

OFFICIAL RECORD  
Requested By:  
RACHELLE J NICOLLE

APN: 1219-03-001-020

**RECORDING REQUESTED BY:**

✓ Rachelle J. Nicolle  
Attorney at Law  
1662 Highway 395, Suite 214  
Minden, NV 89423

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 3 Fee: 16.00  
BK-0610 PG-4359 RPTT: 0.00



**AFTER RECORDING MAIL THIS DEED  
& TAX STATEMENTS TO:**

Diane J. Moore, Trustee  
P.O. Box 2217  
Minden, NV 89423

I, the undersigned, hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law. [Per NRS 440.380(1)(a) and 40.525(5)]

**AFFIDAVIT of Death of Original Co-Trustee and  
Continued Service of Sole Remaining Co-Trustee**

DIANE J. MOORE, being of legal age, being first duly sworn, deposes and says:

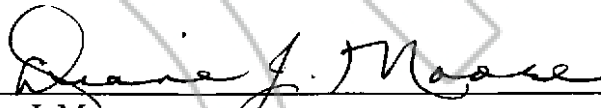
1. This Affidavit of Death refers to the MOORE FAMILY TRUST U/D/T 09/05/1998, (the "Trust") under a revocable trust agreement executed by TIMOTHY O. MOORE and DIANE J. MOORE as the Grantors.
2. The original Grantors and Trustees of the Trust were TIMOTHY O. MOORE and DIANE J. MOORE.
3. In accordance with the terms of the Trust, I, DIANE J. MOORE, am empowered to act as Sole Trustee for the Trust after the death of TIMOTHY O. MOORE. I hereby affirm my incumbency as sole surviving Co-Trustee, and declare my intention to act as the remaining sole Trustee of the MOORE FAMILY TRUST U/D/T 09/05/1998.
4. I declare and affirm that TIMOTHY O. MOORE, also known as Timothy Owen Moore, died on June 26, 2008. I also hereby declare and affirm that the decedent cited in the attached certified copy of Certificate of Death, is the same person as TIMOTHY O. MOORE, Trustee of the MOORE FAMILY TRUST U/D/T 09/05/1998.
5. TIMOTHY O. MOORE is the named Trustee and Grantee in that certain Grant Deed, granting to TIMOTHY O. MOORE, Trustee, and subsequent Trustees of the MOORE FAMILY TRUST U/D/T 09/05/1998, all right, title and interest in the following identified real property:

APN: ..... 1219-03-001-020 (Old APN: 19-362-01)

Commonly Known As: .... 274 Beverly Way, Gardnerville, NV 89460

Recorded On: .....April 10, 2001  
As Document Number: ....0511984  
In Book: .....0401  
On Page: .....2021-2022  
Official Records of: .....Douglas County, Nevada  
Legal Description: .....Lot 19, as shown on the Map of FOOTHILL ACRES,  
recorded December 6, 1977, as Document No. 15619,  
Official Records of Douglas County, State of Nevada

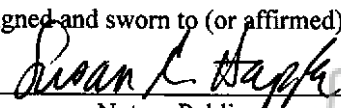
- 6. The assets held under this Trust are to be held under the following title:  
DIANE J. MOORE, TRUSTEE  
MOORE FAMILY TRUST U/D/T 09/05/1998
- 7. The MOORE FAMILY TRUST U/D/T 09/05/1998 has not been revoked and there have been no amendments limiting the powers of the Trustee(s) over Trust property.
- 8. I hereby declare, as Sole Trustee, that I have all Trustee powers, to sell, encumber, retain, or otherwise manage all property belonging to the MOORE FAMILY TRUST U/D/T 09/05/1998, including, but not limited to, the above-described real property, including any portion thereof.
- 9. I make this affirmation under penalty of perjury on 6/16/10.

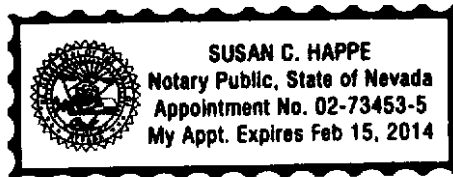
  
\_\_\_\_\_  
Diane J. Moore,  
Successor and Current Trustee  
MOORE FAMILY TRUST U/D/T 09/05/1998

JURAT

State of Nevada )  
County of Douglas )

Signed and sworn to (or affirmed) before me on June 16, 2010, by DIANE J. MOORE.

  
\_\_\_\_\_  
Notary Public



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT

VITAL RECORDS AND REGISTRATION

645 SOUTH BASCOM AVENUE, SAN JOSE, CALIFORNIA 95128

CERTIFICATE OF DEATH

3200843004980

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY! NO ERASURES, WHITEOUTS OR ALTERATIONS VS-10002-004		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
TIMOTHY		OWEN		MOORE	
4. DATE OF BIRTH mm/dd/yyyy					
5. AGE Yrs.		6. AGE Mths.		7. AGE Ds.	
07/12/1943		64		M	
8. BIRTH STATE/FOREIGN COUNTRY					
CA					
9. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at time of death)	
-0016		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		MARRIED	
13. EDUCATION - Highest Level Degree (see worksheet on back)		14. WAS DECEDENT HISPANIC/LATINO(A)? (SPANISH? If yes, see worksheet on back)		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
MASTER'S		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED				18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.)	
BANKER				BANKING	
19. YEARS IN OCCUPATION					
38					
20. DECEDENT'S RESIDENCE (Street and number or location)					
274 BEVERLY WAY					
21. CITY					
GARDNERVILLE					
22. COUNTY/PROVINCE		23. ZIP CODE		24. YEARS IN COUNTY	
DOUGLAS		89410		4	
25. STATE/FOREIGN COUNTRY					
NV					
26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		
DIANE J. MOORE, WIFE			PO BOX 2217, MINDEN, NV 89423		
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (Maiden Name)	
DIANE		JEAN		EHRlich	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
ROBERT		DENIS		MOORE SR.	
34. NAME OF MOTHER - FIRST		35. MIDDLE		36. LAST (Maiden)	
MARY		FAUN		OWEN	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION - RESIDENCE OF DIANE J. MOORE			
07/02/2008		274 BEVERLY WAY, GARDNERVILLE, NV 89410			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
CREMATION/TRANSIT/RESIDENCE		NOT EMBALMED			
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
TRADITIONCARE FUNERAL SERVICES		FD1649		MARTIN D FENSTERSHEIB, MD	
47. DATE mm/dd/yyyy		48. DATE mm/dd/yyyy			
07/02/2008		07/02/2008			
101. PLACE OF DEATH		102. IS HOSPITAL? SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
STANFORD HOSPITAL		<input checked="" type="checkbox"/> P <input type="checkbox"/> BRANCH <input type="checkbox"/> DOA <input type="checkbox"/> Hospice		<input type="checkbox"/> Nursing Home <input type="checkbox"/> Home <input type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
SANTA CLARA		300 PASTEUR DRIVE		STANFORD	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?		109. DEATH REPORTED TO CORONER?	
ACUTE HEART TRANSPLANT REJECTION		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. COMPLICATION OF CARDIAC TRANSPLANTATION		111. YRS.		112. AUTOPSY PERFORMED?	
CHRONIC CONGESTIVE HEART FAILURE		YRS.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		114. USED IN DETERMINING CAUSE?		115. USED IN DETERMINING CAUSE?	
NONE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
116. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation and date.		117. IF FEMALE, PREGNANT IN LAST YEAR?			
02/25/2007 - CARDIAC TRANSPLANTATION		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
118. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		119. SIGNATURE AND TITLE OF CERTIFIER		120. LICENSE NUMBER	
Decedent Attended Since: 06/18/2008 Decedent Last Seen Alive: 06/26/2008		ROBERTO FELIX M.D.		A101179	
121. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		122. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		123. DATE mm/dd/yyyy	
MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		JOHN S SCHROEDER M.D. 300 PASTEUR DRIVE CBRB 293, STANFORD, CA 94305		06/30/2008	
124. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		125. INJURED AT WORK?		126. INJURY DATE mm/dd/yyyy	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
127. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
128. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
129. SIGNATURE OF CORONER / DEPUTY CORONER					
130. DATE mm/dd/yyyy		131. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR		FAX AUTH. #		CENSUS TRACT	
A B C D E		012009000848734			

BK- 0610  
PG- 4361  
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0765763  
06/22/2010

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF SANTA CLARA } SS

DATE ISSUED  
By JUL 11 2008

\*H2270770\*

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

Martin D. Fenstersheib MD  
MARTIN D. FENSTERSHEIB  
HEALTH OFFICER AND LOCAL REGISTRAR  
OF BIRTHS AND DEATHS

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

