

APN# 1220-04-514-010



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Ronald F. Cauley, Esq.

Address: 1475 US Hwy 395 N

City/State/Zip: Gardnerville, NV 89410

Mail Tax Statements to:

Name: Gloria J. Duff, Trustee

Address: 940 Wintergreen Drive

City/State/Zip: Gardnerville, NV 89460

AFFIDAVIT OF DEATH OF JOINT TENANT

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Mark Harmon
Signature

Mark Harmon, Paralegal
Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

APN: 1220-04-514-010

RECORDING REQUESTED BY
The Law Office of Ronald F. Cauley
1475 U.S. Highway 395 North
Gardnerville, NV 89410

AFTER RECORDATION RETURN BY MAIL TO
Gloria J. Duff, Trustee of
The Gloria J. Duff Family Trust
Dated May 6, 2019
940 Winter Green Drive
Gardnerville, NV 89460

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

GLORIA J. DUFF, of legal age, being first duly sworn under the penalty of perjury, deposes and says:

That I make this Affidavit pursuant to NRS 111.365.

That WILLIAM E. DUFF, the Decedent mentioned in the attached Certified Copy of the Certificate of Death (State File Number 2019004644), was my Husband and died on MARCH 2, 2019 in Douglas County, Nevada.

That WILLIAM E. DUFF is the same person as WILLIAM E. DUFF named as one of the Grantees in that certain GRANT DEED executed by EAST FORK INVESTMENTS, LLC, a Nevada Limited Liability Company on September 26, 2018 and recorded on September 27, 2018 as Document Number 2018-920108 in the Douglas County Nevada Recorder's Office, covering the following described property situated in the County of Douglas, State of Nevada:

LOT 74 of CARSON VALLEY ESTATES SUBDIVISION UNIT No. 4, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on March 22, 1972 in Book 98, Page 1 as Document No. 58312, Official Records.

That the value of all real and personal property owned by the said decedent at date of death, including the full value of the above-described property, did not exceed the sum of \$150,000.

TOGETHER with all tenements, hereditaments and appurtenances, If any, thereto belonging or appertaining, and an reversions, remainders rents, issues or profits thereof.

Gloria J. Duff

GLORIA J. DUFF, individually and as Trustee
of the Gloria J. Duff Family Trust Dated
May 6, 2019.

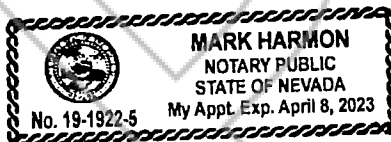
State of Nevada)
) ss
County of Douglas)

This instrument was acknowledged before me on the 13th day of May, 2019, by

GLORIA J. DUFF

Mark Harmon

NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4069762

CERTIFICATE OF DEATH

2019004644
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) William Edgar DUFF		2 DATE OF DEATH (Mo/Day/Year) March 02, 2019		3a COUNTY OF DEATH Douglas	
3b CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address) 940 Wintergreen Drive		3e If Hosp or Inst. indicate DOA,OP/Emer Rm Inpatient(Specify) Home	
4 SEX Male		5 RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) 76		7b UNDER 1 YEAR MOS DAYS HOURS MINS		7c UNDER 1 DAY HOURS MINS	
8 DATE OF BIRTH (Mo/Day/Yr) August 24, 1942		9a STATE OF BIRTH (If not US/CA, name country) Texas		9b CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 14		11. MARITAL STATUS (Specify) Married		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Gloria WHEELER	
13 SOCIAL SECURITY NUMBER ██████████ 7700		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) CARPENTER		14b KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	
15a. RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 940 Wintergreen Drive		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Edgar Lindsey DUFF			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Guyola LeanoRE ENDSLEY		
18a INFORMANT - NAME (Type or Print) Gloria DUFF		18b MAILING ADDRESS (Street or R F D. No, City or Town, State, Zip) 940 Wintergreen Drive Gardnerville, Nevada 89460			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME FitzHenry's Crematory		19c LOCATION City or Town State Carson City Nevada 89701	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTIE D WILDE SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmerelda Place Minden NV 89423	
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) NITA SCHWARTZ MD SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) March 05, 2019		21c HOUR OF DEATH 02:50		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
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) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703				23b LICENSE NUMBER 9114	
24a. REGISTRAR (Signature) ANGELICA RAMIREZ SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 11, 2019		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) Lung Cancer With Metastasis DUE TO, OR AS A CONSEQUENCE OF. (b) _____ DUE TO, OR AS A CONSEQUENCE OF (c) _____ DUE TO, OR AS A CONSEQUENCE OF (d) _____				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				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

VR5-Rev-20120523a



CERTIFIED COPY OF VITAL RECORDS

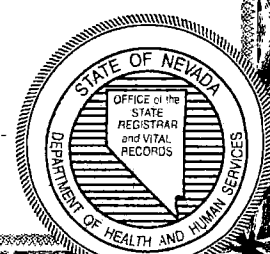
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

MAR 15 2019

Julie Katcheva
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