

APN# 1320-33-716-026



00106213202009418410040044

Recording Requested by/Mail to:

Name: Margaret L. Pitcher

Address: 1359 Petar Dr.

City/State/Zip: Gardnerville, NV 89410

KAREN ELLISON, RECORDER

Mail Tax Statements to:

Name: Same

Address: _____

City/State/Zip: _____

Affidavit of Death

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)

Margaret L. Pitcher
Signature

Margaret L. Pitcher
Printed Name

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

Affidavit of Death

STATE OF Nevada
COUNTY OF Douglas

I, Pitcher, Margaret L., residing at 1359 Petas Dr., Gardnerville, NV 89410, being of legal age, depose and say that:

That Hastings A., Pitcher,

_____ died on July 30, 2007 as evidence by a certified copy of that Certificate of Death, attached hereto;

That I am the successor to the estate of the descendant and to the descendants interest in funds held by various institutions and no other person has a superior right to the interest of the decedents in the described property;

That no proceeding is being or has been conducted in Nevada for administration of the descendant's estate.

Oath of Affirmation:

I certify under penalty of perjury under Nevada law that I know the contents of this Affidavit signed by me and that the statements are true and correct.

Margaret L. Pitcher
Margaret L. Pitcher
2-6-2020 Date

STATE OF Nevada, COUNTY OF Douglas, ss:

[Signature]
Notary Public
Notary Public
Title (and Rank)



My commission expires June 8, 2020

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

CERTIFICATE OF DEATH

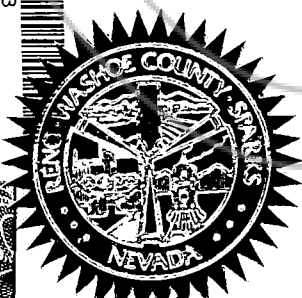
2007004910

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME FIRST Hastings			1b. MIDDLE A			1c. LAST PITCHER			2. DATE OF DEATH (Mo/Day/Year) July 30, 2007			3a. COUNTY OF DEATH Washoe		
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno			3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) Berryman Rehabilitation Center			3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient			4. SEX Male					
DECEDENT	5. RACE - (e.g., White, Black, American Indian) (Specify) White		6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. No Non-hispanic		7a. AGE-Last birthday (Years) 80		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		7d. UNDER 1 DAY MIN		8. DATE OF BIRTH (Mo/Day/Yr) November 15, 1926		
	9a. STATE OF BIRTH (If not U.S.A., name country) Michigan			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Margaret STURGEON			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER ██████████-1849			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Owner / Operator				14b. KIND OF BUSINESS OR INDUSTRY Wine And Beer Distribution							
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville			15d. STREET AND NUMBER 1359 Petar Road			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes				
PARENTS	16. FATHER - NAME (First Middle Last Suffix) Frank PITCHER						17. MOTHER - NAME (First Middle Last Suffix) Estella HASTINGS								
	18a. INFORMANT-NAME (Type or Print) Margaret PITCHER				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1359 Petar Road Gardnerville, Nevada 89410										
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation				19b. CEMETERY OR CREMATORY - NAME Sierra Crematory				19c. LOCATION City or Town State Reno Nevada 89501						
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMMY DERMODY				20b. FUNERAL DIRECTOR LICENSE 09		20c. NAME AND ADDRESS OF FACILITY John Sparks Memorial Cremation 644 Pyramid Way Sparks NV 89431								
20c. NAME AND ADDRESS OF FACILITY															
TRADE CALL	TRADE CALL - NAME AND ADDRESS														
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) LAURENCE GEORGE GAY M.D.						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)								
CERTIFIER	21b. DATE SIGNED (Mo/Day/Yr) August 01, 2007			21c. HOUR OF DEATH 23:40			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH					
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr)			22e. PRONOUNCED DEAD AT (Hour)					
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Laurence George Gay M.D. PO Box 19936 Reno, NV 895110871						23b. LICENSE NUMBER 5152								
	24a. REGISTRAR (Signature) LAURA DANIELS				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 02, 2007				24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
CAUSE OF DEATH	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)														
	PART I (a) Cardiac arrest										Interval between onset and death Seconds				
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST	DUPLICATE (b) Aspiration pneumonia										Interval between onset and death Days				
	DUPLICATE (c) Hypertension, Dementia, Atrial fibrillation										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, Atrial fibrillation										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

526153



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

Deputy Registrar: _____

Date: **AUG 06 2007**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

VRS-Rev.

15'
Exhibit A

DOC # 0657100
10/06/2005 01:21 PM Deputy: KLJ
OFFICIAL RECORD
Requested By:
LOUISE PITCHER

RPTT:
APN: 1320-33-716-026

Douglas County - NV
Werner Christen - Recorder
Page: 1 OF 2 Fee: 15.00
BK-1005 PG- 2503 RPTT: # 3

MAIL TAX STATEMENT TO:

✓ Louise Pitcher
1359 Petar Lane
Gardnerville, NV 89410



GRANT DEED

For valuable consideration, receipt of which is hereby acknowledged, HASTING A. PITCHER and M. LOUISE PITCHER, husband and wife as joint tenants, do hereby Grant, Sell, Bargain and Convey to HASTING A. PITCHER and M. LOUISE PITCHER, husband and wife as tenants in common, all right, title and interest in the real property commonly known as 1359 Petar Lane, City of Gardnerville, County of Douglas, State of Nevada, and more particularly described as:

Lot 26, Block B, as set forth on Final Subdivision Map No. 1006-8 for Chichester Estates, Phase 8, filed in the office of the County Recorder of Douglas County, Nevada and recorded June 12, 2001 in Book 0601, Page 2589, as Document No. 516199.

Together with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

M. LOUISE PITCHER shall retain a life estate in and to the portion of said real property held by HASTINGS A. PITCHER.

Dated this 19 day of September, 2005.

M. Louise Pitcher, for herself and
as Guardian for Hastings A. Pitcher