**RECORDING REQUESTED BY** 

First American Title Insurance Company of Nevada

AND WHEN RECORDED RETURN TO AND MAIL TAX STATEMENTS TO:

Carole Thompson 1002 Tillman Lane Gardnerville, NV 89460 DOC # 816015

01/10/2013 03:45PM Deputy: SG
 OFFICIAL RECORD
 Requested By:

First American Title Mindel Douglas County - NV
 Karen Ellison - Recorder

Page: 1 of 3 Fee: \$16.00

BK-113 PG-2500 RPTT: 0.00



File No.: 143-2438510 (Rt)

Space Above This Line for Recorder's Use Only

A.P.N. 1220-22-210-103

**Affidavit - Death of Trustee** 

State of Nevada )
(State of Nevada )
(State of Nevada )
(State of Nevada )

**Carole Thompson** ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

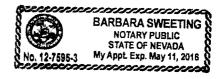
- Albert C. Robinson ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on 02-20-2006 at Gardnerville, NV (city and state of death).
- Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **August 9, 2004** executed by **Albert C. Robinson** as trustor(s) (the "Trust").
- Decedent as a trustee is the same person who was named as a grantee in that certain **Quitclam Deed** dated **08-04-2004** which was recorded as Instrument No. **0621208** in Book **0804**, Page **04471**, of Official Records of **Douglas** County, Nevada as legally described as follows:

LOT 658, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 6, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MAY 29, 1973, IN BOOK 573, PAGE 1026, AS FILE NO. 66512.

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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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.

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Dated: 01/07/13 **DECLARANT: Carole Thompson, Successor Trustee** 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 \_\_\_\_\_\_ and State \_\_\_\_\_\_\_, this and State Alvida Carole Thompson 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\_ My Commission Expires: Banbana Sweeting Notary Phone: Notary Registration Number: 12-7595-3 County of Principal Place of Business County of Principal Place of Business



## VITAL RECORD **DEPARTMENT OF HUMAN RES BK** 113 **DIVISION OF HEALTH** PG-2502 VITAL STATISTICS 3 01/10/2013 STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH LOCAL FILE NUMBER STATE FILE NUMBER TYPE OR PRINT DECEASED-NAME Middle Last DATE OF DEATH (Month, Day, Year) COUNTY OF DEATH IN Albert 2. February 20, 2006 Churchill ROBINSON Douglas FRMANENT BLACK INK CITY, TOWN OR LOCATION OF DEATH HOSPITAL OR OTHER INSTITUTION-Name (If not either, give street and number) If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Gardnerville 3c. Evergreen Gardnerville Care Center 3e. Inpatient Male ECEDENT RACE—(e.g., White, Black, American Indian, etc.) (Specify) Was Decedent of Hispanic Origin? Specify ☐ yes ☒ no If yes, AGE—Last specify Mexican, Cuban, Puerto Rican, etc. UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (Mo., Day, Yr.) MOS DAYS White 80 April 2, 1925 7c. STATE OF BIRTH MARRIED, NEVER MAR WIDOWED, DIVORCED CITIZEN OF WHAT COUN-Decedent's Education. Specify highest SURVIVING SPOUSE (If wife, give maide IF DEATH OCCURRED IN (Specify) Widowed Massachusetts 14 SEE HANDBOOK SOCIAL SECURITY NUMBER USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) KIND OF BUSINESS OR INDUSTR' REGARDING COMPLETION OF RESIDENCE ITEMS -1248Police Officer Law Enforcement RESIDENCE-STATE COUNT CITY, TOWN, OR LOCATION STREET AND NUMBER INSIDE CITY LIMITS (Specify Yes or No) 15a. Nevada Douglas 15c. Gardnerville 15b 15d 722 Lassen Way Yes FATHER-NAME MOTHER-MAIDEN NAME ARENTS 17 INFORMANT-NAME (Type or Print) MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1002 Tillman Lane, Gardnerville, Nevada 89460 18a Carole Thompson BURIAL, CREMATION, REMOVAL, OTHER (Specify) CEMETERY OR CREMATORY-NAME LOCATION Walton's Sierra Crematory Cremation Carson City Nevada SPOSITION FUNERAL DIRECTOR NAME AND ADDRESS OF FACILITY LICENSE NUMBER L DIRECTOR—SIGNA In Acting as Such) FUNE! Walton's Douglas County Mortuary 09 1478 4th Street, Minden, Nevada 89423 date and place and 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) and manner stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH 0250 21c. 22c. ERTIFIER PRONOUNCED DEAD (Mo., Day, Yr.) OTHER THAN CERTIFIER (Type or Print) PRONOUNCED DEAD (Hour) 22d. ON NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) NV 89410 LICENSE NUMBER D.O., 1540 Highway 395N, Suite E, Gardnerville, 984 Ralph Herbig, 23b. REGISTRAR DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE ONDITIONS IF ANY CH GAVE 24a. (Signature) ISE TO MEDIATE 25. IMMEDIATE CAUSE NE CAUSE PER LINE FOR (a), (b), AND (c).) Interval between onset and death minutes morary ween onset and deat AUSE OF WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY PART DEATH No ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED (Specify) 28a. 284 PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) STREET OR R.F.D. No. STATE INJURY AT WORK (Specify Yes or No) LOCATION. CITY OR TOWN No. 292034 STATE REGISTRAR



104486

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered placed on file in the office of the State Registrar and Vital Records

FEB 2 2 2006

STATE REGISTRAR

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