

APN# : 1320-36-002-034

Recording Requested By:

Western Title Company, Inc.

Escrow No.: 055354-TEA

When Recorded Mail To:

Thomas Allen Messer

7524 N. Trellis Circle

Fresno, CA

93720

DOC # 820040

03/15/2013 12:11PM Deputy: PK

OFFICIAL RECORD

Requested By:

Western Title Company

Douglas County - NV

Karen Ellison - Recorder

Page: 1 of 4 Fee: \$17.00

BK-313 PG-3952 RPTT: 0.00



(space above for Recorder's use only)

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)

Signature

Traci Adams
Traci Adams

Escrow Officer

Affidavit - Death of Trustee

This page added to provide additional information required by NRS 111.312
(additional recording fee applies)



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RECORDING REQUESTED BY:
Thomas Allen Messer

AND WHEN RECORDED MAIL TO:

Thomas Allen Messer
7524 N. Trellis Circle
Fresno, CA 93720

SPACE ABOVE THIS LINE FOR RECORDER'S USE
AFFIDAVIT - DEATH OF TRUSTEE

STATE OF CALIFORNIA)

) SS.

COUNTY OF FRESNO)

Thomas Allen Messer, Co-, Successor Trustee of legal age, being first duly sworn,
deposes and says:

Carolyn Louise. Messer, 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 December 1, 1998, executed by Carolyn L. Messer, Trustee
of The Messer Living Trust dated December 1, 1998.

At the time of decedent's death, decedent was the owner, of certain real property
acquired by a deed recorded on January 4, 2011 as Instrument No. 776365, in Official
Records of Douglas County, Nevada, describing the following real property:

**Lot 16, in Block B, as shown on the map of WILDFLOWER RIDGE
SUBDIVISION, UNIT NO. 1, filed for record in the office of the County
Recorder of Douglas County, State of Nevada, on June 4, 1991, in book 691,
Page 338, as Document No. 252076.**

Commonly known as: 1442 Rabbitbrush Drive, Gardnerville, NV 89410

I am the 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 January 18, 2013



MESSER LIVING TRUST dated December 1, 1998

Thomas Allen Messer, Co- Successor Trustee

STATE OF CALIFORNIA

COUNTY OF FRESNO

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This instrument was acknowledged before me on

JANUARY 18, 2013

by, Thomas Allen Messer.

Notary Public

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2012013053
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) Carolyn Louise MESSER		2. DATE OF DEATH (Mo/Day/Year) August 11, 2012		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Evergreen at CC Health and Rehab Ctr		3e. If Hosp. or inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 73	
7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) May 19, 1939	
9a. STATE OF BIRTH (if not U.S.A., name country) Virginia		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)			
13. SOCIAL SECURITY NUMBER ██████████-3762		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Nurse		14b. KIND OF BUSINESS OR INDUSTRY Medical	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1442 Rabbitbrush Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Milton RICHARDSON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Delma MARTIN		
18a. INFORMANT- NAME (Type or Print) Thomas MESSER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 752 N. Trellis Cir Fresno, California 93720			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Crementation		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		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
20d. SIGNATURE AUTHENTICATED					
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) VIJAY MAIYA		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 20, 2012		21c. HOUR OF DEATH 19:40		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)			
22c. HOUR OF DEATH		22e. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. Vijay Maiya 1600 Medical Parkway Carson City, NV 89703					23b. LICENSE NUMBER 11909
24a. REGISTRAR (Signature) NICOLE SHORE		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 21, 2012		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24d. SIGNATURE AUTHENTICATED					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					interval between onset and death
(a) Cardiopulmonary Failure					interval between onset and death
(b) Sepsis					interval between onset and death
(c) Urinary Tract Infection					interval between onset and death
(d) Morbid Obesity					interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.					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

3669604



BK 313
PG-3955

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VRS-Rev-20120523a

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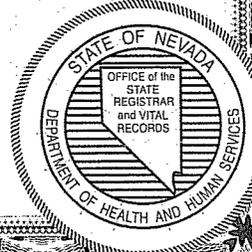
CERTIFIED COPY OF VITAL RECORDS

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: **08/21/2012**

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE