

DOC # 0784184
06/03/2011 01:04 PM Deputy: PK
OFFICIAL RECORD
Requested By:
MARQUIS TITLE & ESCROW

Assessor's Parcel No.: 1220-17-810-008

Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: 17.00
BK-0611 PG-0591 RPTT: 0.00

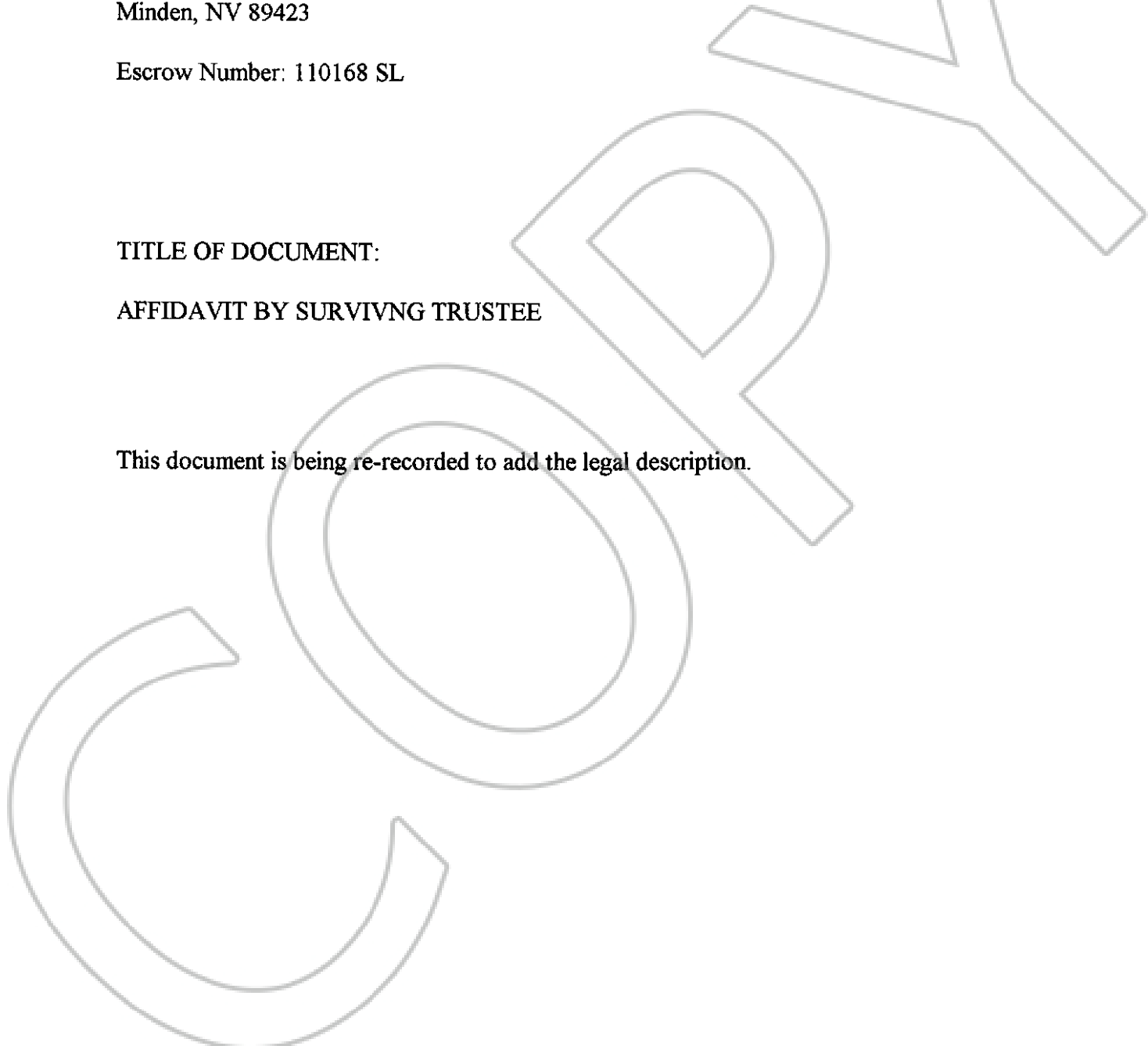
Recording Requested by:
Marquis Title & Escrow, Inc.
1662 U.S. Hwy 395, Suite 103
Minden, NV 89423

Escrow Number: 110168 SL

TITLE OF DOCUMENT:

AFFIDAVIT BY SURVIVNG TRUSTEE

This document is being re-recorded to add the legal description.



When Recorded Mail to:
Ray A. Greenlee
1111 Oro Way
Gardnerville, NV 89460

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 2 Fee: 15.00
BK-0511 PG- 2439 RPTT: 0.00



APN 1220-17-810-008

AFFIDAVIT BY SURVIVING TRUSTEE

The undersigned, GLORIA SANCHEZ GREENLEE, Trustee, duly sworn, deposes and says:

That GLORIA SANCHEZ GREENLEE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as GLORIA SANCHEZ GREENLEE, Trustee, named as one of the parties in that certain document dated February 26, 1999, executed by Ray A. Greenlee and Gloria S. Greenlee, husband and wife as joint tenants to RAY ARNOLD GREENLEE and GLORIA SANCHEZ GREENLEE, Trustees of THE RAY ARNOLD GREENLEE AND GLORIA SANCHEZ GREENLEE FAMILY TRUST dated November 4, 1998, recorded on February 26, 1999, in Book 0299, Page 5215, as Document No. 0461946, Official Records of Douglas County, State of Nevada, described as follows:

Affecting all that certain piece or parcel of land situate in Douglas County, State of Nevada, as follows:

See "EXHIBIT A" attached hereto and made a part of..

APN: 1220-17-810-008

Dated: May 9, 2011

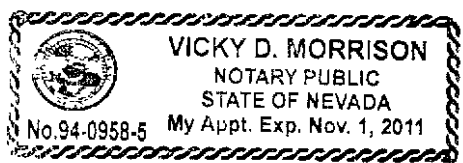
Ray Arnold Greenlee TRUSTEE
RAY ARNOLD GREENLEE, Trustee

STATE OF NEVADA
COUNTY OF DOUGLAS

On 5-9-11, before me, the undersigned, a Notary Public in and for said County, personally appeared RAY ARNOLD GREENLEE, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature *Vicky D Morrison*
NOTARY PUBLIC



STATE OF NEVADA

DEPARTMENT OF

02193226 NOV 20 2002

DIVISION

0784184

Page: 3 Of 4

BK- 0611
PG- 593
06/03/2011

VITAL STATISTICS STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

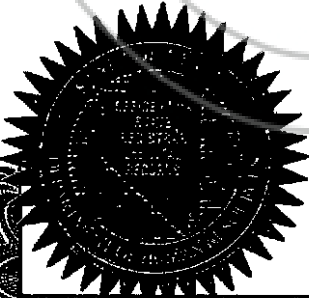
CERTIFIER

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

CAUSE OF DEATH

DEC 11 2001 11 32 36 AM '01

LOCAL FILE NUMBER			STATE FILE NUMBER		
DECEASED—NAME First Middle Last Gloria S. GREENLEE			DATE OF DEATH (Month, Day, Year) 2 August 14, 1999		COUNTY OF DEATH 3a. Douglas
CITY, TOWN OR LOCATION OF DEATH Gardnerville		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 1111 Oro Way		if Hosp or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e.	
SEX 4. Female		RACE—(e.g., White, Black, American Indian, etc.) (Specify) 7. American Indian		DATE OF BIRTH (Mo., Day, Yr.) 8. March 31, 1932	
Was Decedent of Hispanic Origin? Specify <input checked="" type="checkbox"/> yes <input type="checkbox"/> no if yes. specify Mexican, Cuban, Puerto Rican, etc. 6. Spanish		AGE—Last Birthday (Years) 7a. 67		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	
STATE OF BIRTH (If not U.S.A., name country) 9a. California		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		SURVIVING SPOUSE (If wife, give maiden name) 12. Ray A. Greenlee	
SOCIAL SECURITY NUMBER 13. 2425		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. President		KIND OF BUSINESS OR INDUSTRY 14b. Greenlee Steel Fabricators	
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas		CITY, TOWN, OR LOCATION 15c. Gardnerville	
FATHER—NAME First Middle Last 16. Emil Sanchez		MOTHER—MAIDEN NAME First Middle Last 17. Eduvigen Martinez		STREET AND NUMBER 15d. 1111 Oro Way	
INFORMANT—NAME (Type or Print) 18a. Ray A. Greenlee - Husband		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1111 Oro Way, Gardnerville, Nevada 89410			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Carson Sierra Crematory		LOCATION City or Town State 19c. Carson City Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. Jimmy Bunden		FUNERAL DIRECTOR LICENSE NUMBER 20b. 9		NAME AND ADDRESS OF FACILITY 20c. Society 1614 N. Curry St. Carson City, NV. 89703	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) John P. Kelly, M.D.		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) and manner stated. (Signature and Title) John P. Kelly, M.D.		DATE SIGNED (Mo., Day, Yr.) 21b. 8/16/99	
21c. HOUR OF DEATH 21c. 1015		22b. DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH 22c.	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour) 22e. AT	
21d. ON		22e. AT			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. John P. Kelly M.D. 550 W. Washington St. Carson City, NV. 89703					LICENSE NUMBER 23b. 6376
REGISTRAR 24a. (Signature) Vera R. Kachura		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. August 16, 1999		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) Renal Cell Carcinoma		Interval between onset and death 18 months		Interval between onset and death	
PART I (b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		Interval between onset and death	
PART II (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY (Specify Yes or No) 26. No		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes	
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 26a.		DATE OF INJURY (Mo., Day, Yr.) 26b.		HOUR OF INJURY 26c. M 28d.	
INJURY AT WORK (Specify Yes or No) 26e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 28g.	



STATE REGISTRAR



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No. 145948

BK- 0511
PG- 2440

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date issued:

AUG 16 1999

Yvonne Sylva

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

EXHIBIT "A"

All that certain lot, piece or parcel of land situate in the County of DOUGLAS, State of Nevada, described as follows:

Lot 9, of TIERRA LINDA ESTATES, according to the map thereof, filed in the office of the County Recorder of Douglas County, Nevada, on September 14, 1965, as Document No. 29457.

APN: 1220-17-810-008

