

16-
RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

Kathleen Schumacher

4405 Sharps Road
Reno, NV 89519

DOC # 0738170
02/20/2009 10:14 AM Deputy: GB
OFFICIAL RECORD
Requested By:
KATHLEEN SCHUMACHER

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0209 PG- 4829 RPTT: 0.00



SPACE ABOVE THIS LINE FOR RECORDER'S USE

APN 1220-21-510-189

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA)
) SS.
COUNTY OF CARSON CITY)

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

1. Shirley Jean Stagg is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person named as Trustee in that certain Declaration of Trust dated February 7, 1985, executed by Shirley J. Stagg as trustor(s).
2. At the time of decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on December 3, 1999, as Instrument No. 0481939, in Official Records of Douglas County, Nevada, describing the following real property:
Lot 287 as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 6, filed in the office of the County Recorder of Douglas County, State of Nevada on May 29, 1973, as Document No. 66512.
3. I am the surviving or successor Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Dated February 20, 2009

Kathleen Schumacher
Kathleen Schumacher

STATE OF NEVADA, COUNTY OF Carson City
Subscribed and sworn to (or affirmed) before me on this 20th day
of February, 2009, by Kathleen Schumacher
personally known to me or proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.

(seal)
Signature Carrie Lindquist

 CARRIE LINDQUIST
Notary Public - State of Nevada
Appointment Recorded in Carson City
No: 05-97818-3 - Expires June 24, 2009

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2008017197

STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETING
RESIDENCE
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF
DEATH

CONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Shirley Jean STAGG		2. DATE OF DEATH (Mo/Day/Year) November 10, 2008		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Carson Tahoe Regional Medical Center		3e. If Hosp. or inst. indicate DOA, OP/Emer. Rm. Inpatient/Specify) Emergency Room / Outpatient	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 85		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 02, 1923		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) Divorced		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER 6446		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Landlady		14b. KIND OF BUSINESS OR INDUSTRY Rentals	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY; TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 1409 Parkland Avenue		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
18. FATHER - NAME (First Middle Last Suffix) William STAGG			17. MOTHER - NAME (First Middle Last Suffix) Ethel MADDOX		
18a. INFORMANT- NAME (Type or Print) Lynne LLEWELLYN		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 2870 Scottsdale Road Reno, Nevada 89512			
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) TERESA HALL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 812		20c. NAME AND ADDRESS OF FACILITY Reno Memorial 253 E Arroyo St Reno NV 89502	
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) SIGNATURE AUTHENTICATED ANDREA WEED DO			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) November 18, 2008		21c. HOUR OF DEATH 09:22		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) ANDREA WEED DO, 1007 N Cury Street, Carson City, NV		23b. LICENSE NUMBER 120675	
24a. REGISTRAR (Signature) RANI REED SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 20, 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) Cardiopulmonary Arrest				Minutes	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Coronary Arterial Occlusive Disease				Months	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Rheumatoid Arthritis				Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
PART II				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



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BK- 0209
PG- 4831
02/20/2009

252480

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: **JAN 21 2009**

STATE REGISTRAR

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

PHNCO (Rev) 1/06

