81

DOC # 0737662
02/13/2009 01:47 PM Deputy: PK
OFFICIAL RECORD
Requested By:
MARQUIS TITLE & ESCROW INC

Douglas County - NV Karen Ellison - Recorder

Page: 1 Of 5 Fee: BK-0209 PG-3187 RPTT:

18.00

A.P.N. 1220-10-701-006 Escrow No: 290014SL

WHEN RECORDED MAIL TO:
Marilyn Lee McKenzie
1968 NW 4th AVC
COMCO. WA 98607

AFFIDAVIT BY SUCCESSOR TRUSTEE

The undersigned, MARILYN LEE ASHURST aka MARILYN LEE (ASHURST) McKENZIE being first duly sworn, deposes and says:

That Affiant is the surviving Trustee of DONALD ODELL ASHURST and PHYLLIS ALVINA ASHUTRST, as Grantors and Co-Trustees under THE P & D FAMILY TRUST AGREEMENT, dated July 9, 1998 and that the Affiant and the said DONALD ODELL ASHURST and PHYLLIS ALVINA ASHURST deceased, are the Grantees in JOINT TENANCY under that certain Joint Tenancy Deed dated the 9th of July, 1998, under the terms of which DONALD O. ASHURST and PHYLLIS A. ASHURST, husband and wife, as Joint Tenants was Grantor to: DONALD ODELL ASHURST and PHYLLIS ALVINA ASHURST, as Grantors and Co-Trustees under the P & D FAMILY TRUST AGREEMENT dated July 9, 1998, upon the terms, covenants and provisions as set forth therein, said document recorded July 14, 1998, in Book 0798 at Page 2444 as Document No:0444320 of Official Records of Douglas County, Nevada.

Affecting all that certain piece of parcel of land situate in the County of Douglas, State of Nevada, as follows:

See "EXHIBIT A" attached here to and made a part of.

That the said DONALD ODELL ASHURST and PHYLLIS ALVINA ASHURST both of the Grantees in the Joint Tenancy Deed, died on the 2nd day of July, 2006 (Donald O'dell Ashurst) and on the 21st day of October, 2006 (Phyllis Alvina Ashurst) and is the identical persons named in that certain certified copy of Certificate of Death attached hereto as Exhibit "B & C" that the said certified copy of Death Certificate is hereby referred to and by such reference is incorporated into this paragraph as though herein fully set forth. That all interest in and to said real property, hereinabove described, vested absolutely in Affiant namely, MARILYN LEE ASHURST aka MARILYN LEE (ASHURST) McKENZIE, as of the date of decedent's death.

and ashlee mckenzie

Dated: February12, 2009

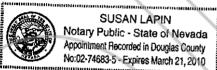
Marilyn Lee Ashurst

STATE OF NEVADA COUNTY OF DOUGHS

WITNESS my hand and official seal.

Signature \

NOTARX PUBLIC



PG- 3188 02/13/2009

EXHIBIT "A"

A portion of the Northeast ¼ of the Southeast ¼ of Section 10, Township 12 North, Range 20 East, M.D.B. & M., described as follows:

PARCEL 1

BEGINNING at a point at the Northeasterly corner of the parcel on the Westerly right-of-way line of U.S. Highway 395, said point being South 45°32' East, a distance of 200.00 feet from the Southeast corner of the Phil S. McAdam property as the same is described and recorded in Book Z, Page 463, Douglas County Records; said point being further described as bearing South 4°13'55" West, a distance of 3,623.26 feet from the section corner common to Sections 2, 3, 10 and 11, Township 12 North, Range 20 East;

Thence South 45°32' East along the said Westerly highway right-of-way line, a distance of 151.00 feet to a point;

Thence South 44°28' West, a distance of 130.00 feet to a point;

Thence North 45°32' West, a distance of 151.00 feet to a point;

Thence North 44°28' East, a distance of 130.00 feet to the POINT OF BEGINNING.

REFERENCE is made to Record of Survey, recorded February 8, 2005, in Book 0205, Page 2677, as Document No. 636248.

PARCEL 2

An easement for sewer lines as shown in Document recorded December 27, 2000, in Book 1200, Page 5525, as Document No. 505785.

APN: 1220-10-701-006

This description was previously recorded on November 8, 2005, in Book 1105, Page 3740, as Document No. 660229, Official Records of Douglas County, Nevada.

DF- 0209 PG- 3189 D737662 Page: 3 Of 5 02/13/2009

STAVED OF NEVADA

CERTIFICATION OF VITAL RECORD

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

	•	I	CENTIFICATE	OF DEATH	1 \				
	LOCAL FILE NUMBER				1	STATE FILE NUMBER			
TYPE R PRINT	DECEASED—NAME First	Middle	Last	DATE OF DE	ATH (Month, Day, Year)	COUNTY OF DEATH			
IN RMANENT	Donald	0.	ASHURST	ļ —· •	y 2, 2006	3a. Douglas			
ACK INK	CITY, TOWN OR LOCATION OF DEAT		HER INSTITUTION—Name (# not e wy 395 S.	ither, give street and numbe	Rm. Inpatient (Specify	A	1 .		
CEDENT			_ ·		3e.	4. Ma.			
	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White	specify Mexican, Cuban, Pt 6.	Origin? Specify ☐ yes 【 na If yes, lerio Rican, etc.		DAYS HOURS N				
IF DEATH	STATE OF BIRTH	CITIZEN OF WHAT CO		ecify highest MARAIED.	NEVER MARRIED,	SURVIVING SPOUSE (If wife, give ma			
CUPRED IN STITUTION HANDBOOK	(If not U.S.A., name country) 9a. Arizona	gb. U.S.A.	grade completed. 10. 12 years	(Specify)	DIVORCED Married	12 Phyllis A. Wi			
GARDING PLETION OF	SOCIAL SECURITY NUMBER	Working Life, Even if Re	(Give Kind of Work Done During Mo tired)	st of KIND OF	SUSINESS OR INDUSTRY				
ENCE ITEMS	13. RESIDENCE—STATE CO	UNTY SEE TOWING	r/Operator	14b.	Cable TV		_		
 		Douglas	CITY, TOWN, OR LOCATION	(H) (1841)	REET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No.) 15e, Yes			
	FATHER—NAME First	Middle	- 15	HER-MAIDEN NAME	Grist	Middle Last	7		
ENTS	16. Louis	William Park		/// Iva		Greer			
	INFORMANT—NAME (Type or Print)		MAILING ADDRESS		or R.F.D. No., City or Town,	• • • • • • • • • • • • • • • • • • • •			
	18a, Phyllis A. Ash BURIAL, CREMATION, REMOVAL, OTI		ERY OR CREMATORY—NAME	x 18/8, Gard	Inerville, NV	/ 89410 City or Town State			
	19a Cremation	14 Jr	FitzHenry's Cr	/	** 1	•			
SITION	FUNERAL DIFFESTOR—SIGNATURE (Or Parson Acting as Such)	19b.	AL DIRECTOR NAME AND ADD			on City, NV Carson Valley Fu	inoro.		
Į	(Or Person Acting as Such)	SICENS 20b.	E NUMBER 217 20c. Home,	1380Hwy 39		llle, NV 89410	mera.		
1									
	SO (Signature and Title)		W WON	入	Table 19	are decision of and married dialect.			
Ì	DATE SIGNED (Mo., Day, Y	HOUR OF	DEATH	DATE SIGNED		HOUR OF DEATH			
TIFIER	due to the bast of my knownedge due to the cause(s) safetd (Signature and Title) DATE SIGNED (Mo., Day, Y 21b, Table 1) MAME OF ATTENDING PLAN		0358			22c. /			
بسيس	5# X X X X X X X X X X X X X X X X X X X	SICIAN IF OTHER THAN CE	RTIFIER (Type or Print)	PRONOUNCE	DEAD (Mo., Day, Yr.)	PRONOUNCED DEAD (Hour)			
,				22d. ON:		22e. AT			
I	Ctonhon Un	THE ON TO	ENDING PHYSICIAN, MEDICAL EX	AMINER, OR CORONER). (Type or Print.)	LICENSE NUMBER			
	REGISTRAR	WICE, W.D.,	090 3rd St. #1	, South Lake	Tahoe, CA 9	6150 23b. 1107			
NTIONS ANY H GAVE	24a. (Signature)	Veum		14-6-2006	ay, Yr.) DEATH DUE TO CO	NO[X]			
ANY H GAVE E TO EDIATE	2007	ONLY ONE CAUSE PER LINE		19 01 200	, 24c. TES[.]	Interval between onset and descriptions	i eath		
USE NG THE RLYING	PART (a) L-VN	76 76.	EC			i			
E LAST	DUE TO, OR AS A CON	SEQUENCE OF:				• Interval between onset and d	leath		
4	(b)					•			
1	DUE TO, OR AS A CON	SEQUENCE OF:				• Interval between onset and d	leath		
SE OF	(c)		<u>/- </u>		,	•			
ATH .	PART OTHER SIGNIFICANT CONI	OFTIONS—Conditions contribut	ing to death but not resulting in the	underlying cause given in Pa	nt 1. AUTOPSY (Spe Yes or 26. 11.0	was case referred to No. Coroner (Specify Yes or No. 27. ILO	0)		
K	ACC., SUICIDE, HOM., UNDET., DATE OR PENDING INVEST.	E OF INJURY (Mo., Day, Yr.)	OUR OF INJURY DESCRI	BE HOW INJURY OCCURR		127	.		
1	OR PENDING INVEST. (Specify) 28a. 28b. 26c. M								
	INJURY AT WORK PLA (Specify Yes or No)	CE OF INJURY—At home, far building, etc. (farm, street, factory, office LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE						
Ų	28e. 28f.			28g.					
	/ /			`		a 3/11279			
		STATE 8	REGISTEND		iA	o. 3 <u>41</u> 378			

PG- 3190 02/13/2009 3190 0737662 Page: 4 Of 5

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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:

JUL - 6 2006

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STATE OF NEW

CERTIFICATION OF VITAL RECORD

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	/ 1	>~		· \	STATE FILE NUMBER
PE		DECEASED-NAME First	Middle	Last	DATE OF DEATH	(Month, Day, Year)	COUNTY OF DEATH
N ANENT	l	n Phyllis	Alvina	ASHURST	2.October	21, 2006	₃ Douglas
KINK	l	CITY, TOWN OR LOCATION OF DEAT	H HOSPITAL OR OTHE	R INSTITUTION—Name (If not eithe	er, give street and number)	If Hosp, or Inst. indicate DI Rm. Inpatient (Specify)	OA, OP/Emer. SEX :
DENT		3b. Gardnerville		Valley Medical (3e. ER	4.Female
· //-	İ	RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic On specify Mexican, Cuban, Puerl	gin? Specify ☐ yest 30no If yes, A no Rican, etc.	AGE—Last UNDER 1 Birthday (Years) MOS I		DATE OF BIRTH (Mo., Day, Yr.)
	ļ	5. White STATE OF BIRTH	6.		a.7,3. / 7b.	7c. :	8 August 12, 1933
EATH RRED IN	1	(If not U.S.A., name country)	CITIZEN OF WHAT COUN	Decedent's Education. Specification grade completed.	I WIDOWED, DIVO	ORCED 1	RVIVING SPOUSE (If wife, give maiden name)
ndion Ndejok		9a. Nevada Social Security Number	9b. U.S.A.	10 12.	(Specify) Wid		
FRONG ETION OF	İ		Working Life, Even if Retin			NESS OR INDUSTRY	
CE ITEMS		13. STATE COL	14a Homemal	CET TOWN, OR LOCATION		Wn Home	LINGUES OFFICIALITY
L			.4	State of the State		10.00	INSIDE CITY LIMITS (Specify Yes or No)
\	\geq	15a., Nevada 15b	Douglas Middle	150 Gardnerville		054 Hwy 395	
NTS					はないとくを結び 🖟	*	Bohman
	\setminus	16. WILLIAM INFORMANT-NAME (Type or Print)	1 The State of Marie V	Vilslef 17.	Alv1	In a	The state of the s
	-	18a Marilyn McKenz		· .			
	لر	BURIAL, CREMATION, REMOVAL, OTH	IER (Specify) CEMETER	NY OR CREMATORY—NAME	riace, Marki		ifornia 96120
		19a Cremation		alton's Sierra (Inomatory	19c Carson Ci	
ITION		FUNERAL DIRECTOR—SIGNATURE (Or Zerso) Acting as Such)	FUNERAL	DIRECTOR NAME AND ADDRE	The state of the s		County Mortuary
	\bigcup	20a. MAM	LICENSE		th St., Mind		
	>		e, death occurred at the time, dat				ation, in my opinion death occurred cause(e) and manner stated.
		21. To the best of my knowledge due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Y	Kan Id	2	at the time, dat		cause(e) and manner stated.
		DATE SIGNED (Mo., Day, Y	() HOUR OF DE	ATH 2	DATE CICHED AL		IR OF DEATH
		21b. 10-29	-O. Ca 21a 03	5:36 · · · · ·	DATE SIGNED (MO.	22c.	<i>'</i>
FIER		NAME OF ATTENDING PHY	SICIAN IF OTHER THAN CERT	IFIER (Type or Print)	PRONOUNCED DE	AD (Mo., Day, Yr.) PRO	NOUNCED DEAD (Hour)
		법 214.	The state of		22d, ON	220.	AT
		NAME AND ADDRESS OF	CERTIFIER (PHYSICIAN, ATTEN	DING PHYSICIAN, MEDICAL EXAM	1 2	1 3 1	LICENSE NUMBER
	\	232 Christie	Ellight MD	P.O. Box 21	08 Reno	W84505	23b. 050
ONS		REGISTRAR	in AND	DATE RECEIVED	BY REGISTRAR (Mo., Day, Y	(i) DEATH DUE TO COMM	MUNICABLE DISEASE
AVE TO	J	24a. (Signature)	w you	D) 240 NOW	her 4, 400	24c. YES NO	XXX
ATE SE THE		25. IMMEDIATE CAUSE CENTER	ONLY ONE CAUSE PER LINE P	- ()	5 0 61	ī	Interval between onset and death
YING LAST	1	DUE TO, OR AS A CON	COLLEGE OF	Pulmonar	1 SWOOLI	·	- Integral between and seed death
	/	1	SEQUENCE OF.		J/		Interval between onset and death
\rightarrow		DUE TO, OR AS A CON	SECUENCE OF:		<u> </u>		Interval between onset and death .
		(SEGUENCE OF A			*, *	e
E OF TH		PART OTHER SIGNIFICANT CONI	OFFICANS—Conditions contributing	to death but not resulting in the uno	lerlying cause given in Part 1.	AUTOPSY (Specify	WAS CASE REFERRED TO
		```				Yes or No)	CORONER (Specify Yes or No)
- \		ACC., SUICIDE, HOM., UNDET., DATE OR PENDING INVEST.	E OF INJURY (Mo., Day, Yr.) HOL	IR OF INJURY DESCRIBE	HOW INJURY OCCURRED	26. Yes	Yes Yes
	ķ.	OR PENDING INVEST. (Specify) 28a. 28b.	28c.	M 28d.			
	١	INJURY AT WORK PLA	CE OF INJURY-At home, farm.	street, factory, office LOCATION	. STREET OR R.	F.D. No. CITY C	OR TOWN STATE
[ /]		(Specify Yes or No) 28e. 28i.	building, etc. (Só	ecity) 28g.			,
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STATE REGISTRAR



STATE REGISTRAR

BK-0209 Page: 5 Of 5 02/13/2009

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