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APN: 1320-29-212-038

**RECORDING REQUESTED BY and
AFTER RECORDING MAIL THIS DEED to:**

Rachelle J. Nicolle Ltd.
Attorney at Law
1662 Hwy. 395, Suite 214
Minden, NV 89423

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0911 PG-1186 RPTT: 0.00



MAIL TAX STATEMENTS TO GRANTEE:

Sherri Geschwind, Trustee
20442 Bordeaux Dr.
Reno, NV 89511

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. [Per NRS 440.380(1)(a) and 40.525(5)]

**AFFIDAVIT of Death of Original Trustee and
Assumption by Successor Trustee**

SHERRI GESCHWIND, being of legal age, being first duly sworn, deposes and says:

1. This Affidavit of Death refers to the PHYLLIS H. STEPHENS REVOCABLE LIVING TRUST U/D/T 4/1/2004, (the "Trust") under a revocable trust agreement executed by PHYLLIS H. STEPHENS, also known as Phyllis Stephens, as Grantor.
2. In accordance with the terms of the Trust, I, SHERRI GESCHWIND, am empowered to act as Trustee for the Trust after the death of PHYLLIS H. STEPHENS. I hereby affirm my incumbency as Successor Trustee, and declare my intention to act as the sole Trustee of the PHYLLIS H. STEPHENS REVOCABLE LIVING TRUST U/D/T 4/1/2004.
3. I declare and affirm that PHYLLIS H. STEPHENS died on February 6, 2011. I also hereby declare and affirm that the decedent cited in the attached certified copy of the Certificate of Death, PHYLISS STEPHENS, is the same person as PHYLLIS H. STEPHENS, Original Grantor and Trustee of the PHYLLIS H. STEPHENS REVOCABLE LIVING TRUST U/D/T 4/1/2004.
4. PHYLLIS H. STEPHENS is the named Trustee and Grantee in that certain Grant Deed, granting to PHYLLIS H. STEPHENS, Trustee, and subsequent Trustees of the PHYLLIS H. STEPHENS REVOCABLE LIVING TRUST U/D/T 4/1/2004, all right, title and interest in the following identified real property:

APN:1320-29-212-038
Commonly Known As:1673 Lantana Dr., Minden, NV 89423
Recorded On:04/06/2009
As Document Number:0740833

In Book:0409
On Page:965
Official Records of:.....Douglas County, Nevada
Legal Description:.....Lot 112 in Block B, on Official Map of WINHAVEN UNIT NO. 1, a planned unit development, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on January 13, 1989, in Book 189, Page 1590, as Document No. 194373.

Together with all tenements, hereditaments and appurtenances, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

- 5. The assets held under this Trust are to be held under the following title:
SHERRI GESCHWIND, Trustee
PHYLLIS H. STEPHENS REVOCABLE LIVING TRUST U/D/T 4/1/2004
- 6. The PHYLLIS H. STEPHENS REVOCABLE LIVING TRUST U/D/T 4/1/2004 has not been revoked and there have been no amendments limiting the powers of the Trustee(s) over Trust property.
- 7. I hereby declare, as Sole Trustee, that I have all Trustee powers, to sell, encumber, retain, or otherwise manage all property belonging to the PHYLLIS H. STEPHENS REVOCABLE LIVING TRUST U/D/T 4/1/2004, including, but not limited to, the above-described real property, including any portion thereof.
- 8. I make this affirmation under penalty of perjury on August 31, 2011.

Sherri Geschwind
Sherri Geschwind, Trustee of the
PHYLLIS H. STEPHENS REVOCABLE LIVING TRUST U/D/T 4/1/2004

JURAT

State of Nevada)
County of Washoe)
Signed and sworn to (or affirmed) before me on August 31, 2011, by Sherri Geschwind.

Lori Nelson
Notary Public



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH

CERTIFICATE OF DEATH

2011002390
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) Phyllis STEPHENS		2 DATE OF DEATH (Mo/Day/Year) February 06, 2011		3a. COUNTY OF DEATH Douglas	
3b CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) Evergreen Health and Rehabilitation		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. (Inpatient)(Specify) Nursing Home	
4 SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic.	
7a AGE-Last birthday (Years) 92		7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) June 11, 1918		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) Widowed		12 SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER 9536		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 1673 Lantana Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Philip PLUMMER	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Helen NEAL		18a INFORMANT- NAME (Type or Print) Sherri GESCHWIND		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 20442 Bordeaux Dr Reno, Nevada 89511	
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI		20b. FUNERAL DIRECTOR LICENSE 217		20c NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
20c. SIGNATURE AUTHENTICATED		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) LAURENCE GEORGE GAY 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) stated (Signature & Title)			
21b. DATE SIGNED (Mo/Day/Yr) February 10, 2011		21c. HOUR OF DEATH 07:44		22b. DATE SIGNED (Mo/Day/Yr)	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Gay, Laurence George		22c. HOUR OF DEATH		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) Laurence George Gay M.D., PO Box 19936 Reno, NV 895110871			
23b. LICENSE NUMBER 5152		24a REGISTRAR (Signature) JENELLE ENGLISH		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 23, 2011	
24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		26 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I			
Interval between onset and death Seconds		(a) Cardiac Arrest			
Interval between onset and death Days		(b) Hypernatremia			
Interval between onset and death Days		(c) Dehydration			
Interval between onset and death Days		(d) Severe Dysphagia			
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		28h. STREET OR R.F.D No	
28i. CITY OR TOWN		28j. STATE			

STATE REGISTRAR

BK- 0911
PG- 1188
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VRS-Rev 20110104

374332 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:

02/24/2011

R. D. White
SIGNATURE AUTHENTICATED
STATE REGISTRAR

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

