance of 431.86 feet: thence North  $65^{\circ}45'45''$  East 1075.22 feet: thence on a curve to the left of the tangent of which bears the last described course having a radius of 500 feet through central angle of  $16^{\circ}40'22''$  for an arc distance of 145.50 feet: thence North  $49^{\circ}05'23''$  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  $89^{\circ}51'$  East along the North line of said Section 14 a distance of 792.53 feet to a point: thence South  $13^{\circ}00'$  East 104.32 feet to a point on the Southerly right of way line of State Route No. 3: thence South  $13^{\circ}00'$  East 360.00 feet: thence on a curve to the left of the tangent of which bears the last described course having a radius of 500 feet through a central

**PARCEL 2 – Continued.....**

**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 central angle of 28°59'00" for an arc distance of 129.23 feet: thence South 74°27' East distance of 34.65.00 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.**

**ALSO: Commencing at North quarter corner of said Section 14: thence South 89°5' 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 1990.82 feet to the true point of beginning: thence South 15°33' West 880.00 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, upon which the last above described easement is delineated.**

**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) <b>Larry Monroe DUPUIS</b>			2. DATE OF DEATH (Mo/Day/Year) <b>April 30, 2014</b>		3a. COUNTY OF DEATH <b>Douglas</b>		
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Wellington</b>			3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>4313 Kyle Dr</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>		
DECEDENT	5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>84</b>		7b. UNDER 1 YEAR <b>MOS</b>   <b>DAYS</b>	
	7c. UNDER 1 DAY <b>HOURS</b>   <b>MIN</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>April 23, 1930</b>		4. SEX <b>Male</b>			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not U.S.A. name country) <b>Washington</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>9</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
	12. SURVIVING SPOUSE (if wife, give maiden name) <b>Josephine GEIMER</b>		13. SOCIAL SECURITY NUMBER <b>-0455</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Carpenter</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>	
PARENTS	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Wellington</b>		15d. STREET AND NUMBER <b>4313 Kyle Dr</b>	
	15e. INSIDE CITY LIMITS (Specify Yr or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Samuel DUPUIS</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Eve VICKREY</b>			
DISPOSITION	18a. INFORMANT - NAME (Type or Print) <b>Walter DUPUIS</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>4313 Kyle Dr Wellington, Nevada 89444</b>				
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Hillcrest Cemetery</b>		19c. LOCATION City or Town State <b>Wellington Nevada 89444</b>			
TRADE CALL	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV 89410</b>			
	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) <b>CARL FERNAND JUNEAU M.D.</b> 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) <b>May 07, 2014</b>		21c. HOUR OF DEATH <b>07:50</b>		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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>Carl Fernand Juneau M.D. 2874 N. Carson Street Carson City, NV 897061681</b>					23b. LICENSE NUMBER <b>8494</b>		
CAUSE OF DEATH	24a. REGISTRAR (Signature) <b>BIANCA GALEANO</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 08, 2014</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <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) <b>Sudden Cardiac Death, Unknown Etiology</b>						Interval between onset and death	
	(b) DUE TO, OR AS A CONSEQUENCE OF: <b>Atrial Flutter, Chronic</b>						Interval between onset and death <b>3 Years</b>	
(c) DUE TO, OR AS A CONSEQUENCE OF: <b>Permanent Pacemaker</b>						Interval between onset and death <b>12 Years</b>		
(d) DUE TO, OR AS A CONSEQUENCE OF: <b>Hypertension</b>						Interval between onset and death <b>10 Years</b>		
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) <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. CITY OR TOWN STATE				

STATE REGISTRAR

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.

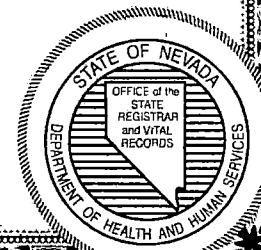
DATE ISSUED:

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) <b>Josephine DUPUIS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>May 12, 2016</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 Inpatient(Specify) <b>Carson Tahoe Regional Medical Center Inpatient</b>		3d. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. <b>Inpatient</b>	
DECEDENT	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>84</b>	
	7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>DAYS</b>		7d. UNDER 1 HOUR <b>HOURS</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13. SOCIAL SECURITY NUMBER <b>3817</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Wellington</b>	
DISPOSITION	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Joe GIMMER</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Clementina ZPOTA</b>			
	18a. INFORMANT- NAME (Type or Print) <b>Walter DUPUIS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>4313 Kyle Drive Wellington, Nevada 89444</b>			
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Hillcrest Cemetery</b>		19c. LOCATION City or Town State <b>Smith Nevada 89430</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>GERALD HITCHCOCK</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>814</b>		20c. NAME AND ADDRESS OF FACILITY <b>Freitas Ruprecht Funeral Home</b> <b>PO BOX 1271 Yerington NV 89447</b>	
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) <b>JOSE AGUIRRE M.D.</b> 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) <b>May 17, 2016</b>		21c. HOUR OF DEATH <b>04:50</b>		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22c. HOUR OF DEATH	
	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>	
CAUSE OF DEATH	24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 17, 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).)					
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART I (a) <b>Cardiopulmonary Arrest</b>		Interval between onset and death			
	(b) <b>Severe Sepsis With Shock</b>		Interval between onset and death			
(c) <b>Ischemic Gut</b>		Interval between onset and death				
(d) <b>Multiorgan Failure</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 Hypoxic Respiratory Failure; Renal Failure; Shock Liver; Unknown Etiology</b>					26. AUTOPSY (Specify Yes or No) <b>No</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		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>				
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



629926

CERTIFIED COPY OF VITAL RECORDS

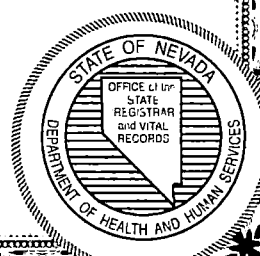
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DATE ISSUED:

6/1/2016

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*Cody Phinney*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED



VRS-Rev-20120523a

STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number(s)  
 a) 1022-13-001-016  
 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	
BOOK _____	PAGE _____
DATE OF RECORDING: _____	
NOTES: <u>DUD doc# 792888</u> <i>RT</i>	

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 - 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)

BUYER (GRANTEE) INFORMATION  
(REQUIRED)

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

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)