

Document Transfer Tax \$ -0-
Assessor's Parcel No 1420-35-410-001



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 January 5, 2004, executed by ROBERT A WALLACE AND SHERRY ANNETTE WALLACE, HUSBAND AND WIFE 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 0601307 at Book 0104 Page 01262 on January 6, 2004 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 25 in Block C as set forth on the Final Subdivision Map FSM #94-04-01 for SKYLINE RANCH PHASE I, filed for record with the Douglas County Recorder on May 11, 2001 in Book 0501, of Official Records, Page 3298 as Document No 514006

Dated 12/26/18


JEFFREY R WALLACE

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 HAVE BECOME 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 Inpatient)(Specify) Carson Tahoe Regional Medical Center		4 SEX Male	
5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 89	
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) Married		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		Ever in US Armed Forces? Yes	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY TOWN OR LOCATION Minden	
15d STREET AND NUMBER 1075 Wisteria 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 Wisteria 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	
21a I, TOKAMEH ENTEZARI MD , on the basis of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) SIGNATURE AUTHENTICATED					
21b DATE SIGNED (Mo/Day/Yr) May 24, 2018		21c HOUR OF DEATH 04 54		22a On the basis of examination and investigation, in my opinion death occurred at the time date and place and due to the cause(s) stated. (Signature & Title)	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		22b DATE SIGNED (Mo/Day/Yr)		22c HOUR OF DEATH	
21e PRONOUNCED DEAD (Mo/Day/Yr)		22d 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 NO		25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
PART I		(a) Cardiopulmonary Arrest		Interval between onset and death	
		(b) Symptomatic Bradycardia		Interval between onset and death	
		(c) Atrial Fibrillation		Interval between onset and death	
		(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 Hypertension, Dementia, Debility, 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

VRS-Rev 20120523a

000721910



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

Julie Kotcheva
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

