

DOC # 791876
11/01/2011 11:16AM Deputy: SG
OFFICIAL RECORD
Requested By:
First American Title Mindel
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 6 Fee: \$19.00
BK-1111 PG-157 RPTT: 0.00



APN: 1220-17-501-015

**RECORDING REQUESTED BY
AND MAIL DOCUMENT TO:**

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

**AFTER RECORDING MAIL
TAX STATEMENTS TO:**

Rachel Julian, Trustee
2284 Acacia Dr.
Concord, CA 94520

We 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 Co-Trustee and
Service of Co-Trustee**

I, RACHEL JULIAN, also known as Rachel M. Mallery, being of legal age, being first duly sworn, depose and say:

1. This Affidavit of Death refers to the ROBERT AND EDNA KEYES FAMILY TRUST U/D/T 07/25/2002, (the "Trust") under a revocable trust agreement executed by ROBERT P. KEYES and EDNA H. KEYES as the Grantors.
2. The original Grantors and Trustees of the Trust were ROBERT P. KEYES and EDNA H. KEYES.
3. Upon the death of EDNA H. KEYES, I, RACHEL JULIAN, also known as Rachel M. Mallery, became a Co-Trustee with ROBERT P. KEYES. ROBERT P. KEYES and I originally signed an Affidavit of Death of Original Trustee (EDNA H. KEYES) and Service of Co-Trustees. That Affidavit was signed under my former name, RACHEL M. MALLERY. That Affidavit was filed on July 8, 2011 as Document No. 0786122, in Book No. 0711, Pages 1235-1239. I am now married and have changed my name to RACHEL JULIAN.
4. I declare and affirm that EDNA H. KEYES died on May 8, 2011 and that ROBERT P. KEYES died on September 1, 2011. I also hereby declare and affirm that the decedents cited in the attached certified copies of Certificates of Death, are the same persons as EDNA H. KEYES and ROBERT P. KEYES, original Trustees of the ROBERT AND EDNA KEYES FAMILY TRUST U/D/T 07/25/2002.
5. In accordance with the terms of the Trust, I, RACHEL JULIAN, also known as Rachel M. Mallery, am empowered to act as the current sole Trustee for the Trust after the deaths of EDNA H. KEYES and ROBERT P. KEYES. I hereby affirm my



incumbency as the surviving Co-Trustee, and declare my intention to act as the sole Trustee of the ROBERT AND EDNA KEYES FAMILY TRUST U/D/T 07/25/2002.

- 6. ROBERT P. KEYES and EDNA H. KEYES are the named Co-Trustees and Grantees in that certain Grant Deed, granting to ROBERT P. KEYES and EDNA H. KEYES, Trustees, and subsequent Trustees of the ROBERT AND EDNA KEYES FAMILY TRUST U/D/T 07/25/2002, all right, title and interest in the following identified real property:

APN:1220-17-501-015

Commonly Known As: ..979 Rubio Way, Gardnerville, NV 89460

Recorded On:December 9, 2002

As Document Number: ..0560110

In Book:.....1202

On Page:.....03410

Official Records of:Douglas County, Nevada

Legal Description:.....A parcel of land, located in the Northeast quarter of the Northeast quarter of Section 17, Township 12 North, Range 20 East, M.D.B. & M., Douglas County, Nevada, more particularly described as follows:

Commencing at the Northeast corner of said Section 17, Township 12 North, Range 20 East, M.D.B. & M., proceed South 63°25'28" West, 1,052.95 feet, to the TRUE POINT OF BEGINNING, which is the Northeast corner;

thence South 01°02'35" East, 264.00 feet to the Southeast corner;

thence South 89°28'50" West, 329.68 feet to the Southwest corner and being a point on the East line of that , certain 50 foot strip of land excepted in that certain Deed executed by W. F. Dressler to Clarence Park, recorded May 15, 1923 in Book R of Deeds, at page 382;

thence North 00°17'20" West, along said East line of said 50 foot strip of land, a distance of 267.50 feet to the Northwest corner;

thence leaving said East line of said 50 foot strip of land, South 88°51'13" East, a distance of 326.28 feet to the TRUE POINT OF BEGINNING

Per NRS 111.312, this legal description was previously recorded as Document No. 0560110 on December 9, 2002 in Book 1202 at Page 03410 and before that at Document No. 0507113 on January 19, 2001.

- 7. The assets held under this Trust are to be held under the following title:
RACHEL JULIAN, Trustee,
ROBERT AND EDNA KEYES FAMILY TRUST U/D/T 07/25/2002
- 8. The ROBERT AND EDNA KEYES FAMILY TRUST U/D/T 07/25/2002 has not been revoked and there have been no amendments limiting the powers of the Trustee(s) over Trust property.



- 9. I hereby declare, as Trustee, that I have all Trustee powers, to sell, encumber, retain, or otherwise manage all property belonging to the ROBERT AND EDNA KEYES FAMILY TRUST U/D/T 07/25/2002, including, but not limited to, the above-described real property, including any portion thereof.
- 10. I, Rachel Julian, also known as Rachel M. Mallery, being first duly sworn, depose and say that I am the current and sole Trustee of the ROBERT AND EDNA KEYES FAMILY TRUST U/D/T 07/25/2002.
- 11. I further affirm that I, RACHEL JULIAN, have read the provisions of the ROBERT AND EDNA KEYES FAMILY TRUST U/D/T 07/25/2002, understand the provisions therein, and agree that those same provisions shall bind me as the Trustee of the ROBERT AND EDNA KEYES FAMILY TRUST U/D/T 07/25/2002.
- 12. I make this affirmation under penalty of perjury on 10-20, 2011.

Rachel Julian
 RACHEL JULIAN
 (also known as Rachel M. Mallery)
 Current and Sole Trustee
 ROBERT AND EDNA KEYES FAMILY TRUST U/D/T 07/25/2002

JURAT

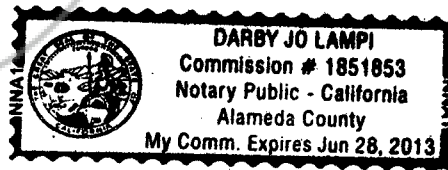
State of California)

County of Alameda)

SUBSCRIBED AND SWORN TO (or affirmed) before me, on Oct. 20, 2011, by RACHEL JULIAN, also known as Rachel M. Mallery, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

WITNESS my hand and official seal.

Signature Darby Jo Lampi
Notary Public



CERTIFICATION OF VITAL RECORD

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

2011007621

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Edna H KEYES			2. DATE OF DEATH (Mo/Day/Year) May 08, 2011		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) Continuicare Hospital of Carson Tahoe, Inc.		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient		
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify		7a. AGE-Last birthday (Years) 83		7b. UNDER 1 YEAR MOS: _____ DAYS: _____	
	7c. UNDER 1 DAY HOURS: _____ MINS: _____		8. DATE OF BIRTH (Mo/Day/Yr) December 14 1927		9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER ██████ 2134		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Banker		14b. KIND OF BUSINESS OR INDUSTRY Banking		12. SURVIVING SPOUSE (if wife, give maiden name) Robert KEYES	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 979 Rubio Way	
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix)			17. MOTHER/PARENT - NAME (First Middle Last Suffix)				
	18a. INFORMANT- NAME (Type or Print) Robert KEYES			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 979 Rubio Way Gardnerville, Nevada 89460				
DISPOSITION	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 <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410			
TRADE CALL	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) CRAIG STEVEN RAU M.D. <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)			
CERTIFIER	21b. DATE SIGNED (Mo/Day/Yr) May 13, 2011		21c. HOUR OF DEATH 16:30		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Craig Steven Rau M.D. 880 Alder Ave., Ste 200 Incline Village, NV 89451					23b. LICENSE NUMBER 10991		
	24a. REGISTRAR (Signature) JENELLE ENGLISH <i>SIGNATURE AUTHENTICATED</i>			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 18, 2011		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						Interval between onset and death	
	PART I (a) Acute or Chronic Respiratory Failure						Days	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(b) Acute Bacterial Pneumonia						Interval between onset and death	
	(c) Chronic Obstructive Pulmonary Disease						Days	
	(d) _____						Interval between onset and death	
	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I						Interval between onset and death	
26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No						
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 1111
PG-160

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VRS-Rev.20110104

386922

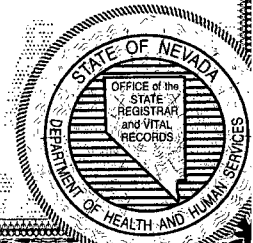
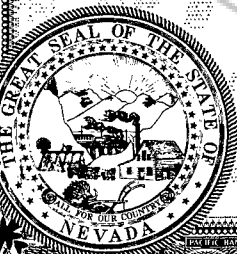
CERTIFIED COPY OF VITAL RECORDS

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: 05/19/2011

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CERTIFICATION OF VITAL RECORD

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

2011016004

STATE FILE NUMBER

Form with sections: DECEASED, PARENTS, DISPOSITION, TRADE CALL, CERTIFIER, REGISTRAR, CAUSE OF DEATH. Includes fields for name, date of death, location, and cause of death.

STATE REGISTRAR



BK 1111
PG-161

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VRS Rev 20110104

406670

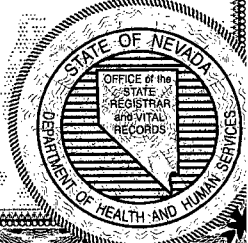
CERTIFIED COPY OF VITAL RECORDS

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: 10/10/2011

Signature of Registrar: R. J. White

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



APN# 1220-17-501-015

Recording Requested by:

Name: First American Title Insurance Company

Address: 1673 Lucerne Street, Suite A

City/State/Zip: Minden, NV 89423

Order Number: 143-2413064

Affidavit of Death of Original Co-Trustee and Service of Co-Trustee
(Title of Document)

(for Recorder's use only)

Recorder Affirmation Statement

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby 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 the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: 440 380

(State specific law)

R Thompson Escrow officer
Signature Title

Rishele Thompson
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)