

DOC # 781637
04/15/2011 11:48AM Deputy: SG
OFFICIAL RECORD
Requested By:
STEWART TITLE - CARSON
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: 17.00
BK-411 PG-2968 RPTT: 0.00



A.P.N. #	1420-28-811-018
Escrow No.	1038396-LS
Recording Requested By:	
Stewart Title	
When Recorded Mail To:	
Stewart Title	
1886 College pkwy	
Carson City, NV 89706	

for recorders use only

CERTIFICATE OF INCUMBENCY

(Title of Document)

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: Death Certificate NRS 440.380
(State specific law)

Liz Svenningsen Escrow Officer
Signature Title

Liz Svenningsen
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)



CERTIFICATE OF INCUMBENCY

Whereas, Mitchell S. French was the Trustee under that certain Trust entitled The 1997 French Family Trust, and listed as Grantee under that certain GRANT, BARGAIN, SALE DEED recorded June 29, 2010, as Document No. 766212, of Official Records, covering the following described property:

SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF

AND Whereas, Mitchell S. French is one and the same as named on that certain Death Certificate attached hereto and made a part hereof, Sherry K. Williams, is named as the Successor Trustee under said Trust and is fully authorized to act in accordance with the terms of said Trust Agreement.

SUCCESSOR TRUSTEE:

By: Sherry K. Williams
Sherry K. Williams

State of NV }

} ss

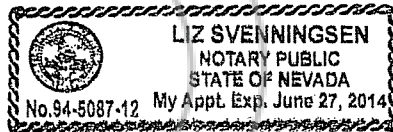
County of CARSON CITY }

This instrument was acknowledged before me on 4-11-11

by: Sherry K. Williams

Signature:

Liz Svenningsen
Notary Public





**Exhibit A
LEGAL DESCRIPTION**

File Number: 1038396-LS

Lot 18 of Saratoga Heights Unit No. 1, according to the map thereof, filed in the office of the Douglas County Recorder, State of Nevada on May 15, 1961 as Document No. 17827.



CERTIFICATION OF VITAL RECORD

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

2010012955
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

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

1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Mitchell Stewart FRENCH		2. DATE OF DEATH (Mo/Day/Year) August 28, 2010		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) Renown Regional Medical Center		3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify) Intensive Care Unit (ICU)	
5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 49	
7b. UNDER 1 YEAR MOS. DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) January 11, 1961	
9a. STATE OF BIRTH (If not U.S.A., name country) California		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) Julie M FOTTER		15c. INSIDE CITY LIMITS (Specify Yes or No) Yes	
13. SOCIAL SECURITY NUMBER 0573		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Owner/operator		14b. KIND OF BUSINESS OR INDUSTRY Automotive Repair	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15d. STREET AND NUMBER 1339 Kim Place	
16. FATHER - NAME (First Middle Last Suffix) Robert A FRENCH			17. MOTHER - NAME (First Middle Last Suffix) Etta Lou ADDUDEL		
18a. INFORMANT - NAME (Type or Print) Julie M FRENCH		18b. MAILING ADDRESS (Street or R.F.D., No., City or Town, State, Zip) 4265 Gander Lane Washoe Valley, Nevada 89704			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Lone Mountain Cemetery		19c. LOCATION - City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Rood, Carson City, NV, 89706	
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) ELLEN G. CLARK M.D. SIGNATURE AUTHENTICATED			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) ELLEN G. CLARK M.D. SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) August 31, 2010		21c. HOUR OF DEATH 18:20		22b. DATE SIGNED (Mo/Day/Yr) August 31, 2010	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 18:20		22d. PRONOUNCED DEAD (Mo/Day/Yr) August 28, 2010	
22e. PRONOUNCED DEAD AT (Hour) 18:20		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Ellen G. Clark M.D., PO Box 11130, Reno, NV, 89520			
23b. LICENSE NUMBER 5850				24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 31, 2010		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) Internal Hemorrhage with Hypotension Interval between onset and death					
(b) Splenic Laceration Interval between onset and death					
(c) Interval between onset and death					
(d) Interval between onset and death					
PART II Ethanol Abuse; Hepatic Steatosis and Cirrhosis; Seizure Disorder by History				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) ACCIDENT		28b. DATE OF INJURY (Mo/Day/Yr) August 27, 2010		28c. HOUR OF INJURY 2300	
28d. DESCRIBE HOW INJURY OCCURRED Ground level fall					
28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Residence		28g. LOCATION - STREET OR R.F.D. No., CITY OR TOWN STATE 1339 Kim Place Minden Nevada	

STATE REGISTRAR



BK-411
PG-2971

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VRS-Rev 20100216

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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: **11/19/2010**

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

