

Document Transfer Tax \$ -0-
Assessor's Parcel No 1320-29-213-015



KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO

Jeffrey R Wallace
P O Box 40314
2727 E Anaheim Street
Long Beach, CA 90804

MAIL TAX STATEMENTS TO

Same as Above

The grantor declares
Documentary transfer tax is \$ -0-
 computed on full value of property conveyed.

AFFIDAVIT--DEATH OF SETTLOR, TRUSTEE AND BENEFICIARY

JEFFREY R WALLACE, of legal age, being first duly sworn, depose and say

That ROBERT ALLEN WALLACE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as is named as the party in that certain Grant, Bargain, and Sale Deed dated August 7, 2003, executed by RONALD B INGOGLIA and CYNTHIA R INGOGLIA, husband and wife as joint tenants with right of survivorship to ROBERT A WALLACE, Trustee of the ROBERT A WALLACE TRUST dated November 5, 1996, as well as the beneficiary under said trust, it being further acknowledged that JEFFREY R WALLACE, is the successor trustee under said declaration of trust on the death of ROBERT ALLEN WALLACE

The original Grant, Bargain, and Sale Deed aforementioned is recorded as Document No 0587668 at Book 0803, Page 13318 on August 25, 2003 in the Official Records of Douglas County, State of Nevada, covering the following described property situate in the County of Douglas, State of Nevada

Lot 54, in Block C, as shown on the Official Plat of WINHAVEN UNIT NO 2, PHASE A, filed for record in the office of the County Recorder on September 14, 1990, in Book 990 of Official Records, at Page 1934, Douglas County, Nevada, as Document No 234654

Dated 12/20/18


JEFFREY R WALLACE

JURAT

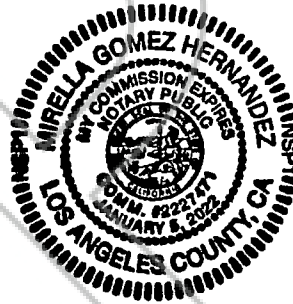
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document

STATE OF CALIFORNIA)
COUNTY OF Los Angeles)

Subscribed and sworn to (or affirmed) before me on this 20th day of December 2018 by JEFFREY R WALLACE, proved to me on the basis of satisfactory evidence to be the person who appeared before me

M. Gomez Hernandez

AFFIDAVIT--DEATH OF SETTLOR,
TRUSTEE AND BENEFICIARY
Assessor's Parcel No 1320-29-213-015



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO 4020690

CERTIFICATE OF DEATH

2018010068
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a DECEASED-NAME (FIRST MIDDLE LAST,SUFFIX) Robert Allen WALLACE		2 DATE OF DEATH (Mo/Day/Year) May 23, 2018		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 or 3e If Hosp or Inst indicate DOA,OP/Emer Rm. Inpatient(Specify) Carson Tahoe Regional Medical Center Inpatient		4 SEX Male	
5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 89	
7b UNDER 1 YEAR MOS		7c UNDER 1 DAY DAYS		8 DATE OF BIRTH (Mo/Day/Yr) November 14, 1928	
9a STATE OF BIRTH (If not US/CA name country) Wyoming		9b CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 12	
11 MARITAL STATUS (Specify) Marrd		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Annette BENNIGHT			
13 SOCIAL SECURITY NUMBER 0749		14a USUAL OCCUPATION (Give Kind of Work Done During Most of		14b KIND OF BUSINESS OR INDUSTRY Construction	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Minden	
15d STREET AND NUMBER 1075 Wistera Drive		15e INSIDE CITY LIMITS (Specify Yes or No) No			
16 FATHER/PARENT - NAME (First Middle Last Suffix) Irvine WALLACE			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Dorothy AICHELE		
18a INFORMANT- NAME (Type or Print) Annette WALLACE		18b MAILING ADDRESS (Street or R F D No City or Town State Zip) 1075 Wistera Drive Minden, Nevada 89423			
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	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN BLANSETT		20b FUNERAL DIRECTOR LICENSE NUMBER FD861		20c NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	
21 ALL - NAME AND ADDRESS TOKAMEH ENTEZARI MD					
21a DATE SIGNED (Mo/Day/Yr) May 24, 2018		21c HOUR OF DEATH 04 54		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) SIGNATURE AUTHENTICATED	
21b NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		22b DATE SIGNED (Mo/Day/Yr)		22c HOUR OF DEATH	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		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) Tokameh Entezari MD, 1155 Mill St Reno, NV 89502				23b LICENSE NUMBER 12746	
24a REGISTRAR (Signature) MELISSA KNIGHT		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 24, 2018		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))					
PART I (a) Cardiopulmonary Arrest				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF					
(b) Symptomatic Bradycardia				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF					
(c) Atrial Fibrillation				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF					
(d) Hypertension				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 Hyperlipidemia, Dementia Debility Unknown Etiology				26 AUTOPSY (Specify Yes or No) No	
26a ACC SUICIDE, HOM UNDET OR PENDING INVEST (Specify)		26b DATE OF INJURY (Mo/Day/Yr)		26c HOUR OF INJURY	
26d DESCRIBE HOW INJURY OCCURRED		27 WAS CASE REFERRED TO CORONER (Specify Yes or No) No			
28a 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

VRS-Rev-20120523a

000721909



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

MAY 25 2018

STATE REGISTRAR

Julie Katchear

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

