

DOC # 785862
07/01/2011 11:07AM Deputy: DW
OFFICIAL RECORD
Requested By:
Northern Nevada Title CC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: \$17.00
BK-711 PG-140 RPTT: 0.00

APN: 1420-29-711-015
ORDER NO.: DO-1096364-TA



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. Max", written over a horizontal line.

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

WHEN RECORDED MAIL TO:

R. Thomas Driscoll, Surviving Co-Trustee
1175 Country Club Drive
Minden, Nevada 89423



APN 1420-29-711-015

RECORDING REQUESTED BY

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

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

R. Thomas Driscoll, Surviving Co-Trustee of The
Driscoll Family Revocable Lifetime A-B Trust
*1175 COUNTRY CLUB DRIVE
MINDEN, NV 89423*

THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT - DEATH OF TRUSTEE - SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada
County of Douglas

R. Thomas Driscoll, of legal age, being duly sworn, deposes and says:

1. That Patricia Jane Driscoll, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Patricia J. Driscoll, Co-Trustee named as the/one of the trustee(s) in that certain Deed executed by J. Hardy Mullennix and Jeanne K. Mullennix, husband and wife as joint tenants to R. Thomas Driscoll, Co-Trustee and Patricia J. Driscoll, Co-Trustee of the Driscoll Family Revocable Lifetime A-B Trust, dated April 22, 1996 as Grantee, recorded August 1, 2002, Book 802, Page 336, Document No. 548553 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 23, Block C of Saratoga Springs Estates, Unit 1, as shown on the Official Map recorded in the Office of the County Recorder on June 16, 1990, in Book 690, Page 525, as Document No. 227472.

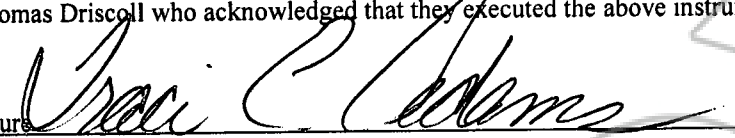
2. That I am R. Thomas Driscoll, named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee(s) of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection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

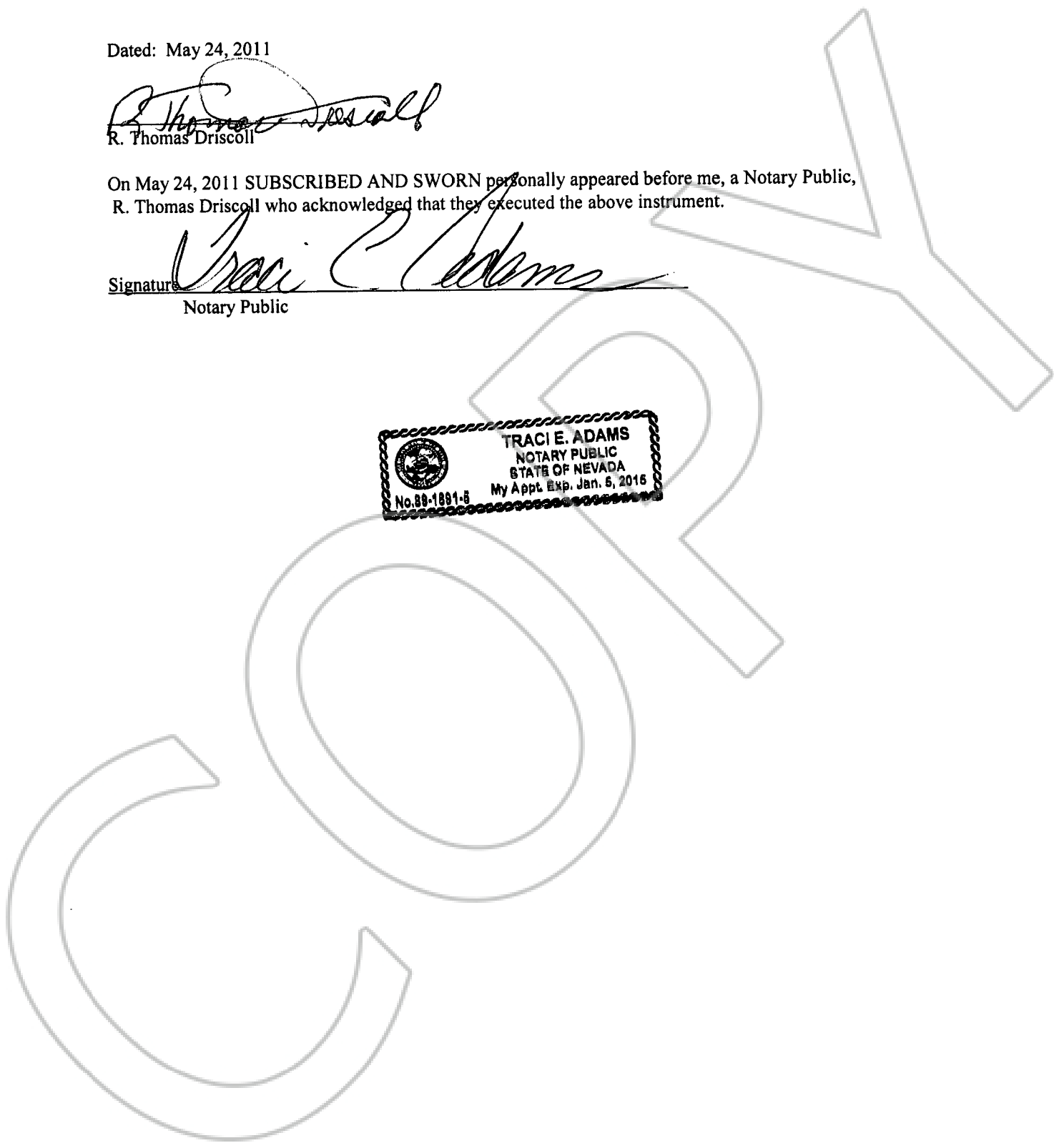
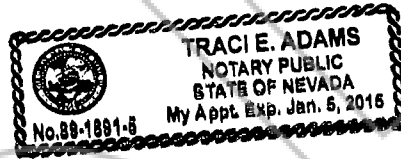


Dated: May 24, 2011


R. Thomas Driscoll

On May 24, 2011 SUBSCRIBED AND SWORN personally appeared before me, a Notary Public,
R. Thomas Driscoll who acknowledged that they executed the above instrument.


Signature _____
Notary Public



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

2010008367

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) Patricia Jane DRISCOLL		2. DATE OF DEATH (Mo/Day/Year) June 07, 2010		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) 1175 Country Club Drive		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home	
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) May 23, 1940		9a. STATE OF BIRTH (if not U.S.A. name country) Michigan		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE OR DOMESTIC PARTNER Roy Thomas DRISCOLL	
13. SOCIAL SECURITY NUMBER 2026		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1175 Country Club Drive		15e. CITY LIMITS (Specify Yes or No) Yes		15f. INHABITANT CITY LIMITS (Specify Yes or No) Yes	
16. FATHER - NAME (First Middle Last Suffix) Parmer Langdon MCDANIEL			17. MOTHER - NAME (First Middle Last Suffix) Mary Jane RITTENHOUSE		
18a. INFORMANT- NAME (Type or Print) Roy Thomas DRISCOLL		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1175 Country Club Drive Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Palma Reno		19c. LOCATION City or Town State Reno Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompia 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) <i>SIGNATURE AUTHENTICATED</i> KELLE BROGAN M.D.					
21b. DATE SIGNED (Mo/Day/Yr) June 09, 2010		21c. HOUR OF DEATH 09:00		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) Kelle Brogan M.D. 429 Elm Street Reno, NV 89503		23b. LICENSE NUMBER 6000		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 10, 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) metastatic cancer of unknown primary		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b)		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c)		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(d)		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, HOM., 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 711
PG-143

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VRS-Rev-20090202

335657

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: 06/10/2010

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

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

