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DOC # 0743429
05/19/2009 10:38 AM Deputy: GB
OFFICIAL RECORD
Requested By:
NORTHERN NEVADA TITLE CC

APN: 1320-29-213-002
ORDER NO.: 2090309WD/1090831

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 5 Fee: 18.00
BK-0509 PG- 4604 RPTT: 0.00



FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: Affidavit Death - Trustee

The undersigned hereby affirms that this document submitted for recording contains a Social Security number as required by law:

State Law: NRS 40.525 Sec. 5 - Death Certificates Attached to Affidavit Death of Joint Tenant
State Law: NRS 440.380 Sec. 1.(a) - Medical Certificate of Death; Contents

NORTHERN NEVADA TITLE COMPANY

Signed By: 

Print Name/Title: Wendy Dunbar

WHEN RECORDED MAIL TO:

Mary Wright
P.O. Box 362
Wellington, NV 89444

Apn: 1320-29-213-002
RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

Mary Katherine Mackedic Wright
P.O. Box 362
Wellington, NV 89444

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

Mary Katherine Mackedic Wright of legal age, being first duly sworn, deposes and says:

1A. Janice Parker Frost is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person named as Trustee of the Frost Family Trust dated September 1, 1983 and as Trustee of the 1997 Restatement of the Frost Family Trust Dated April 22, 1997, executed by Horace Calvert Frost and Janice Parker Frost as trustor(s).

1B. At the time of decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on March 9, 2004, as Instrument No. 606763, in Official Records of Douglas County, Nevada, describing the following real property:

2A. Horace Calvert Frost is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person named as Trustee of the Frost Family Trust dated September 1, 1983 and as Trustee of the 1997 Restatement of the Frost Family Trust Dated April 22, 1997, executed by Horace Calvert Frost and Janice Parker Frost as trustor(s).

2B. At the time of decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on March 9, 2004, as Instrument No. 606763, in Official Records of Douglas County, Nevada, describing the following real property:



Lot 57, in Block D, as shown on the Official Plat of WINHAVEN, UNIT NO. 2, PHASE A, a Planned Unit Development filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 14, 1990 in Book 990 at Page 1934 as Document No. 234654, Official Records.

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 May 16, 2009

Mary Katherine Mackedic Wright
Mary Katherine Mackedic Wright, Successor Trustee

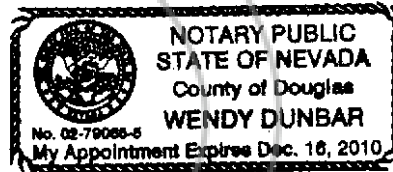
STATE OF NEVADA, COUNTY OF Douglas

Subscribed and sworn to (or affirmed) before me on this 18 day of May, 2009, by Mary Katherine Mackedic Wright 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

Wendy Dunbar



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2009001148

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
GAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Janice Parker FROST		2. DATE OF DEATH (Mo/Day/Year) January 17, 2009		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1084 Wisteria Drive		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Female	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 86	
9a. STATE OF BIRTH (If not U.S.A., name country) Texas		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)		8. DATE OF BIRTH (Mo/Day/Yr) May 04, 1922	
13. SOCIAL SECURITY NUMBER 6797		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) School Teacher		14b. KIND OF BUSINESS OR INDUSTRY Education	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1084 Wisteria Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		12. SURVIVING SPOUSE (if wife, give maiden name)	
16. FATHER - NAME (First Middle Last Suffix) Gus DuBose PARKER			17. MOTHER - NAME (First Middle Last Suffix) Katherine Mayes HOOKS		
18a. INFORMANT- NAME (Type or Print) Mary WRIGHT		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) P.O. Box 362 Wellington, Nevada 89444			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Masonic Memorial Gardens		19c. LOCATION City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) GERALD HITCHCOCK SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 614		20c. NAME AND ADDRESS OF FACILITY Freitas Ruppracht Funeral Home PO BOX 1271 Yerington NV 89447	
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 STEPHEN J HEWITT 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) January 22, 2009		21c. HOUR OF DEATH 14:40		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) Dr. Stephen J Hewitt DO 1090 3rd Street #1 South Lake Tahoe, CA 89449			
23b. LICENSE NUMBER 1107		24a. REGISTRAR (Signature) SUSIE DEVERE SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 30, 2009		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 (a) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Non Hodgkins Lymphoma DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) 				Interval between onset and death Minutes Interval between onset and death Years Interval between onset and death Interval between onset and death 	
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

Information Corrected, State Affidavit# 51086, 04/03/2009 - 15d



BK- 0509
PG- 4607

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265924

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.

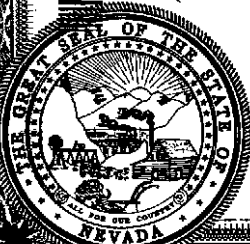
APR 06 2009

DATE ISSUED:

STATE REGISTRAR

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

PINCO (Rev) 11/06



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

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

2005 0003913

ROLL 117 IMAGE 636

LOCAL FILE NUMBER 798

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

CERTIFIER

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

CAUSE OF DEATH

1. DECEASED—NAME First Middle Last Horace Calvert FROST		DATE OF DEATH (Month, Day, Year) 2. March 9, 2005		COUNTY OF DEATH 3a. Washoe
3b. CITY, TOWN OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) Saint Mary's Regional Med. Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient
4. SEX Male		5. 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.
7. AGE—Last Birthday (Years) 7a. 80		8. UNDER 1 YEAR MOS : DAYS 7b. 80		9. UNDER 1 DAY HOURS : MINS 7c.
10. DATE OF BIRTH (Mo., Day, Yr.) July 23, 1924		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Janice Parker
13. SOCIAL SECURITY NUMBER -7935		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Administrator		14b. KIND OF BUSINESS OR INDUSTRY Education
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas	15c. CITY, TOWN, OR LOCATION Minden	15d. STREET AND NUMBER 1084 Wisteria Dr
15e. INSIDE CITY LIMITS (Specify Yes or No) YES		16. FATHER—NAME First Middle Last Arthur Williams Frost		
17. MOTHER—MAIDEN NAME First Middle Last Mary Koch Yocom			18. INFORMANT—NAME (Type or Print) Janice Frost	
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) PO Box 1444 Minden, Nevada 89423			19. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	
19b. CEMETERY OR CREMATORY—NAME Sierra Crematory		19c. LOCATION City or Town State Carson City		
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 614		20c. NAME AND ADDRESS OF FACILITY Freitas Ruprecht Funeral Home Yerington, Nevada 89447 10
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.) 3/12/05		21c. HOUR OF DEATH 1400
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) ALFRED MATTER MD		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>		22b. DATE SIGNED (Mo., Day, Yr.)
22c. PRONOUNCED DEAD (Mo., Day, Yr.)		22d. ON		22e. AT
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER): (Type or Print) James Hemy 8400-235 W 6th St Reno, NV 89503			23b. LICENSE NUMBER 999	
24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) March 17, 2005		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 (a) Respiratory failure		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death 2 days
PART I (b) inferior wall myocardial infarction and pneumonia		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death 1 day + 13 hrs
PART II (c) coronary artery disease		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		Interval between onset and death
26. 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		26. AUTOPSY (Specify Yes or No) NO		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) YES		28e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		
28f. LOCATION		28g. STREET OR R.F.D. No.		28h. CITY OR TOWN
28i. STATE		28j.		

STATE REGISTRAR

No. 284601

268544

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APR 22 2009

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