

DOC # 820633  
03/25/2013 03:50PM Deputy: AR  
OFFICIAL RECORD  
Requested By:  
Western Title Company  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 5 Fee: \$18.00  
BK-313 PG-6620 RPT: 0.00

APN#: 1320-29-214-022

Recording Requested By:  
Western Title Company, Inc.

Escrow No.: 056533-TEA

When Recorded Mail To:  
John David Sexton  
Timothy Joseph Sexton  
1070 Frieda Lane  
Minden, NV 89423



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

Escrow Officer

**THIS DOCUMENT IS BEING SIGNED IN COUNTER PART**

\_\_\_\_\_  
**Affidavit-Death of Trustee**

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





**Assessor's Parcel Number(s):**  
**1320-29-214-022**

Commonly known as: 1737 Lavender Court, Minden, NV 89423

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 3/5/13

**Timothy D. Sexton Revocable Living Trust dated September 26, 2007**

\_\_\_\_\_  
**John David Sexton, Successor Trustee**

\_\_\_\_\_  
**Timothy Joseph Sexton, Successor Trustee**

~~STATE OF \_\_\_\_\_,  
COUNTY OF \_\_\_\_\_~~

~~Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day  
of \_\_\_\_\_, 2013, by **John David Sexton, Successor Trustee**  
personally known to me or proved to me on the basis of satisfactory evidence to be the  
person(s) who appeared before me.~~

~~(seal)~~

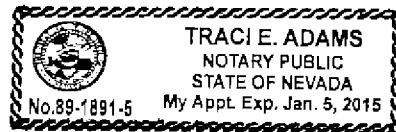
~~Signature \_\_\_\_\_  
Notary public~~

STATE OF Nevada,  
COUNTY OF Douglas

Subscribed and sworn to (or affirmed) before me on this 5<sup>th</sup> day  
of March, 2013, by **Timothy Joseph Sexton, Successor Trustee**  
personally known to me or proved to me on the basis of satisfactory evidence to be the  
person(s) who appeared before me.

(seal)

Signature Traci E. Adams  
Notary public





**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**

**CERTIFICATE OF DEATH**

**2013002173**  
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) <b>Timothy David SEXTON JR</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 07, 2013</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) <b>1737 Lavender Ct</b>		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE - Last birthday (Years) <b>86</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>March 04, 1926</b>		9a. STATE OF BIRTH (if not U.S.A., name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER <b>████████ 6950</b>		14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Automobile Technician</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Auto Industry</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>1737 Lavender Ct</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Timothy SEXTON</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Vesta MITCHELS</b>		
18a. INFORMANT - NAME (Type or Print) <b>Tim J SEXTON</b>			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>1070 Frieda Lane Minden, Nevada 89423</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Northern Nevada Veterans Cemetery</b>		19c. LOCATION - City or Town, State <b>Fernley Nevada 89408</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b>		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410</b>	
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) <b>NITA SCHWARTZ M.D.</b>			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) <b>February 12, 2013</b>		21c. HOUR OF DEATH <b>10:00</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) <b>Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>9114</b>	
24a. REGISTRAR (Signature) <b>NICOLE SHORE</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 13, 2013</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
24d. SIGNATURE AUTHENTICATED					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I					
(a) <b>Cardiopulmonary Arrest</b>				Interval between onset and death	
(b) <b>Metastatic Prostate Cancer</b>				Interval between onset and death	
(c) <b>Due to, or as a consequence of:</b>				Interval between onset and death	
(d) <b>Due to, or as a consequence of:</b>				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) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
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


 BK 313  
 PG-6624  
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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: **02/14/2013**

  
 STATE REGISTRAR  
 SIGNATURE AUTHENTICATED

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

