

OFFICIAL RECORD

Requested By:

MARQUIS TITLE

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 4 Fee: 17.00
BK-0808 PG- 3052 RPTT: 0.00



Recording Requested By
Marquis Title & Escrow
WHEN RECORDED MAIL TO

Ralph Elmer Newcomb
797 Rojo Way
Gardnerville, NV 89460

Escrow No. 280171-SL

APN # 1220-20-001-030

AFFIDAVIT - DEATH OF TRUSTEE

A CERTIFIED COPY OF DEATH CERTIFICATE MUST BE ATTACHED TO THIS AFFIDAVIT

STATE OF NEVADA
COUNTY OF DOUGLAS

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RALPH ELMER NEWCOMB of legal age, being duly sworn, deposes and says:

That MARION GRACE NEWCOMB, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MARION GRACE NEWCOMB, named as the/one of the trustee(s) in that certain Grant, Bargain and Sale Deed, dated January 14, 1999, executed by RALPH ELMER NEWCOMB AND MARION GRACE NEWCOMB, husband and wife to RALPH ELMER NEWCOMB AND MARION GRACE NEWCOMB, as Trustee(s), of THE NEWCOMB TRUST, dated August 27, 1991 recorded on January 20, 1999 as instrument no. 0459098 book 0299 page 0419 of the official records of Douglas County, State of Nevada described as follows:

See "EXHIBIT A" attached hereto and made a part of.

Ralph Elmer Newcomb

RALPH ELMER NEWCOMB

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STATE Nevada

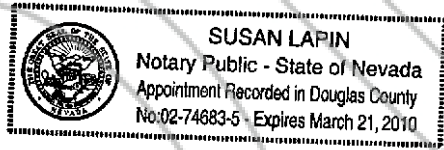
COUNTY Douglas

On August 14, 2008 before me, a Notary Public in and for said County and State, personally appeared RALPH ELMER NEWCOMB

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in the /her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.


Signature



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2008000821
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
SAVE RISE TO
IMMEDIATE
CAUSE
→
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Marion Grace NEWCOMB		2. DATE OF DEATH (Mo/Day/Year) January 17, 2008		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 797 Rojo Way		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify)	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 77		7b. UNDER 1 YEAR MOS -DAYS		7c. UNDER 1 DAY HOURS - MINS	
8. DATE OF BIRTH (Mo/Day/Yr) February 02, 1930		9a. STATE OF BIRTH (If not U.S.A., name country) California		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) Ralph NEWCOMB	
13. SOCIAL SECURITY NUMBER ██████████-8485		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life; Even if Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 797 Rojo Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? No	
16. FATHER - NAME (First Middle Last Suffix) William NEBEKER			17. MOTHER - NAME (First Middle Last Suffix) Mary E GARDNER		
18a. INFORMANT- NAME (Type or Print) Ralph NEWCOMB		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 797 Rojo Way 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) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitz Henry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
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) MIKE BIAGGINI SIGNATURE AUTHENTICATED		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)			
21b. DATE SIGNED (Mo/Day/Yr) January 22, 2008		21c. HOUR OF DEATH 23:51		22b. DATE SIGNED (Mo/Day/Yr) January 17, 2008	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 23:51			
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) Lieutenant Mike Biaggini, P.O. Box 218 Minden, NV 89423				23b. LICENSE NUMBER 141	
24a. REGISTRAR (Signature) SARAH KOERNER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 24, 2008		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				Interval between onset and death	
(a) Atherosclerotic Vascular Disease				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF Hypertension				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF Diabetes				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
PART II				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
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. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			
28f. INJURY AT WORK (Specify Yes or No)		28g. LOCATION STREET OR R.F.D. No.		CITY OR TOWN STATE	

STATE REGISTRAR



BK- 0808
PG- 3054

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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: 01/24/2008

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

PBNCO (Rev) 11/06

SIGNATURE AUTHENTICATED
STATE REGISTRAR

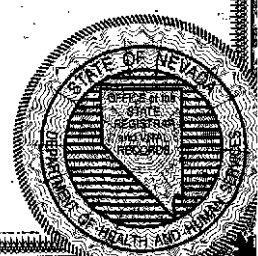
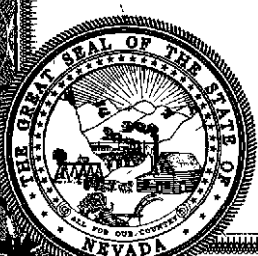


EXHIBIT "A"

Lot 2, Block B, as shown on the map of MARRON ESTATES, filed in the office of the County Recorder of Douglas County, State of Nevada, on September 9, 1980, in Book 980, Page 682, as Document No. 48330.

APN: 1220-20-001-030

