

APN 1219-15-002-007

APN _____

APN _____

DOC # **820193**
03/18/2013 03:48PM Deputy: SD
OFFICIAL RECORD

Requested By:
First American Title Mindel
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: \$17.00
BK-313 PG-4559 RPTT: 0.00



FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: AFFIDAVIT - DEATH OF TRUSTEE

WHEN RECORDED MAIL TO:

Catherine L. Gibb

POBBOX 85

Zephyr Cove, NV 89448



- 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: 2-18-13

DECLARANT:

Catherine L. Gibb
 Catherine L. Gibb

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 11 day of March, 2013 by Catherine L. Gibb, 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.

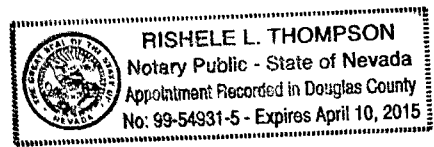
This area for official notarial seal

Signature Rishele 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

2011020672

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

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

Main form containing fields for deceased name (Glenn Scott GIBB), date of death (December 14, 2011), county (Douglas), sex (Male), birth date (May 30, 1947), social security number, occupation (Orthodontist), residence (Gardnerville), parents (Emmett Samuel GIBB, Delpha Kathleen SCOTT), informant (Catherine L GIBB), burial (Cremation, Fitzhenry's Crematory), funeral director (JAMES SMOLENSKI), certifier (KAREN SUE MCDERMOTT M.D.), registrar (RHONDA PENA), and cause of death (Multiple Myeloma).

STATE REGISTRAR



BK 313 PG-4562

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VRS-Rev. 20110104

417960

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:

01/10/2012

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

STATE REGISTRAR SIGNATURE AUTHENTICATED

