

OFFICIAL RECORD

Requested By:  
WILLIAM E BUCK

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 2 Fee: 15.00  
BK-1211 PG- 1458 RPTT: 0.00



NAME William E. Buck  
ADDRESS P.O. Box 5127  
CITY  
STATE & ZIP Reno, NV 89513  
APN NO. 1418-27-210-024

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AFFIDAVIT -- DEATH OF TRUSTEE

STATE OF NEVADA

COUNTY OF Douglas } SS.

("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on May 13, 2011 at Reno, Nevada (city and state of death).
2. Decedent is the same person named as the Trustee named in that certain Declaration of Trust dated July 2, 1987 executed by William E. Buck and Eleanor F. Buck as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain deed dated 8-14-91 which was recorded as instrument No. 257810 in book 891, Page 8277 of Official Records of Douglas County, Nevada, as legally described as follows:

Lot 22, of Subdivision No. 1, CAVEROCK COVE, LTD. TRACT, according to the official map thereof, approved by the Board of County Commissioners of Douglas County, Nevada on August 5, 1936, and filed in the office of the Recorder of Douglas County, Nevada on the 26th day of September, 1936.

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: December 8, 2011

Declarant:

Stephen Ernest Buck  
Stephen Ernest Buck

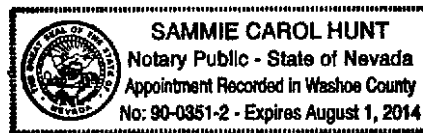
State of Nevada

County of Washoe

Signed and sworn to (or affirmed) before me on 12/8/2011

by Stephen Ernest Buck

Sammie Carol Hunt  
Notary Public



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

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

**CERTIFICATE OF DEATH**

2011007591

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) <b>Eleanor Frances BUCK</b>			2. DATE OF DEATH (Mo/Day/Year) <b>May 13, 2011</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) <b>2766 Robb Drive</b>		3e. If Hosp. or Inst indicate DOA, OP/Emer. Rm. (Inpatient) (Specify) <b>Residential Care Facility</b>		4. SEX. <b>Female</b>
5. RACE: White (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) <b>83</b>	7b. UNDER 1 YEAR MOS: _____ DAYS: _____	7c. UNDER 1 DAY HOURS: _____ MINS: _____	8. DATE OF BIRTH (Mo/Day/Yr) <b>December 10, 1927</b>
9a. STATE OF BIRTH (if not U.S.A. name country) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	10. EDUCATION <b>16</b>	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) <b>William E BUCK</b>
13. SOCIAL SECURITY NUMBER <b>6097</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Homemaker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		Ever in US Armed Forces? <b>No</b>
15a. RESIDENCE - STATE <b>Nevada</b>	15b. COUNTY <b>Washoe</b>	15c. CITY, TOWN OR LOCATION <b>Reno</b>		15d. STREET AND NUMBER <b>1895 Berkeley Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>John Eugene SWEATT</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Dorothy SNYDER</b>			
18a. INFORMANT - NAME (Type or Print) <b>William E BUCK</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>1895 Berkeley Drive Reno, Nevada 89509</b>				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Sierra Crematory</b>		19c. LOCATION - City or Town - State <b>Reno Nevada 89501</b>		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BLAKE HOWE</b> <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE <b>622</b>	20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funeral Home, Reno 875 West Second St. Reno NV. 89503</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>KAREN SUE McDERMOTT M.D.</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>May 16, 2011</b>		21c. HOUR OF DEATH <b>22:41</b>		22b. DATE SIGNED (Mo/Day/Yr)		
21d. 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>Karen Sue McDermott M.D. 1625 E. Prater Way #108 Sparks, NV 89434</b>					23b. LICENSE NUMBER <b>6450</b>	
24a. REGISTRAR (Signature) <b>BRIDGES SANDI</b> <i>SIGNATURE AUTHENTICATED</i>			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 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>Failure to thrive</b>					Interval between onset and death	
(b) <b>DUE TO, OR AS A CONSEQUENCE OF Parkinsons disease</b>					Interval between onset and death	
(c) <b>DUE TO, OR AS A CONSEQUENCE OF Dysphagia</b>					Interval between onset and death	
(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.					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, HON., 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



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BK- 1211  
PG- 1459

413852

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: **DEC 08 2011**

STATE REGISTRAR

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

