

APN: 1320-31-513-010



KAREN ELLISON, RECORDER

After Recording, Mail to:

William W. Welch, Trustee
William W. Welch Revocable Trust
2785 Davis Court
Minden, NV 89423

Mail Tax Statements to:

Same as above

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)

WILLIAM W. WELCH, being duly sworn, declares:

That WILLIAM MARTIN WELCH, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as WILLIAM MARTIN WELCH, named as one of the parties in the Grant, Bargain and Sale Deed executed by William M. Welch, Grantor, to William Martin Welch, a widower, and William Wiedow Welch, an unmarried man, as joint tenants, and recorded as Document No. 312168, Book 0793, Pages 1825-26 on July 12, 1993 in the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

Lot 11 in Block B shown on the Map of Belarra Subdivision, Unit 3, filed with the Douglas County Recording Office, Nevada, September 18, 1978 by Instrument No. 25373.

Per NRS 111.312, this legal description was previously recorded at Document No. 312168, Book 0793, Pages 1825-26 on July 12, 1993 in the Official Records of Douglas County, Nevada.

William Wiedow Welch
WILLIAM WIEDOW WELCH

STATE OF NEVADA

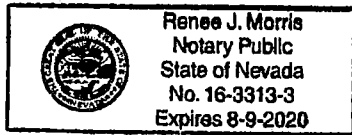
: ss.

COUNTY OF DOUGLAS)

On August 8, 2018, before me, Reneé J. Morris, Notary Public, personally appeared WILLIAM WIEDOW WELCH, 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

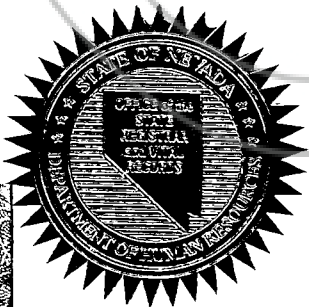


Renee J. Morris
NOTARY PUBLIC

STATE OF NEVADA

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

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER			STATE FILE NUMBER														
	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)			COUNTY OF DEATH											
DECEDENT	1. William Martin WELCH			2. March 14, 2003			3a. Douglas											
	CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)			SEX											
	3b. Minden			3c. 1759 Foxglove Circle			4. 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)			UNDER 1 YEAR MOS : DAYS			UNDER 1 DAY HOURS : MINS			DATE OF BIRTH (Mo., Day, Yr.)		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	5. White			6.			7a. 86			7b.			7c.			8. March 7, 1917		
	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)			SURVIVING SPOUSE (If wife, give maiden name)					
	9a. California			9b. U.S.A.			10. 16 Years			11. Widowed			12.					
	SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired)			KIND OF BUSINESS OR INDUSTRY											
PARENTS	13. ██████████-8999			14a. Plumbing Contractor			14b. Construction											
	RESIDENCE—STATE			COUNTY			CITY, TOWN, OR LOCATION			STREET AND NUMBER			INSIDE CITY LIMITS (Specify Yes or No)					
	15a. Nevada			15b. Douglas			15c. Minden			15d. 1759 Foxglove Cir			15e. Yes					
	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last														
DISPOSITION	16. Marion Welch			17. Mamie														
	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)														
	18a. Bill Welch - Son			18b. 1759 Foxglove Cir. Minden, Nevada 89423														
	BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—NAME			LOCATION City or Town State											
CERTIFIER	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. <i>[Signature]</i>			DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH											
CAUSE OF DEATH	21b. 3-18-03			21c. 1632														
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22a. ON			22b. AT											
	21d.			22d. ON			22e. AT											
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)			LICENSE NUMBER														
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. Dr. B. Bottenberg, D.O. 1001 N. Mountain Carson City, NV			23b. D0674														
	REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			DEATH DUE TO COMMUNICABLE DISEASE											
	24a. <i>[Signature]</i>			24b. March 19, 2003			24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
	25. IMMEDIATE CAUSE ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c.)																	
CAUSE OF DEATH	PART I (a) <i>Cardiopulmonary arrest</i>																	
	DUE TO OR AS A CONSEQUENCE OF:																	
	(b) <i>advanced dementia</i>																	
	DUE TO OR AS A CONSEQUENCE OF:																	
(c) <i>Alzheimer's disease</i>																		
DUE TO OR AS A CONSEQUENCE OF:																		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.			AUTOPSY (Specify Yes or No)			WAS CASE REFERRED TO CORONER (Specify Yes or No)												
26. NO			27. Yes															
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.												



STATE REGISTRAR

No. 248269

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: MAR 19 2003

[Signature]
Yvonne Sylva

State Registrar