

Apn: 1220-15-110-052 &
1220-15-110-054
RECORDING REQUESTED BY:

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0709 PG-1705 RPTT: 0.00



AND WHEN RECORDED MAIL TO:

✓ Brian Fahey
1003 Dresslerville Rd.
Gardnerville, NV 89460

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

Brian Fahey of legal age, being first duly sworn, deposes and says:

1. Geraldine Marie Fahey 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 January 15, 2003, executed by Brian Fahey and Geraldine M. Fahey 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 March 14, 2003, as Instrument No. 0569908, in Official Records of Douglas County, Nevada, describing the following real property:

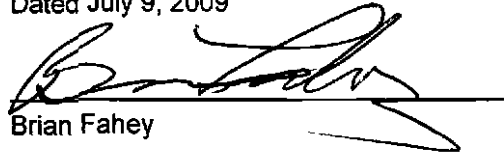
Lot 64, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 2, filed in the office of the County Recorder of Douglas County, Nevada, on June 1, 1965, in Book 11, Page 586, as Document No. 28377.

And

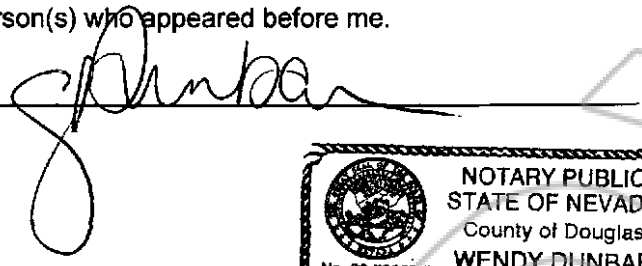
Lot 66, as shown on the Map of GARDNERVILLE RANCHOS UNIT NO. 2, filed in the office of the County Recorder of Douglas County, Nevada on June 1, 1965, in Book 11, Page 586 as Document No. 28377.

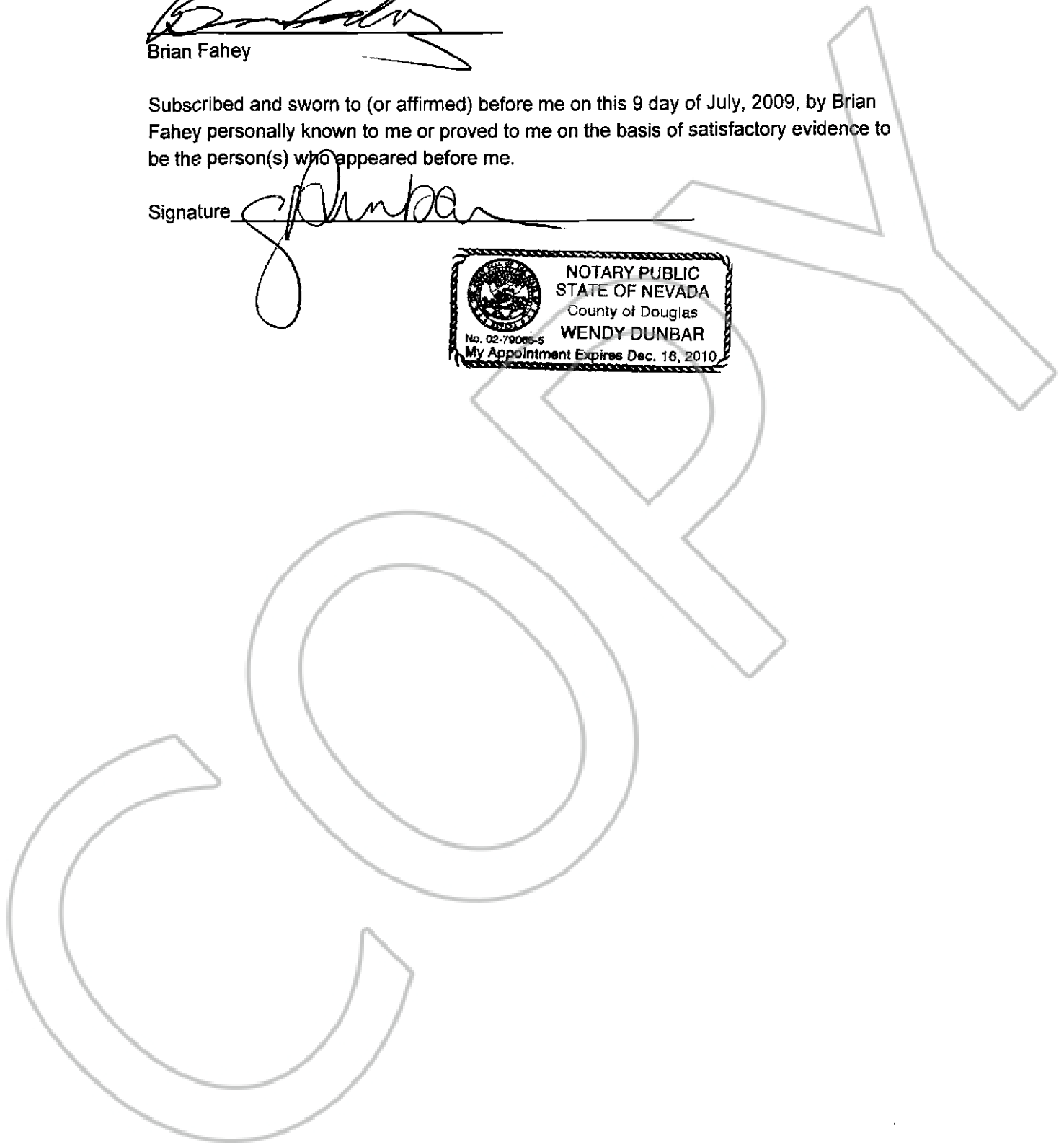
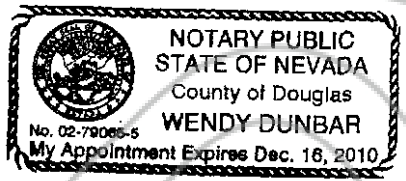
3. I am the surviving or successor Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Dated July 9, 2009


Brian Fahey

Subscribed and sworn to (or affirmed) before me on this 9 day of July, 2009, by Brian Fahey personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature 



STATE OF NEVADA

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

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

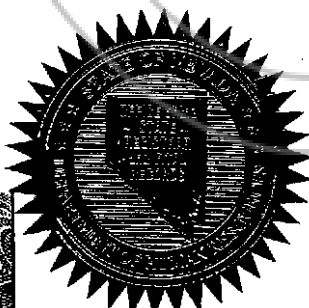
DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER					
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH				
1. Geraldine Marie FAHEY		2. August 6, 2003	3a. Douglas				
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)				
3b. Gardnerville		3c. 981 Mitch Dr.	3e. Female				
RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)		
5. White	6. <input checked="" type="checkbox"/>	7a. 61	7b. :	7c. :	8. March 23, 1942		
STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)			
9a. California	9b. USA	10. 16	11. Married	12. Brian D. Fahey			
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	914	KIND OF BUSINESS OR INDUSTRY	14b. At Home			
13. -1738	14a. Homemaker						
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)			
15a. Nevada	15b. Douglas	15c. Gardnerville	15d. 981 Mitch Dr.	15e. Yes			
FATHER—NAME First Middle Last	MOTHER—MAIDEN NAME First Middle Last						
16. Gerald Bosch	17. Joan Borio						
INFORMANT—NAME (Type or Print)		MAILING ADDRESS—(Street or R.F.D. No., City or Town, State, Zip)					
18a. Brian D. Fahey		18b. 981 Mitch Dr., Gardnerville, Nevada 89460					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	LOCATION City or Town State				
19a. Cremation		19b. Walton's Sierra Crematory	19c. Carson City, Nevada				
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY				
20a. Jimmy Burns		20b. 9	20c. 1478 4th Street, Minden, Nevada 89423 53				
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)		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)					
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. 08/13/03		21c. 2330		22b. 08/13/03		22c. 2330	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. ON August 6, 2003		22e. AT 2330			
21d. GREG HUBBARD		NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER			
23a. GREG HUBBARD POB 218 MINDEN, NV 89423		23b. 262					
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE					
24a. (Signature) Greg Hubbard	24b. August 13, 2003	24c. 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) Hypertensive Arteriosclerotic Heart Disease	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
	(b) prior Myocardial Infarction	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
	(c)			Interval between onset and death			
PART II	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	27. WAS CASE REFERRED TO CORONER (Specify Yes or No)			
			26. No	27. Yes			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED				
28a. Natural	28b. :	28c. M	28d. :				
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN	STATE		
28e. :	28f. :	28g. :					



STATE REGISTRAR



BK- 0709
PG- 1707

0746759 Page: 3 Of 3 07/09/2009

No. 244015

Syonna Sylva

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

Date Issued: **AUG 14 2003**

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT