APN 1219-15-002-007		
APN		DOC # 820193 03/18/2013 03:48PM Deputy: SD OFFICIAL RECORD
APN		Requested By: First American Title Mindel Douglas County - NV Karen Ellison - Recorder
		Page: 1 of 4 Fee: \$17.00 вк-313 PG-4559 RPTT: 0.00
		FOR RECORDER'S USE ONLY
+		
•	<	

AFFIDAVIT - DEATH OF TRUSTEE

TITLE OF DOCUMENT:

WHEN RECORDED MAIL TO:

Catherine L. Gibb

Zephyr Cove, NV 89448

POBBOX 85

BK 313 PG-4560

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First American Title Insurance Company of Nevada

AND WHEN RECORDED RETURN TO AND MAIL TAX STATEMENTS TO:

Catherine L. Gibb PD BUX 85 Zephyn Cove, NV 89448

Space Above This Line for	
Recorder's Use Only	

A.P.N. 1219-15-002-007

File No.: 143-2441904 (Rt)

Affidavit - Death of Trustee

State of

Nevada

)ss

County of

Douglas

Catherine L. Gibb ("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. Glenn Scott Gibb ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on <u>Dec. 14, 20/1</u> at <u>Gardenville, Nevada</u> (city and state of death).
- Decedent is the same person named as the trustee named in that certain Declaration of Trust dated March 11, 1996 executed by Glenn Scott Gibb and Catherine L. Gibb 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 7-31-09 which was recorded as Instrument No. 748536 in Book 809, Page 1725, of Official Records of Douglas County, Nevada as legally described as follows:

LOT 28, IN BLOCK 3 AS SET FORTH ON THAT CERTAIN PLANNED UNIT DEVELOPMENT 20 14-1 OF JOB'S PEAK RANCH UNIT 1, FILED FOR RECORD IN THE OFFICE OF COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JUNE 13, 1997, IN BOOK 697, AT PAGE 3042, AS DOCUMENT NO. 415114, OFFICIAL RECORDS AND BY CERTIFICATE OF AMENDMENT RECORDED FEBRUARY 5, 1999 IN BOOK 299, AT PAGE 1198, AS DOCUMENT NO. 460418, OFFICIAL RECORDS.

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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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

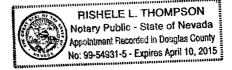
DECLARANT: L. Gill State of Nevada))ss **County of Douglas** SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Duglas and State Nevado this day of Juaran ('atherne 1 , personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me... This area for official notarial seal WITNESS my hand and official seal. Signature My Commission Expires:

Notary Phone:_

County of Principal Place of Business___

Notary Name:

Notary Registration Number:



CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

191 Summit Ridge Way

2011020672 STATE FILE NUMBER

3e.If Hosp. or Inst. Indicate DOA, OP/Emer. Rm.

HOURS J. MINS

Orthodontics

Home

PRINT IN ERMANENT **BLACK INK**

. DATE OF DEATH (Mo/Day/Year) December 14, 2011

npatient(Specify)

76. UNDER 1 YEAR 76. UNDER 1 DAY

3a. COUNTY OF DEATH Douglas

B. DATE OF BIRTH (Mo/Day/Yr)

May 30, 1947

DECEDENT

5. RACE White

9a, STATE OF BIRTH (If not U.S.A.

13/ SOCIAL SECURITY NUMBER

-2033

18a. INFORMANT- NAME (Type or Print)

name country) idaho

15a. RESIDENCE - STATE

(Specify)

F DEATH INSTITUTION SEE HANDBOOK

OMPLETION OF RESIDENCE ...

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

CAUSE OF DEATH

REGISTRAR

ONDITIONS IF ... ANY WHICH ... BAVE RISE TO IMMEDIATE CAUSE STATING THE CAUSE LAST

a DECEASED-NAME (FIRST MIDDLE LAST SUFFIX ____GIBB 36. CITY, TOWN, OR LOCATION OF DEATH [30. HOSPITAL OR OTHER INSTITUTION

16. FATHER/PARENT - NAME (First Middle Last Suffix)

Catherine L GIBB

20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)

JAMES SMOLENSKI !*

Gardnerville

5b. COUNTY

Emmett Samuel GIBB 5

5. Hispanic Origin? Specify :: No - Non-Hispanic

Working Life, Even if Retired) Orthodontist

United States

I7a. AGE-Last ... birthday (Years) 22

DAYS 9b. CITIZEN OF WHAT COUNTRY 10.EDUCATION 11: MARRIED, NEVER MARRIED, WIDOWED, ... 1.12. SURVIVING SPOUSE (if wife, give DIVORCED (Specify) Married

maiden name) Catherine I DICAMILLO 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of 14b. KIND OF BUSINESS OR INDUSTRY

Ever in US Armed Forces? No 15e INSIDE CITY

IMITS (Specify Yes Yes

4. SEX :::

Male

DIRECTOR LICENSE I

217

15c. CITY, TOWN OR LOCATION

191 Summit Ridge Way

17. MOTHER/PARENT - NAME (First Middle "Last "Suffix) : Delpha Kathleen SCOTT

18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)

191 Summit Ridge Way Gardnerville, Nevada 89460 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME 19c. LOCATION City or Town ... Fitzhenry's Crematory

Carson City Nevada 89701

FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410

due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATEDKAREN SUE MCDERMOTT M.D. 21c. HOUR OF DEATH

06:45 December 23, 2011 21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 114.3

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) 22b. DATE SIGNED (Mo/Day/Yr) 22c HOUR OF DEATH

22d, PRONOUNCED DEAD (Mo/Day/Yr)

22e, PRONOUNCED DEAD AT (Hour) 23b. LICENSE NUMBER

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Karen Sue McDermott M.D." 1625 E Prater Way #108 Sparks, NV 89434 4 4

24b. DATE RECEIVED BY REGISTRAR 14 P

6450

24a. REGISTRAR (Signature) , RHONDA PENA SIGNATURE AUTHENTICATED 25. IMMEDIATE CAUSE @ (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c),) + (10) Multiple Myeloma PARTI

(Mo/Day/Yr) December 27, 2011 NO X

DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF

Interval between onset and death interval between onset and death

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)

28a, ACC., SUICIDE, HOM., UNDET 28e. INJURY AT WORK (Specify

Yes or No)

(Type or Print)

28b. DATE OF INJURY (Mo/Dev/Y/) 28f. PLACE OF INJURY- At home, farm, street, fectory, office

ouilding, etc. (Specify)

28c. HOUR OF INJURY

28d, DESCRIBE HOW INJURY

28g. LOCATION

STREET OR R.F.D. No.

STATE

STATE REGISTRAR

BK 313 PG-4562

03/18/2013

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