

APN: 1220-15-310-070



KAREN ELLISON, RECORDER

After Recording Mail to:

Jeff Salie
846 Long Valley Rd.
Gardnerville, NV 89460

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)

JEFF SALIE, being duly sworn, declares:

That IMA JEAN SALIE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as IMA SALIE, named as one of the parties in the Grant, Bargain and Sale Deed executed by Jerry D. Campbell and Colleen A. Campbell, Grantors, to Ima Salie, an unmarried woman who was previously incorrectly identified as an unmarried man, and Jeff Salie, an unmarried man, who was previously incorrectly identified as an unmarried woman, as joint tenants, and recorded as Instrument No. 2015-861250 on April 30, 2015 in the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

Lot 31 in Block O, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 4, filed in the office of the County Recorder of Douglas County, Nevada, on April 10, 1967, in Map Book 1, Page 055, File No. 35914.

Per NRS 111.312, this legal description was previously recorded at Document No. 2015-861250, on April 30, 2015.

Jeff W. Salie

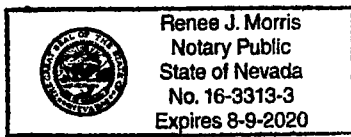
JEFF SALIE

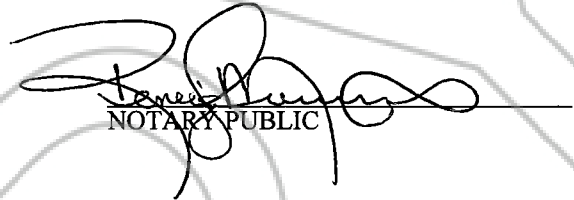
STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On November 13th, 2017, before me, Renee J. Morris, Notary Public, personally appeared JEFF SALIE, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Seal




NOTARY PUBLIC

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STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3971354

CERTIFICATE OF DEATH

2017014793
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Ima Jean SALIE		2. DATE OF DEATH (Mo/Day/Year) August 02, 2017		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 address) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 79		7b. UNDER 1 YEAR: MOS DAYS HOURS MINS		7c. UNDER 1 DAY: HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not US/CA, name country) Arkansas		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 11	
	11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-2570		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 846 Long Valley Rd #B		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Odes Elmer POLLOCK			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Tennie Lee BENNETT		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) Jeffrey SALIE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 846 Long Valley Rd Gardnerville, Nevada 89460			
	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	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DARREN K HILL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD884		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	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 CRAIG RAU 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) August 09, 2017		21c. HOUR OF DEATH 05:26		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	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) Craig Rau MD 1600 Medical Parkway Carson City, NV 89703		23b. LICENSE NUMBER 10991			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) SHERRIE A CONNELL SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 09, 2017		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).)					
STATE REGISTRAR	PART I (a) Cardiopulmonary Arrest		Interval between onset and death			
	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
STATE REGISTRAR	(b) Acute Respiratory Failure		Interval between onset and death			
	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
STATE REGISTRAR	(c) Pneumonia		Interval between onset and death			
	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
STATE REGISTRAR	(d) Chronic Obstructive Pulmonary Disease		Interval between onset and death			
	DUE TO, OR AS A CONSEQUENCE OF:		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. Unknown Etiology		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (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



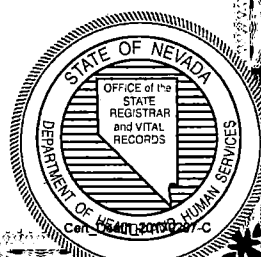
CERTIFIED COPY OF VITAL RECORDS

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: **8/10/2017**

[Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE