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Doc Number: **0809352**

09/19/2012 02:48 PM

**OFFICIAL RECORDS**

Requested By  
**Rachelle J. Nicolle**

APN: 1320-29-212-007

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

**RECORDING REQUESTED BY and  
AFTER RECORDING**

Page: 1 of 3 Fee: \$ 15.00  
Bk: 0912 Pg: 4412

✓ **MAIL THIS AFFIDAVIT TO:**

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



Deputy sg

**MAIL TAX STATEMENTS TO:**

Frances S. Matye, Trustee  
1028 Wisteria 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 Co-Trustee and Continued Service of Sole Remaining Co-Trustee**

FRANCES S. MATYE, being of legal age, being first duly sworn, deposes and says:

1. This Affidavit of Death refers to the MATYE LIVING TRUST U/D/T 6/18/1991, (the "Trust") under a revocable trust agreement executed by ALBERT J. MATYE, also known as Albert Joseph Matye, and FRANCES S. MATYE as the Grantors.
2. The original Grantors and Trustees of the Trust were ALBERT J. MATYE and FRANCES S. MATYE.
3. In accordance with the terms of the Trust, I, FRANCES S. MATYE, am empowered to act as sole Trustee for the Trust after the death of ALBERT J. MATYE. I hereby affirm my incumbency as sole surviving Co-Trustee, and declare my intention to act as the remaining sole Trustee of the MATYE LIVING TRUST U/D/T 6/18/1991.
4. I declare and affirm that ALBERT J. MATYE, also known as Albert Joseph Matye, died on April 6, 2012. I also hereby declare and affirm that the decedent cited in the attached certified copy of Certificate of Death is the same person as ALBERT J. MATYE, Trustee of the MATYE LIVING TRUST U/D/T 6/18/1991.
5. ALBERT J. MATYE and FRANCES S. MATYE are the named Trustees and Grantees in that certain Grant Deed, granting to ALBERT J. MATYE and FRANCES S. MATYE, Trustees, and subsequent Trustees of the MATYE LIVING TRUST U/D/T 6/18/1991, all right, title and interest in the following identified real property:

APN: ..... 1320-29-212-007 (former APN 0000-25-642-05)

Commonly Known As: ..... 1028 Wisteria Drive, Minden, NV 89423

Recorded On: ..... May 8, 1992

As Document Number: ..... 278238  
In Book:..... 592  
On Page:..... 1475  
Official Records of:..... Douglas County, Nevada

Legal Description:..... Lot 124 in Block D, as set forth on the map of Winhaven Unit No. 1, a Planned Unit Development filed for record in the office of the County Recorder of Douglas County, State of Nevada, on January 13, 1989 as Document No. 194373. 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.

- 6. The assets held under this Trust are to be held under the following title:  
FRANCES S. MATYE, TRUSTEE  
MATYE LIVING TRUST U/D/T 6/18/1991
- 7. The MATYE LIVING TRUST U/D/T 6/18/1991 has not been revoked and there have been no amendments limiting the powers of the Trustee(s) over Trust property.
- 8. I hereby declare my authority to act as the authorized Trustee and the current sole Trustee. As the sole Trustee, I have all Trustee powers to sell, encumber, retain, or otherwise manage all property belonging to the MATYE LIVING TRUST U/D/T 6/18/1991, including, but not limited to, the above-described real property, including any portion thereof.
- 9. I make this affirmation under penalty of perjury on August 13, 2012.

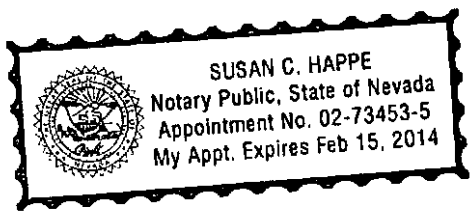
*Frances S. Matye*  
FRANCES S. MATYE, Trustee  
MATYE LIVING TRUST U/D/T 6/18/1991

JURAT

State of Nevada )  
County of Douglas )

Signed and sworn to (or affirmed) before me on August 13, 2012, by FRANCES S. MATYE.

*Susan C. Happe*  
Notary Public



# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

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

**2012005592**

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>Albert Joseph MATYE</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 06, 2012</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>1028 Wisteria Dr</b>		3e. If Hosp. or Inst. indicate DOA, Op/Emer. Rm. Inpatient (Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE - White (Specify)		6. DATE OF BIRTH (Mo/Day/Yr) <b>November 10, 1918</b>	
7a. AGE-Last birthday (Years) <b>93</b>		7b. UNDER 1 YEAR MOS    DAYS    HOURS    MINS		7c. UNDER 1 DAY MINS	
8a. STATE OF BIRTH (if not U.S.A. name country) <b>Wisconsin</b>		8. Hispanic Origin? Specify No - Non-Hispanic		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Frances S GIVEN</b>	
13. SOCIAL SECURITY NUMBER <b>██████-8872</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Owned And Operated</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Retail Gas Station</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>1028 Wisteria Dr</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Nicholas MATYE</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Anna DOLL</b>		
18a. INFORMANT - NAME (Type or Print) <b>Frances MATYE</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>1028 Wisteria Dr Minden, Nevada 89423</b>			
19a. BURIAL; CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Los Osos Valley Memorial Park</b>		19c. LOCATION City or Town State <b>Los Osos California 93402</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOSH FAULKNER</b> <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE <b>776</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> <b>1521 Church Street Gardnerville NV 89410</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>April 11, 2012</b>		21c. HOUR OF DEATH <b>09:38</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>MICHELE L YOUNG</b> <i>SIGNATURE AUTHENTICATED</i>			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 11, 2012</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>End Stage Congestive Heart Failure</b> Interval between onset and death					
(b) <b>Ischemic Heart Disease</b> Interval between onset and death					
(c) <b>Aortic Valve Disease</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>Yes</b>					
28a. ACC, SUICIDE, HOME, 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



0809352 Page 3 of 3 09/19/2012 02:48 PM

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VRS Rev-20110104

**431440**

### 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: **04/13/2012**

*R. J. [Signature]*  
**SIGNATURE AUTHENTICATED**

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

