DOC # 813328 11/26/2012 11:04AM Deputy: GB OFFICIAL RECORD Requested By: Title Source, Inc.
Douglas County - NV Karen Ellison - Recorder



Fee:

\$41.00

of

Page:

Recording expuested by: Title Source 662 Woodward Ave Detroit MI 48226 AND WHEN RECORDED MAIL TO:

Title Source 662 Woodward Ave Detroit MI 48226

5685 Flg-1553144

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

COUNTY OF

Gerald M. Marks of legal age, being first duly sworn, deposes and says:

, ck oxio

- 1. Sylvia C. Marks is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person named as Trustee in that certain Declaration of Trust dated 7/16/2007, executed by Gerald M. Marks and Sylvia C. Marks, as Trustees
- 2. At the time of decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on 9/13/2007, as Liber/Book 0907, Page/Folio 2667, in Official Records of Douglas County, Nevada, describing the following real property:

Tax Id Number(s): 1420-35-410-003

Land Situated in the County of Douglas in the State of NV

LOT 27 IN BLOCK C AS SET FORTH ON THE FINAL SUBDIVISION MAP FSM #94-04-01 FOR SKYLINE RANCH PHASE 1, FILED FOR RECORD WITH DOUGLAS COUNTY RECORDER ON MAY 11, 2001, IN BOOK 501, OF OFFICIAL RECORDS, PAGE 3298, AS DOCUMENT NO. 514006. Commonly known as: 1609 Shirley Street , Minden, NV 89423

I am the surviving or successor Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Dated:

Subscribed and sworn to (or affirmed) before me on this

27 day of OCTOBER, 20/2by

GERXLD

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature

Kunstman

Expers 7/15/2013

THE TOTAL OF THE PROPERTY OF T

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

20	1000)9224

TYPE	OR
PRIN	IT IN 🗥
PRIN PERMA	NENT
BLAC	K INK

DECEDE

IF DEATH OCCURRED IN INSTITUTION EE HANDBOOK OMPLETION OF

RESIDENCE ITEMS

PARENTS

DISPOSITION

RADE CALL

CERTIFIER

REGISTRAR CAUSE OF 25. IMMEDIATE CAUSE DEATH

CONDITIONS IF ANY WHICH SAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST CAUSE

PART II

28a. ACC., SUICIDE, HOM., UNDE OR PENDING INVEST. (Specify) 28e. INJURY AT WORK (Specify

* 544 **_52**	1 V 1 A 1 A A	<u></u>		THE SEL COMPANY				
1a. DECEASED-NAME (FIRST,MID	DLE,LAST,SUFFIX)			2. DATE OF DEATH	(Mo/Day/Year)	3a. COUNTY OF DEA	ATH	
Sylvia Catherine	MARKS			June 11	, 2010	Dougl	as	
3b. City, Town, or Location o Minden	F DEATH 3c. HOSPITAL and number)	OR OTHER INSTITUTIO	N-Name(If not either, giv ley St.	e street 3e.If Hosp Inpatient(5			4. sex Female	
5. RACE White: Specify)	No	spanic Origin? Specify Non-Hispanic	7a. AGE-Last birthday (Years) 66	MOS DAYS	HOURS MINS	8. DATE OF BIRTH October 07		
9a. STATE OF BIRTH (If not U.S.A., name country) Arizona	9b. CITIZEN OF WI	AT COUNTRY 10 EDUC States 17	** ** * * * * * * * * * * * * * * * * *		DOWED, 12. SUF PARTN	RVIVING SPOUSE OF ER Ger	DOMESTIC	
13. SOCIAL SECURITY NUMBER	14a. USUAL OCCU Working Life, Even	PATION (Give Kind of Wo If Retired) School	rk Done During Most of Teacher	146, KIND OF BU	Education	TRY Ever in Forces	US Armed ? No	
15a. RESIDENCE≟STATE 115b. Nevada	COUNTY Douglas	15c CITY, TOWN OR Mind		STREET AND NUMB 09 Shìrley St.	2 m		SIDE CITY (Specify Yes Yes	
16. FATHER - NAME (First Middle Joe (Last Suffix) O ARECHAVALE	IV.	17. MOTHER -	NAME (First Middle	Last Suffix) Mary BEDIA			
18a. INFORMANT- NAME (Type or I	rint)	18b. MAILING A	DDRESS (Street or R	F.D. No. City or Town	n, State, Zip)			

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY NAM

Fitzhenry's Crematory

FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410

SIGNATURE AUTHENTICATED STEVEN MICHAEL BROWN M.D. 16:00 21d. NAME OF ATTENDING PLYSICIAN IF OTHER THAN CERTIFIER (Type or Print). Brown, Steven Michael

22d. PRONOUNCED DEAD (Md/Day/Ya)

mination and/of investigation, in my opinion death occurred at and due to the cause(s) stated. (Sinnahum of the cause(s) stated.

City or Town

Carson City Nevada 89701

226: PRONOUNCED DEAD AT (Hour)

4c. DEATH DUE TO COMMUNICABLE DISEASE NO X

SIGNATURE AUTHENTICATES Pancreatobiliary Carcinoma DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE O

James Smólenski 🛚

Brown, Steven Michael

Steven Michael Brown M.D. 1667 Luceme S

JENELLE ENGLISH

TRADE CALL - NAME AND ADDRESS

June 16, 2010/

(Type or Print)

building, etc. (Specify)

Interval between onset and death-

Interval between onset and death

interval between onset and death

27. WAS CASE REFERRED

CITY OR TOWN

26 AUTOPSY

(Specify Yes or No)

вк 1112 PG-6182

3 11/26/2012

VRS-Rev-20090602



CERTIFIED COPY OF VITAL RECORDS

STATE REGISTRAR

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

28f. PLACE OF INJURY- At home, farm, street, factory, office

06/28/2010





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

BK 1112 PG-6183 813328 Page: 3 of 3 11/26/2012

EXHIBIT A - LEGAL DESCRIPTION

Tax Id Number(s): 1420-35-410-003

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