

1022-09-001-110  
APN: ~~037-313-11~~  
When Recorded Return To:

Almon Legrande Copley, Trustee  
3670 Pinenut Way  
Wellington, NV 89444

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 Of 4 Fee: 17.00  
BK-0711 PG- 2222 RPTT: 0.00



Send Tax Statements To:  
Same as above

Property address:  
3670 Pinenut Way, Wellington, NV

**Please complete Affirmation Statement below:**

- I the undersigned hereby affirm that this document 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 this document submitted for recording contains the social security number of a person or persons as required by law: \_\_\_\_\_  
(State specific law)

*Michael S. Gregg* \_\_\_\_\_  
 Signature Attorney  
 Michael S. Gregg, Esq. Title  
 Print name

**AFFIDAVIT – DEATH OF TRUSTEE**

STATE OF NEVADA )  
) ss.  
COUNTY OF WASHOE )

Almon Legrande Copley, the undersigned, being of legal age, being first duly sworn, deposes and says under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

1. My name is Almon Legrande Copley and I reside at 3670 Pinenut Way, Wellington, Nevada 89444.
2. Wava Clementine Copley, the decedent referred to in the attached certified copy of Certificate of Death, is the same person as Clementine C. Copley who is named as a Trustee of the Copley Family Trust u/d/t dated the 11<sup>th</sup> day of March, 1996, (the "Trust"), a trust created under a Declaration of Trust dated March 11, 1996.

3. The Declaration of Trust appoints me to serve as Trustee of the Trust upon the death or incapacity of Clementine C. Copley, and I have now assumed the responsibilities as Trustee because of the death of Clementine C. Copley on June 7, 2011.

4. I am authorized under the terms of the Trust to act as Trustee with respect to the real property described below, which is part of the trust estate:

The Trust is the grantee named in that certain Grant Deed executed by Almon Legrande Copley and Clementine C. Copley, recorded as Instrument No. 383081, on March 13, 1996, of the Official Records of the County of Douglas, State of Nevada, regarding the real property located in the County of Douglas, State of Nevada, described as follows:

Lot 53, as shown on the Official Map of Topaz Ranch Estates Unit No. 3, filed for record in the office of the Douglas County Recorder on March 31, 1969, as Document No. 44091.

Together with all and singular the tenements, hereditaments, and appurtenances thereunto belonging or in anywise appertaining.

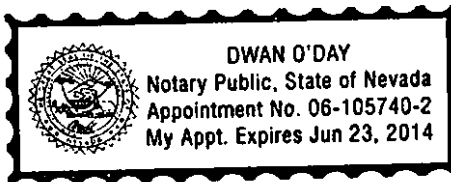
Executed on July 11, 2011, at Reno, Nevada.

*Almon Le Grande Copley*  
ALMON LEGRANDE COPLEY

State of Nevada )  
  ) ss.  
County of Washoe )

Subscribed and sworn to (or affirmed) before me on this 11<sup>th</sup> day of July, 2011, by ALMON LEGRANDE COPLEY personally known to be or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

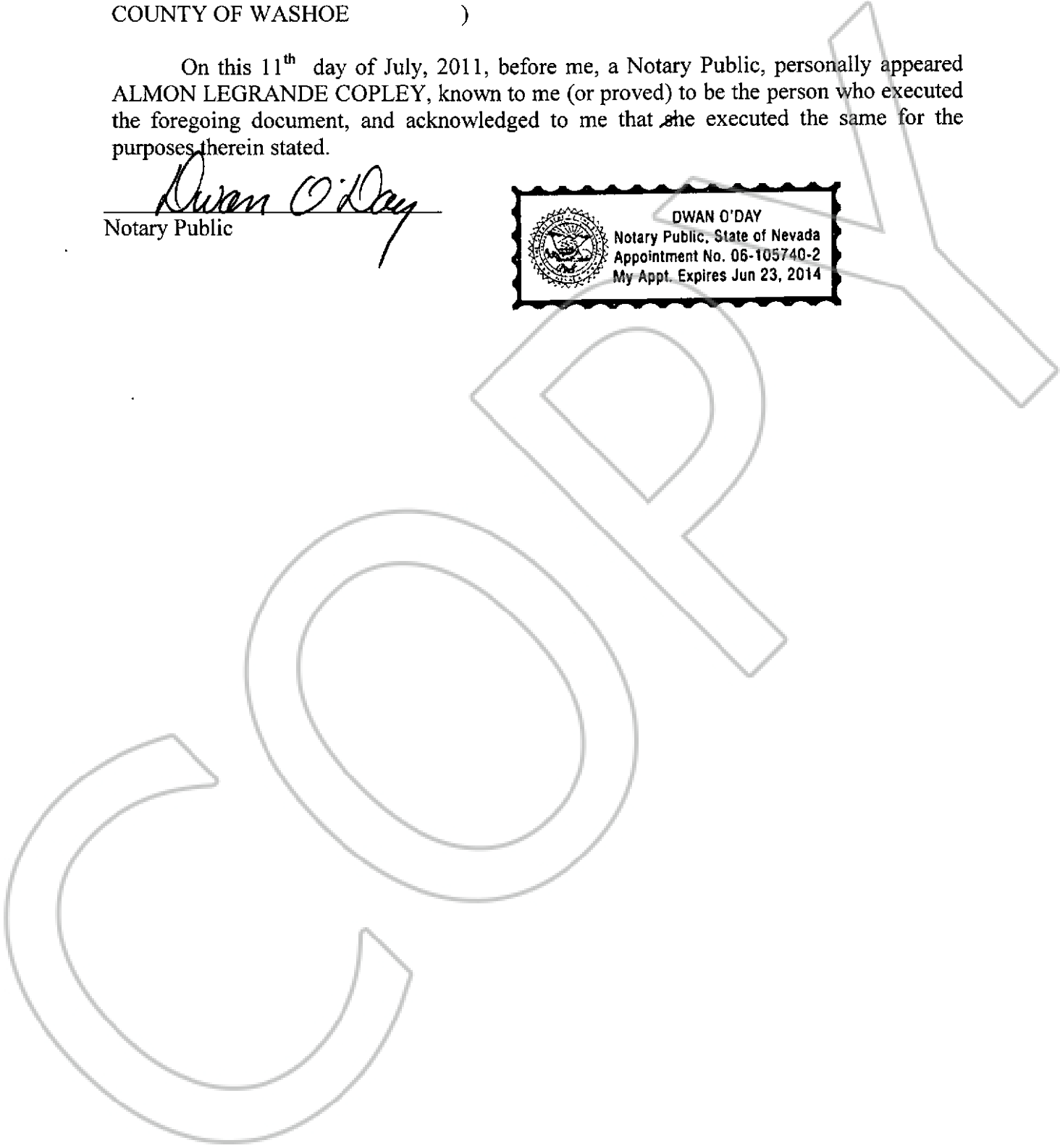
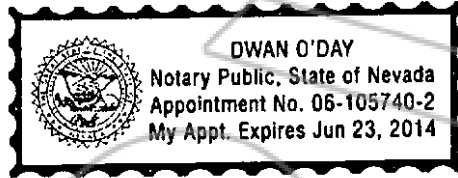
*Dwan O'Day*  
Notary Public



STATE OF NEVADA )  
 ) ss.  
COUNTY OF WASHOE )

On this 11<sup>th</sup> day of July, 2011, before me, a Notary Public, personally appeared ALMON LEGRANDE COPLEY, known to me (or proved) to be the person who executed the foregoing document, and acknowledged to me that she executed the same for the purposes therein stated.

Dwan O'Day  
Notary Public



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

2011009273

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

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) <b>Wava Clementine COPLEY</b>			2. DATE OF DEATH (Mo/Day/Year) <b>June 07, 2011</b>			3a. COUNTY OF DEATH <b>Carson City</b>											
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>			3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) <b>Carson Tahoe Regional Medical Center</b>			3e If Hosp. or Inst. indicate DOA, OP/Emer. Rm. inpatient(Specify) <b>Inpatient</b>			4. SEX <b>Female</b>								
5. RACE White (Specify)			6. Hispanic Origin? Specify No - Non-Hispanic			7a. AGE-Last birthday (Years) <b>84</b>			7b. UNDER 1 YEAR MOS. DAYS HOURS MINS			7c. UNDER 1 DAY HOURS MINS			8. DATE OF BIRTH (Mo/Day/Yr) <b>August 31, 1926</b>		
9a. STATE OF BIRTH (If not U.S.A. name country) <b>Florida</b>			9b. CITIZEN OF WHAT COUNTRY <b>United States</b>			10. EDUCATION <b>14</b>			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) <b>Almon L COPLEY</b>					
13. SOCIAL SECURITY NUMBER <b>1172</b>			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life; Even If Retired) <b>Licensed Practical Nurse</b>			14b. KIND OF BUSINESS OR INDUSTRY <b>Hospital</b>			Ever in US Armed Forces? No								
15a. RESIDENCE - STATE <b>Nevada</b>			15b. COUNTY <b>Douglas</b>			15c. CITY, TOWN OR LOCATION <b>Wellington</b>			15d. STREET AND NUMBER <b>3670 Pinenut Way</b>			15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>					
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Rebber S CREWS</b>						17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Wava R GATLIN</b>											
18a. INFORMANT- NAME (Type or Print) <b>Almon L COPLEY</b>						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>3670 Pinenut Way Wellington, Nevada 89444</b>											
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>						19b. CEMETERY OR CREMATORY - NAME <b>Eastside Memorial Park</b>			19c. LOCATION City or Town State <b>Minden Nevada 89423</b>								
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> <i>SIGNATURE AUTHENTICATED</i>				20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenrys Funeral Home</b> <b>3945 Fairview Dr Carson City NV 89701</b>											
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) <b>JORGE SALLABERRY MD</b> <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) <b>June 13, 2011</b>						21c. HOUR OF DEATH <b>18:43</b>											
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22b. DATE SIGNED (Mo/Day/Yr)						22c. HOUR OF DEATH					
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr)						22e. PRONOUNCED DEAD AT (Hour)					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Dr. Jorge Sallaberry MD 1600 Medical Parkway Carson City, NV. 89703</b>									23b. LICENSE NUMBER <b>13619</b>								
24a. REGISTRAR (Signature) <b>JENELLE ENGLISH</b> <i>SIGNATURE AUTHENTICATED</i>						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 16, 2011</b>			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) <b>Cardiopulmonary Arrest</b>																	
DUE TO, OR AS A CONSEQUENCE OF:																	
(b) <b>Ischemic Bowel</b>																	
DUE TO, OR AS A CONSEQUENCE OF:																	
(c) <b>Paroxysmal Atrial Fibrillation</b>																	
DUE TO, OR AS A CONSEQUENCE OF:																	
(d) <b>Atherosclerotic Coronary Disease</b>																	
PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1									26. AUTOPSY (Specify Yes or No) <b>No</b>			27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
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

AKA: Clementine COPLEY

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BK- 0711  
PG- 2225

VRS-Rev-20110104

391101 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: 06/17/2011

*[Signature]*  
STATE REGISTRAR  
**SIGNATURE AUTHENTICATED**

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

