

DOC # 809345
09/19/2012 02:01PM Deputy: PK
OFFICIAL RECORD
Requested By:
First American Title Mindel
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 5 Fee: \$18.00
BK-912 PG-4372 RPTT: 0.00



APN# 1320-03-001-025

Recording Requested by:
Name: First American Title Insurance Company
Address: 1663 US Highway 395, Suite 101
City/State/Zip: Minden, NV 89423
Order Number: 143-2431694

Affidavit- Death of Trustee (for Recorder's use only)
(Title of Document)

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: NRS 440.360
(State specific law)

Suzanne Cheechov ESCROW OFFICER
Signature Title

Suzanne Cheechov
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)



RECORDING REQUESTED BY

First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**

Alessandra K. Murata
*120 ARBON BLVD.
SAN MATEO, CA. 94402*

Space Above This Line for
Recorder's Use Only

A.P.N. 1320-03-001-025

File No.: 143-2431694 (SC)

Affidavit - Death of Trustee

State of *CALIFORNIA*

County of *Santa Clara*

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)ss.
)

Alessandra K. Murata ("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. **Connie L. Murata** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **September 27, 2009** at **Minden, Nevada** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **October 2, 2008** executed by **Connie L. Murata, Alessandra K. Murata and Scott K. Murata** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant Bargain and Sale Deed** dated **October 2, 2008** which was recorded as Instrument No. **0731005** in Book **1008**, Page **475**, of Official Records of **Douglas** County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

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.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2009014585
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) Connie Lee MURATA-SCHNEIDER		2. DATE OF DEATH (Mo/Day/Year) September 27, 2009		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) 2531 Pinochle Way		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home	
5. RACE - White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 67	
9a. STATE OF BIRTH (If not U.S.A. name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
13. SOCIAL SECURITY NUMBER 4653		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Nurse		14b. KIND OF BUSINESS OR INDUSTRY Medical	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2531 Pinochle Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		8. DATE OF BIRTH (Mo/Day/Yr) August 11, 1942	
16. FATHER/PARENT - NAME (First Middle Last Suffix) William POTTER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Fern HAINES		
18a. INFORMANT- NAME (Type or Print) Patrick J MURATA		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 2531 Pinochle Way Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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) DR. THOMAS MERRY SIGNATURE AUTHENTICATED			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) October 05, 2009		21c. HOUR OF DEATH 19:30		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) DR. THOMAS MERRY 1649 Lucerne St Minden, NV 89423				23b. LICENSE NUMBER 7634	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 05, 2009		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:				Interval between onset and death	
(a) Cardiorespiratory Arrest					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Complications of Metastatic Cancer					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
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) 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 912
PG-4375
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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:

SEP 06 2012

STATE REGISTRAR

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

VRS-Rev.20120523a

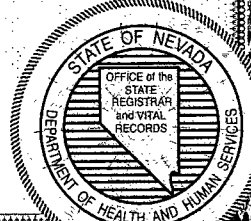




EXHIBIT 'A'

PARCEL 1:

THE WEST 1/2 OF THE SOUTHEAST 1/4 OF THE SOUTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 3, TOWNSHIP 13 NORTH, RANGE 20 EAST, M.D.B. & M.

SAID LAND MORE FULLY SHOWN AS PARCEL NO. 1 AS SET FORTH ON THAT CERTAIN PARCEL MAP RECORDED MAY 22, 1974, BOOK 574, PAGE 882, DOCUMENT NO. 73424 OF OFFICIAL RECORDS.

PARCEL 2:

THE NORTH 1/2 OF THE NORTHWEST 1/4 OF THE SOUTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 3, TOWNSHIP 13 NORTH, RANGE 20 EAST, M.D.B. & M.

PARCEL 2A:

A NON-EXCLUSIVE EASEMENT FOR ROADWAY AND PUBLIC UTILITY PURPOSES OVER THE FOLLOWING DESCRIBED PROPERTY:

COMMENCING AT JOHNSON LANE, THE WEST 30 FEET OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF THE NORTHEAST 1/4 AND THE EAST 30 FEET OF THE WEST 1/2 OF THE NORTHEAST 1/4 OF THE NORTHEAST 1/4 ALL IN SECTION 3, TOWNSHIP 13 NORTH, RANGE 20 EAST, M.D.B. & M, AS RECORDED APRIL 4, 1973 IN BOOK 473, PAGE 74 AS DOCUMENT NO. 65029, OF OFFICIAL RECORDS, DOUGLAS COUNTY

PARCEL 3:

THE SOUTHWEST 1/4 OF THE SOUTHEAST 1/4 OF THE NORTHEAST 1/4 AND THE SOUTH 1/2 OF THE NORTHWEST 1/4 OF THE SOUTHEAST 1/4 OF THE NORTHEAST 1/4, ALL IN SECTION 3, TOWNSHIP 13 NORTH, RANGE 20 EAST, M.D.B. & M.

PARCEL 4:

THE WEST 1/2 OF THE NORTHEAST 1/4 OF THE SOUTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 3, TOWNSHIP 13 NORTH, RANGE 20 EAST, M.D.B. & M., DOUGLAS COUNTY, STATE OF NEVADA.

A.P.N. 1320-03-001-025 and 1320-03-001-024 and 1320-03-001-022 and 1320-03-001-023