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Doc Number: **0816011**

01/10/2013 03:36 PM

OFFICIAL RECORDS

Requested By
GREGORY J MORRIS LTD

APN: 17-112-050

RECORDING REQUESTED BY:

Mrs. Nancy L. Downey
P.O. Box 585
Genoa, NV 89411

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 3 Fee: \$ 16.00
Bk: 0113 Pg: 2490



Deputy pk

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

✓ Mrs. Nancy L. Downey
P.O. Box 585
Genoa, NV 89411

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA)
)SS:
COUNTY OF DOUGLAS)

NANCY L. DOWNEY, being first duly sworn, deposes and says:

1. That WILLIAM T. DOWNEY and NANCY L. DOWNEY created the DOWNEY FAMILY TRUST dated June 23, 1998, wherein WILLIAM T. DOWNEY and NANCY L. DOWNEY were designated as the original Trustees.

2. That WILLIAM T. DOWNEY died on the 12th day of July, 2012, and is the identical person named as WILLIAM THOMAS DOWNEY on the certified copy of the Death Certificate which is attached hereto and by this reference incorporated herein.

3. That NANCY L. DOWNEY is named in said Trust as the sole Trustee of the Trust; and hereby files this Affidavit and accepts the Trusteeship of the DOWNEY FAMILY TRUST dated June 23, 1998.

4. That this Affidavit of Death of Trustee is applicable to the following parcel of real property situated in the County of Douglas, State of Nevada, bounded and described as follows:

LOT 27, AS SHOWN ON THE OFFICIAL MAP OF PIONEER TRAIL RANCH SUBDIVISION UNIT NO. 2, RECORDED IN THE OFFICE OF THE COUNTY RECORDER ON JANUARY 27, 1972, IN BOOK 1 OF MAPS, AS DOCUMENT NO. 57534.

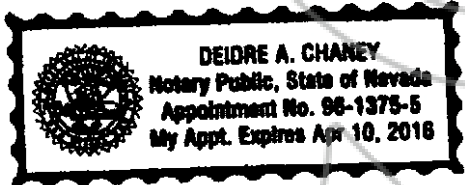
DATED this 30th day of November, 2012.

Nancy L. Downey
NANCY L. DOWNEY

STATE OF NEVADA)
)SS:
COUNTY OF Douglas

On this 30th day of November, 2012, personally appeared before me, a Notary Public, NANCY L. DOWNEY, who acknowledged to me that she executed the above instrument, as Trustee of the DOWNEY FAMILY TRUST dated June 23, 1998.

Deidre A Chaney
NOTARY PUBLIC



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH

VITAL STATISTICS

CERTIFICATE OF DEATH

2012012275

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) William Thomas DOWNEY		2 DATE OF DEATH (Mo/Day/Year) July 18, 2012		3a. COUNTY OF DEATH Douglas	
3b CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Carson Valley Medical Center		3e If Hosp. or Inst. Indicate DOA,OP, Emer. Rm Inpatient((Specify) Emergency Room / Outpatient	
4 SEX Male		5 RACE White		6 Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) 58		7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS	
8 DATE OF BIRTH (Mo/Day/Yr) May 31, 1954		9a. STATE OF BIRTH (If not U S A, name country) Nevada		9b CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 16		11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Nancy CANNON	
13. SOCIAL SECURITY NUMBER 968		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Operating Engineer		14b. KIND OF BUSINESS OR INDUSTRY Engineering	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Genoa	
15d. STREET AND NUMBER 2289 Meadow Lark Lane		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) John DOWNEY	
17 MOTHER/PARENT - NAME (First Middle Last Suffix) Helen DALEY		18a INFORMANT- NAME (Type or Print) Nancy DOWNEY		18b MAILING ADDRESS (Street or R F D. No, City or Town, State, Zip) P.O. Box 585 Genoa, Nevada 89411	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME FitzHenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI <i>SIGNATURE AUTHENTICATED</i>		20b FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N 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) CHARLES BRIAN SONDEREGGER M.D. <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) August 02, 2012		21c. HOUR OF DEATH 04:08		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Charles Brian Sonderegger M.D. 961 Mica Drive, Suite A Carson City, NV 89705			
23b. LICENSE NUMBER 3390		24a. REGISTRAR (Signature) MICHELE L YOUNG <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 07, 2012	
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) Cirrhosis of the Liver (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) DUE TO, OR AS A CONSEQUENCE OF:			
26 AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			
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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VRS-Rev-20120523a

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. 08/07/2012

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

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

