

DOC # 770972
09/23/2010 09:46AM Deputy: GB
OFFICIAL RECORD
Requested By:
NORTHERN NEVADA TITLE CC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: 17.00
BK-910 PG-4693 RPTT: 0.00

APN: 1420-08-210-044
ORDER NO.: DO-1094732-LI



FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: AFFIDAVIT - DEATH OF TRUSTEE - SUCCESSION OF SUCCESSOR 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: Tamara Waller/Title Officer

WHEN RECORDED MAIL TO:

Diane J. Moore
990 Sunnycrest Drive
Carson City, NV 89705



APN: 1420-08-210-044
RECORDING REQUESTED BY
Northern Nevada Title Company
307 W Winnie Lane, Suite 1
Carson City, NV 89703

AND WHEN RECORDED MAIL TO

DIANE J. MOORE
910 SUNNYCREST DRIVE
CARSON CITY, NV 89705

THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT - DEATH OF TRUSTEE - SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada
County of Carson City

Diane J. Moore, of legal age, being duly sworn, deposes and says:

1. That Timothy O. Moore, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Timothy O. Moore named as the/one of the trustee(s) in that certain Grant, Bargain, Sale Deed dated April 5, 2001 executed by Timothy O. Moore and Diane J. Moore, husband and wife to Timothy O. Moore and Diane J. Moore as Trustee(s), recorded as April 10, 2001 in Book 0401, Page 2018, Document #511982 of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Carson City, County of Douglas, State of Nevada.

All that certain real property situated in the County of Douglas, State of Nevada, described as follows:

Lot 21 in Block G, of the FINAL MAP OF SUNRIDGE HEIGHTS, PHASE 3, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on June 1, 1994, in Book 694, Page 1 as Document No. 338607.

2. That I am Diane J. Moore, named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee(s) of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all person hereafter acquiring an interest in or dealing with the Property.

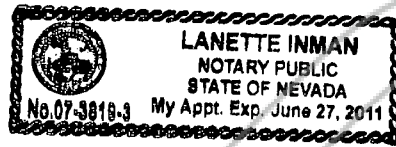
Dated: September 15, 2010



Diane J. Moore
Diane J. Moore

SUBSCRIBED AND SWORN to before me, the undersigned Notary Public
in and for said County and State this 15th day of Sept 2010

[Signature]



COPY

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

3200843004960

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 1/04)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given) TIMOTHY		2. MIDDLE OWEN		3. LAST (Family) MOORE	
AKA, ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)					
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 0016		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION — Highest Level/Degrees (See worksheet on back) MASTER'S		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS (at Time of Death) MARRIED	
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED BANKER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) BANKING		7. DATE OF DEATH mm/dd/yyyy 06/26/2008	
20. DECEDENT'S RESIDENCE (Street and number or location) 274 BEVERLY WAY		19. YEARS IN OCCUPATION 38		8. HOUR (24 Hours) 2005	
21. CITY GARDNERVILLE		22. COUNTY/PROVINCE DOUGLAS		23. ZIP CODE 89410	
26. INFORMANT'S NAME, RELATIONSHIP DIANE J. MOORE, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) PO BOX 2217, MINDEN, NV 89423			
28. NAME OF SURVIVING SPOUSE — FIRST DIANE		29. MIDDLE JEAN		30. LAST (Maiden Name) EHRlich	
31. NAME OF FATHER — FIRST ROBERT		32. MIDDLE DENIS		33. LAST MOORE SR.	
36. NAME OF MOTHER — FIRST MARY		35. MIDDLE FAUN		37. LAST (Maiden) OWEN	
38. DISPOSITION DATE mm/dd/yyyy 07/02/2008		40. PLACE OF FINAL DISPOSITION RESIDENCE OF DIANE J. MOORE 274 BEVERLY WAY, GARDNERVILLE, NV 89410			
41. TYPE OF DISPOSITION(S) CREMATION/TRANSIT/RESIDENCE		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT TRADITIONCARE FUNERAL SERVICES		45. LICENSE NUMBER FD1649		46. SIGNATURE OF LOCAL REGISTRAR MARTIN D FENSTERSHEIB, MD	
47. DATE mm/dd/yyyy 07/02/2008					
101. PLACE OF DEATH STANFORD HOSPITAL		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
104. COUNTY SANTA CLARA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 300 PASTEUR DRIVE		106. CITY STANFORD	
107. CAUSE OF DEATH Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator fibrillation without showing the etiology. DO NOT ABBREVIATE. ACUTE HEART TRANSPLANT REJECTION COMPLICATION OF CARDIAC TRANSPLANTATION CHRONIC CONGESTIVE HEART FAILURE		108. TIME INTERVAL BETWEEN ONSET AND DEATH DAYS		109. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		112. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		113. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) 02/25/2007 - CARDIAC TRANSPLANTATION			
115. SIGNATURE AND TITLE OF CERTIFIER ROBERTO FELIX M.D.		116. LICENSE NUMBER A101179		117. DATE mm/dd/yyyy 06/30/2008	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JOHN S SCHROEDER M.D. 300 PASTEUR DRIVE CBRB 293, STANFORD, CA 94305		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED: 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			
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH. #	
CENSUS TRACT		"012008000848734"			

BK-910
PG-4696
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CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA } SS DATE ISSUED **JUL 11 2008**
COUNTY OF SANTA CLARA } By

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.

* H 2 2 7 0 7 8 0 *

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.

