

16

DOC # 0650673
07/27/2005 04:47 PM Deputy: KLJ

OFFICIAL RECORD

Requested By:

GLYNDA COMER

Assessor's Parcel Number: 1420-34-710-010

Recording Requested By:

✓ Name: Glynda Comer

Address: 1123 E. Musser St

City/State/Zip O. e. No. 89781

Real Property Transfer Tax: _____

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0705 PG-13064 RPTT: 0.00



Affidavit of Death
(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

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA)

COUNTY OF DOUGLAS

THE UNDERSIGNED, GLYNDA SUE COMER, BEING OF LEGAL AGE, BEING DULY SWORN, DEPOSES AND SAYS:

1. That Ima Helen Ragland], the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Ima H Ragland named as the Trustee in that certain Declaration of Trust dated Nov. 15, 2004, executed by Ima Helen Ragland as Trustor(s).

2. At the time of demise of the decedent, the decedent was the record owner, as Trustee, of real property commonly known as 1153 Downs Dr. Minden, NV Douglas County, NV, which property is described in a Deed which was signed by Virginia Martinez as Grantor(s) and recorded as Instrument No. 204345 on June 16, 1989 of Official Records of Douglas County, State of Nevada.

The legal description of said property is as follows: **LOT 10, AS SHOWN ON THE MAP OF SIERRA VIEW SUBDIVISION FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JUNE 16, 1989, AS DOCUMENT NO 204345, OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA.**

PARCEL NO: 1420-34-710-010

3. I, Glynda Sue Comer am the 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Trust, which was in effect at the time of the death of the decedent mentioned in paragraph 1 above, and which has not been revoked, and I hereby consent to act as such.

4. There is no federal estate tax due as the result of the 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.

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 27th DAY OF July, 20 05

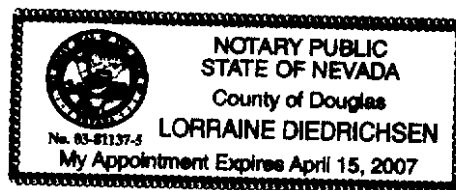
Lorraine Sudreben
Signature of Notary Public
Notary Public Commissioned for said County and State

State of Nevada
County of Douglas

Glynda Ragland Comer

Glynda Ragland Comer

(This area for official notarial seal)



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

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

ROLL 115 IMAGE 672

2420

STATE FILE NUMBER

DECEASED	1. DECEASED—NAME First: Ima Middle: Helen Last: RAGLAND			2. DATE OF DEATH (Month, Day, Year) September 12, 2004		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) Washoe Medical Center		3e. Inpatient Inpatient		
DECEASED	4. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7a. AGE—Last Birthday (Years) 77		8. DATE OF BIRTH (Mo., Day, Yr.) February 24, 1927	
	9a. STATE OF BIRTH (If not U.S.A., name country) Oklahoma		9b. CITIZEN OF WHAT COUNTRY U.S.A.		10. Decedent's Education. Specify highest grade completed: 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
PARENTS	13. SOCIAL SECURITY NUMBER 4270		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Co-Owner		14b. KIND OF BUSINESS OR INDUSTRY Dairy Supplies		12. SURVIVING SPOUSE (If wife, give maiden name)	
	15a. RESIDENCE—STATE Nevada		15b. COUNTY Carson		15c. CITY, TOWN, OR LOCATION Carson City		15d. STREET AND NUMBER 1123 E. Musser Street	
DISPOSITION	16. FATHER—NAME First: Lewis Middle: S. Last: Askew		17. MOTHER—MAIDEN NAME First: Kelcie Middle: E. Last: Emery		18a. INFORMANT—NAME (Type or Print) Sue Comer		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1123 E. Musser Street Carson City, NV 89701	
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		19b. CEMETERY OR CREMATORY—NAME Cherokee Memorial Park		19c. LOCATION Lodi, California		20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>		21b. DATE SIGNED (Mo., Day, Yr.) 9/16/04		21c. HOUR OF DEATH 9615		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) <i>[Signature]</i>	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) CONSTANCE HAROM WASHOE MED. CTR. RENO, NV 89502		21e. LICENSE NUMBER 10324		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
CAUSE OF DEATH	23a. REGISTRAR <i>[Signature]</i>		23b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) September 16, 2004		23c. DEATH DUE TO COMMUNICABLE DISEASE NO		24. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))	
	25. PART (a) ADRENAL CRISIS DUE TO, OR AS A CONSEQUENCE OF:		25. PART (b) ADRENAL CRISIS DUE TO, OR AS A CONSEQUENCE OF:		25. PART (c) ADRENAL CRISIS DUE TO, OR AS A CONSEQUENCE OF:		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) 28a.		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY		
28d. DESCRIBE HOW INJURY OCCURRED:		28e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28f. LOCATION		28g. STREET OR R.F.D. No. CITY OR TOWN STATE		

STATE REGISTRAR

No. 265988

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

Barbara Lee Hunt

Deputy Registrar:

Date: **SEP 30 2004**

WARNING: IT IS ILLEGAL

