

APN: 1320-30-410-008

Douglas County - NV  
Karen Ellison - Recorder

**RECORDING REQUESTED BY &  
After Recording Mail this Document to:**

Page: 1 of 3 Fee: 16.00  
BK-0212 PG- 2940 RPTT: 0.00

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



**AFTER RECORDING MAIL  
TAX STATEMENTS TO:**

Susan M. Richards, Trustee  
880 Mahogany Dr.  
Minden, NV 89423

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  
Service of Successor Trustee**

I SUSAN M. RICHARDS, being of legal age, being first duly sworn, depose and say:

1. This Affidavit of Death refers to the RICHARDS FAMILY TRUST U/D/T 07/22/2002, (the "Trust") under a revocable trust agreement executed by CLEO D. RICHARDS as the original Grantor and Trustee.
2. I declare and affirm that CLEO D. RICHARDS died on October 27, 2010. I also hereby declare and affirm that the decedent cited in the attached certified copy of Certificate of Death, is the same person as CLEO D. RICHARDS, original Grantor and Trustee of the RICHARDS FAMILY TRUST U/D/T 07/22/2002.
3. In accordance with the terms of the Trust, I, SUSAN M. RICHARDS, am empowered to act as Successor Trustee for the Trust after the death of CLEO D. RICHARDS. I hereby affirm my incumbency as Trustee, and declare my intention to act as the current Trustee of the RICHARDS FAMILY TRUST U/D/T 07/22/2002.
4. CLEO D. RICHARDS is the named Grantor as well as Trustee in that certain Grant Deed, granting to CLEO D. RICHARDS, Trustee all right, title and interest in the following identified real property:

APN: .....1320-30-410-008

Commonly Known As: ....880 Mahogany Drive, Minden, NV 89460.

Recorded On: .....July 24, 2002

As Document Number: ....0547874

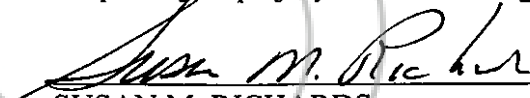
Official Records of: .....Douglas County, Nevada

Legal Description:.....LOT 7, BLOCK A OF THE FINAL MAP #1010-4B OF WESTWOOD VILLAGE UNIT 4B, ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON DECEMBER 13, 1995 IN BOOK 1295, PAGE 1906, AS DOCUMENT NO. 376827.

A.P.N. 1320-30-410-008

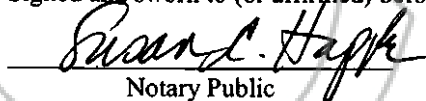
Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

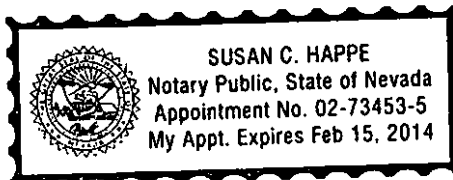
- 5. The assets held under this Trust are to be held under the following title:  
SUSAN M. RICHARDS Trustee  
RICHARDS FAMILY TRUST U/D/T 07/22/2002
- 6. The RICHARDS FAMILY TRUST U/D/T 07/22/2002 has not been revoked and there have been no amendments limiting the powers of the Trustee(s) over Trust property.
- 7. I hereby declare, as Current Trustee, that I have all Trustee powers, to sell, encumber, retain, or otherwise manage all property belonging to the RICHARDS FAMILY TRUST U/D/T 07/22/2002, including, but not limited to, the above-described real property, including any portion thereof.
- 8. I make this affirmation under penalty of perjury on November 18, 2011.

  
 \_\_\_\_\_  
 SUSAN M. RICHARDS  
 Successor and Current Trustee of the  
 RICHARDS FAMILY TRUST U/D/T 07/22/2002

JURAT

State of Nevada )  
 County of Douglas )  
 Signed and sworn to (or affirmed) before me on November 18, 2011, by SUSAN M. RICHARDS.

  
 \_\_\_\_\_  
 Notary Public



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

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

2010016711  
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>Cleo D RICHARDS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 27, 2010</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>880 Mahogany Dr</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Female</b>		5. RACE <b>White</b> (Specify)		8. DATE OF BIRTH (Mo/Day/Yr) <b>January 06, 1921</b>	
6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>89</b>		7b. UNDER 1 YEAR MOS: _____ DAYS: _____	
7c. UNDER 1 DAY HOURS: _____ MINS: _____		9a. STATE OF BIRTH (If not U S A, name country) <b>Pennsylvania</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10 EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		12 SURVIVING SPOUSE (if wife, give maiden name)	
13 SOCIAL SECURITY NUMBER <b>2308</b>		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Owner</b>		14b KIND OF BUSINESS OR INDUSTRY <b>Crafts Store</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b COUNTY <b>Douglas</b>		15c CITY, TOWN OR LOCATION <b>Minden</b>	
15d STREET AND NUMBER <b>880 Mahogany Dr</b>		15e INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16 FATHER - NAME (First Middle Last Suffix) <b>John DONNELLY</b>	
17 MOTHER - NAME (First Middle Last Suffix) <b>Ella</b>		18a. INFORMANT- NAME (Type or Print) <b>Susan RICHARDS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>880 Mahogany Dr Minden, Nevada 89423</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE <b>217</b>		20c NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV 89410</b>	
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>MARK THOMAS BRUNE M.D.</b> SIGNATURE AUTHENTICATED					
21b DATE SIGNED (Mo/Day/Yr) <b>November 01, 2010</b>		21c HOUR OF DEATH <b>09:00</b>		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) <b>Brune, Mark Thomas</b>		22b. DATE SIGNED (Mo/Day/Yr)		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) <b>Mark Thomas Brune M.D. 1701 County Road #H Minden, NV 89423</b>	
23b. LICENSE NUMBER <b>7134</b>		24a REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 09, 2010</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>Large Left Frontal - Parietal Ischemic Stroke</b> DUE TO, OR AS A CONSEQUENCE OF (b) <b>Arteriosclerosis</b> DUE TO, OR AS A CONSEQUENCE OF (c) <b>High Cholesterol</b> DUE TO, OR AS A CONSEQUENCE OF (d) <b>Hypertension</b>			
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



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BK- 0212  
PG- 2942  
02/15/2012

VRS-Rev-20100218

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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: 11/09/2010

*R. J. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

