

APN: 1220-03-111-007

When Recorded, Mail to:  
Jennifer Yturbide, Esq.  
YTURBIDE LAW PC  
1701 County Road, Suite M  
Minden, NV 89423



KAREN ELLISON, RECORDER

Mail Tax Statements to:

JAMES D. MCFADDEN  
694 COYOTE RD.  
GARDNERVILLE, NV 89410

SPACE ABOVE RESERVED FOR RECORDER'S USE

**AFFIDAVIT OF DEATH (NRS §111.365)**

STATE OF NEVADA            )  
  ) SS.  
COUNTY OF DOUGLAS    )

I, JAMES D. MCFADDEN, do hereby swear under penalty of perjury that the following assertions are true to the best of my knowledge and belief:

1. I am over 18 years of age, am of sound mind, and if called to testify would competently testify to the following.

2. The real property commonly known as 1370 Braden Lane, Gardnerville, NV 89410 was conveyed to EDWARD MCFADDEN and HANNAH H. MCFADDEN, husband and wife as Joint Tenants in that certain Grant, Bargain and Sale Deed recorded as Document Number 0670058 in Book 0306 at Page 5999, of the Official Records in the Office of the County Recorder of Douglas County, in and for the State of Nevada.

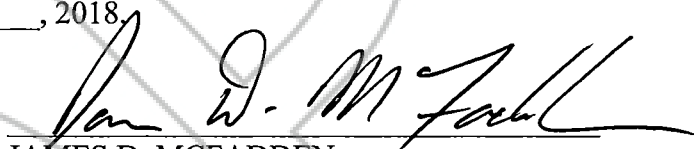
3. EDWARD MCFADDEN died on July 10, 2006. A certified copy of his death certificate is attached hereto and incorporated herein by reference.

4. I am the Personal Representative of Estate of Hannah H. McFadden referred to in that certain Grant, Bargain and Sale Deed recorded as Document Number 0670058 in Book 0306 at Page 5999, of the Official Records in the Office of the County Recorder of Douglas County, in and for the State of Nevada.

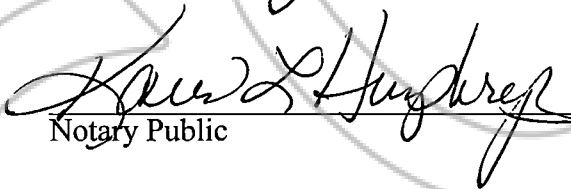
5. The real property commonly known as 1370 Braden Lane, Gardnerville, NV 89410 which is the subject of the above-described deed and joint tenancy is located in the County of Douglas, State of Nevada, and is more particularly described as follows:

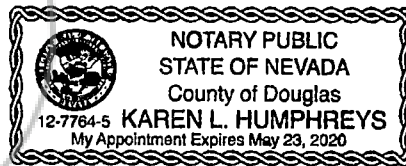
LOT 7 BLOCK A, AS SHOWN ON THE MAP ENTITLED, STODICK ESTATES SOUTH, PHASE 2, IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, FILED JUNE 6, 2005 AS DOCUMENT NO. 646056 IN THE OFFICE OF THE COUNTY RECORDER OF SAID COUNTY.

DATED: 21 of JUNE, 2018.

  
JAMES D. MCFADDEN  
Personal Representative Of The  
Estate of Hannah H. McFadden, Deceased

SUBSCRIBED and SWORN to before me  
this 21 day of June, 2018.

  
Notary Public



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

576804

**STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES**  
**DIVISION OF HEALTH — SECTION OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

2006011481

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. Edward MCFADDEN		2. July 10, 2006	3a. Douglas
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)
3b. Gardnerville		3c. 1370 Branden Lane	3e. Male
RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	DATE OF BIRTH (Mo., Day, Yr.)
5. White	6.	7a. 78	8. February 7, 1928
STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
9a. Pennsylvania	9b. U.S.A.	10. 12 Years	11. Married
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY	
13. -9246	14a. Shipping Clerk	14b. Shipping Industry	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
15a. Nevada	15b. Douglas	15c. Gardnerville	15d. 1370 Branden Ln.
FATHER—NAME First Middle Last	MOTHER—MAIDEN NAME First Middle Last	INSIDE CITY LIMITS (Specify Yes or No)	
16. James McFadden	17. Catherine Gallagher	15e. Yes	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Hannah McFadden - Wife		18b. 1370 Branden Lane, Gardnerville, Nevada 89410	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION City or Town State	
19a. Cremation	19b. FitzHenry's Crematory	19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY	
20a. <i>[Signature]</i>	20b. 217	20c. Home, 1380 Hwy 395, Gardnerville, NV 89410	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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) and manner stated.	
(Signature and Title) <i>[Signature]</i>		(Signature and Title) <i>[Signature]</i>	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 07/12/2006		22b. 07/12/2006	
HOUR OF DEATH		HOUR OF DEATH	
21c. 1415		22c. 1415	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER	
23a. Stephen Hewitt M.D., 1090 3rd St.#1, South Lake Tahoe, CA 96150		23b. 1107	
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE	
24a. <i>[Signature]</i>	24b. July 17, 2006	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			
PART (a)	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death	
(a)	Pericardial failure	6 mos	
(b)	Hypertension	Interval between onset and death	
(b)	Hypertension	10 yrs	
(c)	Type 2 Diabetes	Interval between onset and death	
(c)	Type 2 Diabetes	5 yrs	
PART II	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.	AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)
PART II		28. No	27. No
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
28a.	28b.	28c. M	28d.
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION.	STREET OR R.F.D. No. CITY OR TOWN STATE
28e.	28f.	28g.	

TYPE OR PRINT IN PERMANENT BLACK INK  
DECEDENT  
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS  
PARENTS  
DISPOSITION  
CERTIFIER  
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST  
CAUSE OF DEATH

STATE REGISTRAR

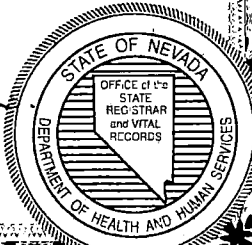
No. 338587



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.

*[Signature]*  
STATE REGISTRAR



DATE ISSUED: MAY 08 2018

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE