

APN: 1420-08-414-011
ORDER NO.: DO-1095448-TA

DOC # 777821
01/31/2011 09:19AM Deputy: PK
OFFICIAL RECORD
Requested By:
NORTHERN NEVADA TITLE CC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: 17.00
BK-111 PG-6657 RPTT: 0.00



FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: AFFIDAVIT - DEATH OF TRUSTEE - SUSSESSION 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: Tammy L. May, Title Officer

WHEN RECORDED MAIL TO:

Jean F. Barry, Trustee of the
Barry 1994 Trust, dated December 1, 1994
3449 Long Dr.
Minden, Nevada 89423



RECORDING REQUESTED BY

Northern Nevada Title Company
1483 US Highway 395 N # B
Gardnerville, NV 89410

**MAIL TAX STATEMENTS AND WHEN
RECORDED, MAIL TO**

Jean F. Barry, Trustee of the Barry 1994 Trust, dated
December 1, 1994

3449 Long Dr.
Minden, NV 89423

THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT - DEATH OF TRUSTEE - SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada
County of Douglas

Jean F. Barry, of legal age, being duly sworn, deposes and says:

1. That Robert E. Barry, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Robert E. Barry named as the/one of the trustee(s) in that certain Corporation Grant, Bargain, Sale Deed dated January 7, 2002 executed by Syncon Homes, a Nevada Corporation as Grantor, to Robert E. Barry and Jean F. Barry, Trustees of the Barry 1994 Trust, Grantee, dated December 1, 1994, recorded as January 31, 2002, Book 0102, Page 10017, Document No. 533727 of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Minden, County of Douglas, State of Nevada.

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

Lot 43, in Block D, as set forth on that certain Final Map LDA #99-054-03 SUNRIDGE HEIGHTS III, PHASE 3, a Planned Unit Development, recorded in the office of the Douglas County Recorder on June 5, 2000, in Book 0600, Page 880, as Document No. 493409, and by certificate of Amendment recorded November 3, 2000, in Book 1100, Page 470, as Document No. 502691 and also Certificate of Amendment recorded February 19, 2003, in Book 203, Page 7315, as Document No. 567498.

2. That I am Jean F. Barry, 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: January 14, 2011



Jean F. Barry TEE
Jean F. Barry

State of Nevada)
County of Doulgas)

SUBSCRIBED AND SWORN to before me, the undersigned Notary Public
in and for said County and State this 30th day of January, 2011

Traci Adams



COOR

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH VITAL STATISTICS
CERTIFICATE OF DEATH

2009007254
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT INK
PRECEDENT
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING REPLICATION OF RESIDENCE ITEMS

1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Robert Edward BARRY		2. DATE OF DEATH (Mo/Day/Year) May 11, 2009		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) 3449 Long Drive		3e. If Hosp. or Inst. Indicate DOA, OP/emer. Rm. Inpatient (Specify)	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE - Last birthday (Years) 88		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) February 23, 1921		9a. STATE OF BIRTH (If not U.S.A., name country) Massachusetts		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 18		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Jean CLOUGH	
13. SOCIAL SECURITY NUMBER 3548		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Teacher		14b. KIND OF BUSINESS OR INDUSTRY Education	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 3449 Long Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Christopher BARRY	
17. MOTHER - NAME (First Middle Last Suffix) Helen JOHNSON		18a. INFORMANT - NAME (Type or Print) Jean BARRY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3449 Long Drive Minden, Nevada 89423	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) JAMES SMOLENSKI <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) G. S. HUBBARD DEPUTY I <i>SIGNATURE AUTHENTICATED</i>		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) stated. (Signature & Title)			
21b. DATE SIGNED (Mo/Day/Yr) May 20, 2009		21c. HOUR OF DEATH 11:42		22b. DATE SIGNED (Mo/Day/Yr) May 20, 2009	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 11:42		22d. PRONOUNCED DEAD (Mo/Day/Yr) May 11, 2009	
22e. PRONOUNCED DEAD AT (Hour) 11:42		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) G. S. HUBBARD DEPUTY CORONER P. O. Box 218 Minden, NV 89423			
23b. LICENSE NUMBER 252		24a. REGISTRAR (Signature) JENELLE BALDWIN <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 22, 2009	
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).) PART I (a) Gunshot wound to head DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____			
26. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) Suicide		28a. DATE OF INJURY (Mo/Day/Yr) May 11, 2009		28b. HOUR OF INJURY 1142	
28c. DESCRIBE HOW INJURY OCCURRED Self inflicted gunshot wound		28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Home	
28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 3449 Long Drive Minden Nevada		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

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

573911

STATE REGISTRAR



BK-111
PG-6660

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VRS-Rev-2008T

273942 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.

J. Baldwin
STATE REGISTRAR

DATE ISSUED: **MAY 27 2009**

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

PRNCO (REV) 11/06

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

