

DOC # 783791
05/26/2011 11:58AM Deputy: DW
OFFICIAL RECORD
Requested By:
Northern Nevada Title CC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: \$42.00
BK-511 PG-4656 RPTT: 0.00



APN: 1420-33-310-012
ORDER NO.: DO-1096416-LI

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 "Tammy L. May", written over a horizontal line.

Print Name/Title: Tammy L. May, Title Officer

WHEN RECORDED MAIL TO:

Greg McNulty and Phyllis McNulty
1323 Wrangler Circle
Minden, NV 89423



RECORDING REQUESTED BY:
Northern Nevada Title Company
307 W. WINNIE LN
CARSON CITY NV 89103

When Recorded Mail Document To:
Greg McNulty and Phyllis McNulty
1323 Wrangler Circle
Minden, NV 89423

Escrow No.: 1096416-LI
Title No.:

APN: 1420-33-310-012

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT – DEATH OF TRUSTEE

STATE OF VIRGINIA
COUNTY OF FAIRFAX

James Michael Chaparro, being of legal age, and first duly sworn, deposes and says:

1. That Susan Finnigan, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person named as the Trustee in that certain Declaration of Trust dated October 4, 2007, executed by Susan Finnigan, as Trustor(s).
2. At the time of the demise of the Decedent, the Decedent was the record owner, as Trustee, of Real Property commonly known as 1323 Wrangler Circle, Minden, NV 89423, which property is described in the Quit Claim Deed which was signed by Susan Finnigan, an unmarried woman as Grantor(s) and recorded as Document # 0710760 Book #1007, Pg 2183, of Official Records on October 5, 2007. The property is situated in the County of Douglas, State of Nevada. The legal description of said property is as follows:

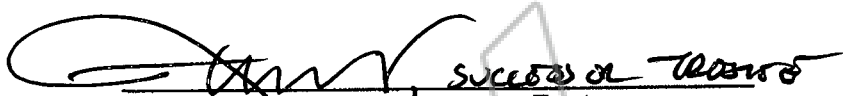
Lot 172 in Block C, as set forth on FINAL MAP OF WILDHORSE UNIT 5, a Planned Unit Development filed for record in the office of the County Recorder of Douglas County, State of Nevada on January 27, 1993, in Book 193, Page 3866 as Document No. 298258 of Official Records of Douglas County, Nevada.

3. I, James Michael Chaparro, am the named Successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the Decedent mentioned in paragraph 1 above, and which is still in full force and effect and has not been revoked, amended or terminated, and I hereby consent to act as Successor Trustee.
4. There is no Federal Estate Tax due as the result of death of the decedent mentioned in paragraph 1 above.
I declare under penalty of perjury, under the laws of the State of Nevada that the foregoing is true and correct.



APN: 1420-33-310-012

DATED: 05/31/2011


James Michael Caparro, Successor Trustee

STATE OF *Virginia*
COUNTY OF *Fairfax*

On May 21, 2011 personally appeared
before me, a Notary Public, James Michael Chaparro

who acknowledged that he executed the above
instrument.

Signature _____
(Notary Public)

BRIAN FRANZ
REGISTRATION # 7201423
NOTARY PUBLIC
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES
MAY 31, 2012

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2010016548
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) Susan FINNIGAN		2. DATE OF DEATH (Mo/Day/Year) October 30, 2010		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name/(If not either, give street and number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 70		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 16, 1939		9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		12. SURVIVING SPOUSE (If wife, give maiden name)	
13. SOCIAL SECURITY NUMBER 2759		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Police Officer		14b. KIND OF BUSINESS OR INDUSTRY Police Department	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1323 Wrangler Cir		16a. INSIDE CITY LIMITS (Specify Yes or No) Yes		16b. Ever in US Armed Forces? No	
16. FATHER - NAME (First Middle Last Suffix) William Henry ATKINS			17. MOTHER - NAME (First Middle Last Suffix) Susan SHISHCOFF		
18a. INFORMANT- NAME (Type or Print) James M CHAPARRO		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 8706 Chippendale Ct Annandale, Virginia 22003			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Reno		19c. LOCATION City or Town State Reno Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE		20b. FUNERAL DIRECTOR LICENSE 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompac Ln Carson City NV 89701	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED JEFFREY BASA M.D.					
21b. DATE SIGNED (Mo/Day/Yr) November 02, 2010		21c. HOUR OF DEATH 17:10		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER. (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. Jeffrey Basa M.D. 2874 N. Carson Street, Ste 200 Carson City, NV 89706		23b. LICENSE NUMBER 8079		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 05, 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) Lung 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) _____		Interval between onset and death		Interval between onset and death	
PART II		26. AUTOPSY (Specify Yes or No) NO		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28a. ACC., SUICIDE, HOMIC., 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		STREET OR R.F.D. No.		CITY OR TOWN STATE	

STATE REGISTRAR



BK 511
PG-4659

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VRS-Rev-20100216

359520

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: 11/05/2010

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

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

