

Assessor's Parcel Number: 1320-30-214-001

Recording Requested By:

Name: TSI TITLE AND ESCROW

Address: Box 7197

City/State/Zip STATELINE, NV. 89449

R.P.T.T.: Ø # ~~X~~ N/A Sma

REQUESTED BY
TSI TITLE & ESCROW
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2003 AUG 21 PM 3: 25

WERNER CHRISTEN
RECORDER

\$17⁰⁰ PAID Ka DEPUTY

AFFIDAVIT - DEATH OF TRUSTEE

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

C:\bc docs\Cover page for recording

0587357

BK0803PG11515

RECORDING REQUESTED BY:
Fidelity National Title Company

When Recorded Mail To:

Erin Pellegrino
1749 Westwood Dr.
minden NV 89423

Escrow No. 61214-LMR
Title Order No. 79300

SPACE ABOVE THIS LINE FOR RECORDER'S USE

APN: 1320-30-214-001

R.P.T.T. #8 - Exemption #8 AFFIDAVIT - DEATH OF TRUSTEE

A.P.N.: 1320-30-214-001

STATE OF Nevada

COUNTY OF Douglas

, being of legal age, and first duly sworn, deposes and says:

1. That John M. Sweeney and ^{ANNA}~~Anna~~ Mae Sweeney the decedent(s) mentioned in the attached certified copy of Certificate of Death is the same person(s) named as the Trustee in that certain Declaration of Trust dated 8/01/1995 executed by John Michael Sweeney and Anna Mae Sweeney, as Trustor(s).


2. At the time of the demise of the Decedent, the Decedent was the record owner, as Trustee, of Real Property commonly known as 850 Larchwood Way, Minden, NV 89423, which property is described in the deed which was signed by as Grantor(s) and recorded as Instrument No. of Official Records on . The property is situated in the County of Douglas, State of Nevada. The legal description of said property is as follows:

3. I, am the named Successor Trustee under the above referenced Trust, which was in effect at the time of the death of the Decedent mentioned in paragraph 1 above, and which is still in full force and effect and has not been revoked, amended or terminated, and I hereby consent to act as Successor Trustee.

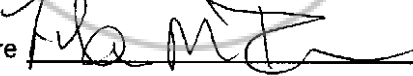
4. There is no Federal Estate Tax due as the result of death of the decedent mentioned in paragraph 1 above.

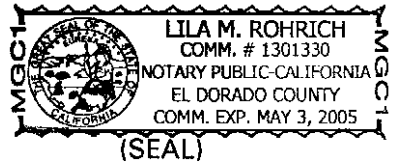
I declare under penalty of perjury, under the laws of the State of Nevada that the foregoing is true and correct.

Executed on 8/16-2003 at South Lake Tahoe, CA


Erin A. Pellegrino

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary in and for said State, this 16th day of August, 2003 WITNESS my hand and official seal.

Signature 



STATE OF NEVADA

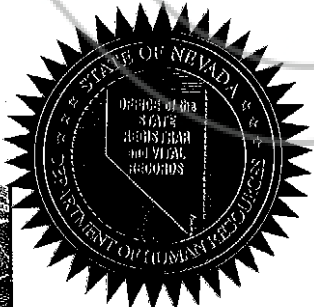
DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

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

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. John M. SWEENEY		2. January 30, 2003		3a. Douglas			
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)		SEX	
3b. Minden		3c. 850 Larchwood Way		3e. 6		4. Male	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6.		7a. 75		November 16, 1927	
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)	
9a. Illinois		9b. U.S.A.		10. 12		11. Widowed	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name)	
12. [REDACTED]-5291		14a. Owner/Operator		14b. Sheet Metal Fabrication		12.	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Illinois		15b. Douglas		15c. Minden		15d. 850 Larchwood Way	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last					
16. William Sweeney		17. Julia Parker					
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Erin Pellegrino		18b. 1749 Westwood Drive, Minden, NV 89423					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Cremation		19b. Walton's Sierra Crematory		19c. Carson City, NV			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. [Signature]		20b. 9		20c. Walton's Douglas County Mortuary 1478 4th St. Minden, Nevada 89423			
21a. To the best of my knowledge, death occurred on the time, date and place and due to the cause(s) stated. (Signature and Title)		21c. HOUR OF DEATH		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) and manner stated. (Signature and Title)			
21b. 1-30-03		21c. 0500		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22d. ON		22e. AT	
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		23a. Steven Brown, M.D. 925 Ironwood Drive, Minden, NV 89423		LICENSE NUMBER		23b. 7273	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. [Signature]		24b. January 31, 2003		24c. YES <input type="checkbox"/> NO <input type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						Interval between onset and death	
PART I (a) LUNG CANCER						6 weeks	
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(b)						Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(c)						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.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
		26. No		27. No			
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.			

No. 230943

STATE REGISTRAR



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

Date Issued: APR 23 2003 0587357

Sybil Sylvia
State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK0803PG11517

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

	LOCAL FILE NUMBER	STATE FILE NUMBER				
TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH		
	1. Anna Mae SWEENEY		2. January 3, 2001	3a. Douglas		
DECEDENT	CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	SEX	
	9b. Minden		3c. 850 Larchwood Way		3e. Female	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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.)
	5. White	6.	7a. 69	7b. :	7c. :	8. March 5, 1931
PARENTS	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. Indiana	9b. U.S.A.	10. 13	11. Married	12. John Sweeney	
DISPOSITION	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY		
	13. ████████-3157		14a. Owner/Operator	14b. Nursery		
CERTIFIER	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)	
	15a. Nevada	15b. Douglas	15c. Minden	15d. 850 Larchwood Way	15e. Yes	
CAUSE OF DEATH	FATHER—NAME First Middle Last	MOTHER—MAIDEN NAME First Middle Last		INFORMANT—NAME (Type or Print)		
	16. Michael Yothment	17. Wilma Takacs		18a. John Sweeney - Husband		
CAUSE OF DEATH	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		BURIAL, CREMATION, REMOVAL, OTHER (Specify)			
	18b. 850 Larchwood Way Minden, Nevada 89428		19a. Removal		19b. Holy Hope Cemetery	
CAUSE OF DEATH	LOCATION City or Town State		FUNERAL DIRECTOR SIGNATURE (Or Person Acting as Sych)			
	19c. Tucson, Arizona		20a. <i>[Signature]</i>			
CAUSE OF DEATH	FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
	20b. 16		20c. 1281 Roop Crason City, Nevada 89706			
CAUSE OF DEATH	21a. To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated.		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) and manner stated.			
	21b. <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 1/4/01		21c. 1855 HOUR OF DEATH		22b. <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.)	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type, or Print)		21e. PRONOUNCED DEAD (Mo., Day, Yr.)		22c. PRONOUNCED DEAD (Hour)	
	21d.		22d. ON		22e. AT	
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER			
	23a. Gary Abrams 85 Kierman Ave Suite 401 Reno NV 89502		23b. 3747			
CAUSE OF DEATH	REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE			
	24a. <i>[Signature]</i>	24b. Jan 5, 2001	24c. YES <input type="checkbox"/> NO <input type="checkbox"/>			
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a)/(b), AND (c).)		Interval between onset and death			
	PART I (a) Metastatic Breast Cancer		Interval between onset and death			
CAUSE OF DEATH	(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
	(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
CAUSE OF DEATH	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			
CAUSE OF DEATH	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
	28a.	28b.	28c.	28d.		
CAUSE OF DEATH	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.			

No. 176777

STATE REGISTRAR

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

Yvonne Sylva

Date Issued: 0587357 JAN 05 2001

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BR0803PG11518

