



APN# 1022-16-001-119

Recording Requested by:
Name: First American Title Insurance Company
Address: 1663 US Highway 395, Suite 101
City/State/Zip: Minden, NV 89423
Order Number: 143-2435999

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:

410.360
(State specific law)

Melissa J. Gyll Escrow Asst
Signature Title

Melissa J. Gyll
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:**

June K. Watkins
11380 South Virginia Street, Apt
3313
Reno, NV 89511

Space Above This Line for
Recorder's Use Only

A.P.N. 1022-16-001-119

File No.: 143-2435999 (Rt)

Affidavit - Death of Trustee

State of Nevada)
)ss.
County of Doulgas)

June K. Watkins ("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. **Donald L. Watkins** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **5-9-10** at **Wellington, NV** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **12-31-98** executed by **Donald L. Watkins and June K. Watkins** 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 **September 9, 2004** which was recorded as Instrument No. **0624269** in Book **0904**, Page **06078**, of Official Records of **Douglas** County, Nevada as legally described as follows:

LOT 34, IN BLOCK K, AS SHOWN ON THE MAP ENTITLED TOPAZ RANCH ESTATES, UNIT NO. 4, FILED FOR RECORD NOVEMBER 16, 1970, IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, AS DOCUMENT NO. 50212.

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: 12-10-12

DECLARANT:

June K. Watkins
June K. Watkins

State of Nevada)
)ss
County of Douglas)

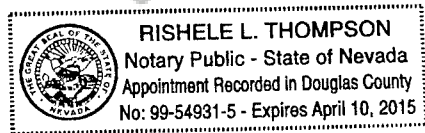
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State Nevada this 10 day of December, 2012 by June K. Watkins, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

This area for official notarial seal

Signature Rishele L. Thompson

My Commission Expires: 4/10/15



Notary Name: _____ Notary Phone: _____

Notary Registration Number: _____ County of Principal Place of Business _____

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

**DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH**

2010006839

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) Donald Lawrence WATKINS		2. DATE OF DEATH (Mo/Day/Year) May 09, 2010		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Wellington		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 3641 Granite Way		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE - White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 78		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) July 01, 1931		9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE OR DOMESTIC PARTNER June Karen SLATER	
13. SOCIAL SECURITY NUMBER 7584		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Telephone Engineer		14b. KIND OF BUSINESS OR INDUSTRY Telephone Company	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
15d. STREET AND NUMBER 3641 Granite Way		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? Yes	
16. FATHER - NAME (First Middle Last Suffix) Henry Clay WATKINS			17. MOTHER - NAME (First Middle Last Suffix) Evelyn Grace LAWRENCE		
18a. INFORMANT- NAME (Type or Print) June WATKINS			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3641 Granite Way Wellington, Nevada 89444		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Reno		19c. LOCATION City or Town State Reno Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompia Ln Carson City NV 89701	
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) JESSE MCKONE			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) JESSE MCKONE SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) May 12, 2010	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr) May 09, 2010		22e. PRONOUNCED DEAD AT (Hour) 11:23	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner JESSE MCKONE PO Box 218 Minden, NV 89423				23b. LICENSE NUMBER 301	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 13, 2010		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). Interval between onset and death:					
PART I					
(a) Hypertensive & Arteriosclerotic Cardiovascular Disease					
DUE TO, OR AS A CONSEQUENCE OF					
(b) Diabetes Mellitus					
DUE TO, OR AS A CONSEQUENCE OF					
(c)					
DUE TO, OR AS A CONSEQUENCE OF					
(d)					
PART II					
26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED		26. AUTOPSY (Specify Yes or No) NO			
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. INJURY AT WORK (Specify Yes or No)			
28b. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28c. LOCATION STREET OR R.F.D. No.		28d. CITY OR TOWN STATE	

STATE REGISTRAR



BK 1212
PG-2375

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VHS-Rev 20050802

331340

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: 05/14/2010

Rud Whelan
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

