

DOC # 762732
04/28/2010 03:28PM Deputy: SG
OFFICIAL RECORD
Requested By:
NORTHERN NEVADA TITLE CC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: 17.00
BK-410 PG-5322 RPTT: 0.00

APN: 1220-21-810-025
ORDER NO.: 2090958-wd/1093143



FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: Affidavit 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

NORTHERN NEVADA TITLE COMPANY

Signed By:

A handwritten signature in black ink, appearing to read 'Wendy Dunbar', written over a horizontal line.

Print Name/Title: Wendy Dunbar

WHEN RECORDED MAIL TO:

Mr. Meyers

648 JOETTE DRIVE

GARDNERVILLE, NV 89460



RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

Mr. Meyers

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF *Nevada*)
COUNTY OF *Douglas*)) SS.

Anthony Wayne Meyers of legal age, being first duly sworn, deposes and says:

1. Gloria Barbara Meyers 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 May 10, 1994, executed by Anthony Wayne Meyers and Gloria Barbara Meyers 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 August 29, 2005, as Instrument No. 653575, in Official Records of Douglas County, Nevada, describing the following real property:
Lot 98, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed in the office of the County Recorder of Douglas County, State of Nevada, on March 27, 1974 in Book 374, Page 676 as Document No. 72456.
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 April 16, 2010

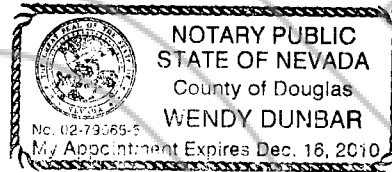


Anthony Wayne Meyers
Anthony Wayne Meyers

STATE OF Nevada
COUNTY OF Douglas

Subscribed and sworn to (or affirmed) before me on this 21st day
of April, ~~2009~~²⁰¹⁰, by Anthony Wayne Meyers
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

2008007346
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Gloria Barbara MEYERS		2. DATE OF DEATH (Mo/Day/Year) May 10, 2008		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 648 Joette Drive		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. (Inpatient)(Specify)	
DECEDENT	4. SEX Female		5. RACE: White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 79		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) July 30, 1928		9a. STATE OF BIRTH (If not U.S.A., name country) Pennsylvania		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Anthony Wayne MEYERS	
PARENTS	13. SOCIAL SECURITY NUMBER 5192		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Administrative Assistant		14b. KIND OF BUSINESS OR INDUSTRY Architect	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 648 Joette Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Joseph TAVOLACCI	
	17. MOTHER - NAME (First Middle Last Suffix) Edith SIDGE		18a. INFORMANT- NAME (Type or Print) Anthony W MEYERS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 648 Joette Drive, Gardnerville, Nevada 89460	
TRADE CALL	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 (Of Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1576 N Combs Ln Carson City NV 89701	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) STEPHEN HEWITT DO SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) May 12, 2008		21c. HOUR OF DEATH 18:43	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. On the basis of examination and investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	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 Hewitt DO 1090 3rd Street #1, South Lake Tahoe, CA 89449		23b. LICENSE NUMBER NV 1107		24a. REGISTRAR (Signature) CRISTINA GRIFFITH SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 13, 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).)	
	26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		PART I (a) Ovarian cancer DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d)	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	28a. ACC., SUICIDE, HOMICIDE, 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		28h. STREET OR R.F.D. No.		28i. CITY OR TOWN		
28j. STATE		STATE REGISTRAR				

STATE REGISTRAR



BK-410
PG-5325

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VRS-Rev-2008T

211906

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: **MAY 13 2008**

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

PHNCO (REV) 11/06

Rid White
STATE REGISTRAR

