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OFFICIAL RECORD

Requested By:
BARBARA SMITH

APN: 1220-17-612-021

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 4 Fee: 17.00
BK-0709 PG- 1077 RPTT: 0.00



FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: AFFIDAVIT OF DEATH OF 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

Signed By:

Print Name/Title: Barbara Y. Smith

WHEN RECORDED MAIL TO:

Barbara Smith

✓ 1194 Kingston Way

Gardnerville, NV 89460



RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

Barbara Y. Smith
1194 Kingston Way
Gardnerville, NV 89460

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF Nevada
COUNTY OF Douglas

)SS.
)

Barbara Y. Smith who acquired title as Barbara Yvonne Orgill of legal age, being first duly sworn, deposes and says:

1. Richard John Orgill 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 April 6, 2000, executed by Richard John Orgill and Barbara Yvonne Orgill 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 February 11, 2003, as Instrument No. 0566838, in Official Records of Douglas County, Nevada, describing the following real property:

Lot 109, in Block A, as shown on the final map of PLEASANTVIEW PHASE 6, Final Subdivision Map No. 1009-6, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on April 25, 1997 in Book 497, Page 4062, as Document No. 411306.
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 July 7, 2009

Barbara Yvonne Smith

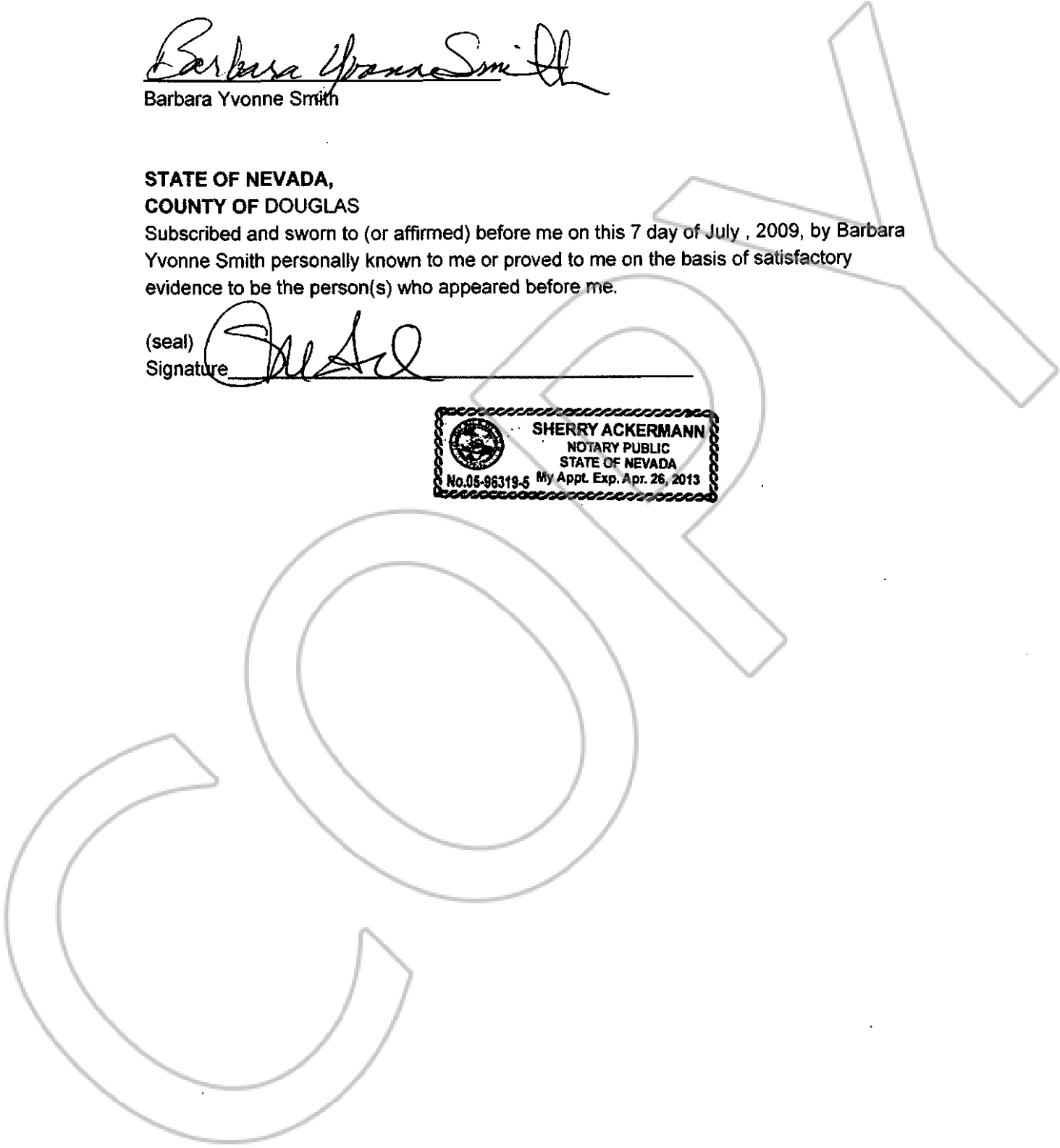
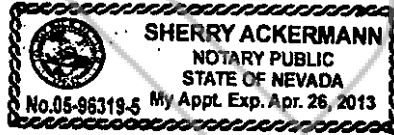
Barbara Yvonne Smith

**STATE OF NEVADA,
COUNTY OF DOUGLAS**

Subscribed and sworn to (or affirmed) before me on this 7 day of July , 2009, by Barbara Yvonne Smith 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

[Handwritten Signature]



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 110 IMAGE 743

LOCAL FILE NUMBER

1189

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

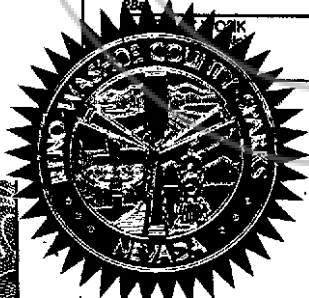
DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

DECEASED—NAME 1. Richard John ORGILL		DATE OF DEATH (Month, Day, Year) 2. April 25, 2003		COUNTY OF DEATH 3a. Washoe
CITY, TOWN OR LOCATION OF DEATH 3b. Reno		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Washoe Medical Center		SEX 4. Male
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 65	UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS. 7c. :
STATE OF BIRTH (If not U.S.A., name country) 8a. Utah	CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 12	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	DATE OF BIRTH (Mo., Day, Yr.) 8. March 17, 1938
SOCIAL SECURITY NUMBER 13. 0375	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Police Officer	KIND OF BUSINESS OR INDUSTRY 14b. National Lab		
RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Gardnerville	STREET AND NUMBER 15d. Kingston Way 1194	INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes
FATHER—NAME 16. John Edward Orgill		MOTHER—MAIDEN NAME 17. Susie K. Nance		
INFORMANT—NAME (Type or Print) 18a. Bonnie Y. Orgill		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1195 Kingston Way, Gardnerville, Nevada 89460		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—NAME 19b. Eastside Memorial Park		LOCATION City or Town State 19c. Minden, Nevada
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 217	NAME AND ADDRESS OF FACILITY 20c. FitzHenry's Funeral Home 833 N. Edmonds Drive, Carson City, NV 89701	
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> DATE SIGNED (Mo., Day, Yr.) 21b. 4.30.03		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> DATE SIGNED (Mo., Day, Yr.) 22b. 4.30.03		HOUR OF DEATH 21c. 1725 22c. 1725
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. Dr. Chapman 25 Pimple # 513 Reno NV		LICENSE NUMBER 23b. 5933		
REGISTRAR 24a. (Signature) <i>[Signature]</i> Dep.	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. May 1, 2003	DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death
PART 1	(a) CARDIOGENIC SHOCK DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death
PART 2	(b) ATHEROSCLEROTIC CORONARY HEART DISEASE DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death
PART 3	(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. PULMONARY EMBOLISM			Interval between onset and death
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 25a.	DATE OF INJURY (Mo., Day, Yr.) 26b.	HOUR OF INJURY 26c.	DESCRIBE HOW INJURY OCCURRED 26d.	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f.	LOCATION. 26g.	STREET OR R.F.D. No.	CITY OR TOWN	STATE



STATE REGISTRAR

No.230112

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

Deputy Registrar: Barbara Lee Hunt Date: MAY 16 2003

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT