APN# 1220-22-1 Recording Requested Name: Address: City/State/Zip: Order Number:		OFFICIA Reques First Americ	825180 50PM Deputy: AR AL RECORD  ted By: can Title Minder s County - NV ison - Recorder Fee: \$17.00 RPTT: 0.00
☐ I the undersigne	AFFIDAVIT DEATH OF TRUSTEE  (Title of Document)  Recorder Affirmation  Please complete Affirmation  d hereby affirm that the attached document	on Statement on Statement below:	
for recording does not	contain the social security number of any  -OR-	person or persons. (Per NRS 2	239B.030)
for recording does corlaw:  Signature  Signature  Print Signature	Title	or persons as required by  WOMO	by submitted
and NRS 239B.030 Se	ection 4.	IKO 111.512 500H0H3 1-2	

(Additional recording fee applies)

825180 Page: 2 of 4 06/11/2013

PG-2678

## **RECORDING REQUESTED BY**

First American Title Insurance Company of Nevada

AND WHEN RECORDED **RETURN TO AND MAIL TAX** STATEMENTS TO:

Terri Ricks 1453 MOLLY DR. Carson City, N 89706

> **Space Above This Line for** Recorder's Use Only

A.P.N. 1220-22-110-092

File No.: 143-2449132 (SC)

### Affidavit - Death of Trustee

State of Nevada )ss. County of Carson

Alan R. Kidney ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

- Alan Richard Kidney ("Decedent") is the person referenced in the attached certified 1. copy of the Certificate of Death who died on February 28, 2010 at Carson City, Nevada (city and state of death).
- Decedent is the same person named as the trustee named in that certain Declaration of Trust dated May 2, 2008 executed by Alan R. Kidney and Valerie M. Kidney as trustor(s) (the "Trust").
- Decedent as a trustee is the same person who was named as a grantee in that certain Grant, Bargain and Sale Deed dated May 23, 2008 which was recorded as Instrument No. 0725713 in Book 0608, Page 6546, of Official Records of Carson County, Nevada as legally described as follows:

LOT 31, AS SHOWN ON THE OFFICIAL MAP OF GARDNERVILLE RANCHOS UNIT NO. 5, FILED FOR RECORD ON NOVEMBER 4, 1970, IN THE OFFICE OF THE COUNTY RECORDER OF **DOUGLAS COUNTY, NEVADA, AS DOCUMENT NO. 50056.** 

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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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

red: June 10, 2013
CLARANT!
ri Ricks, Successor Trustee
te of Nevada )
)ss
unty of Carson )
SSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and
said County and State \ this
day of Jule, 20 15 by Cerri, Rius Dersonally know to me or proved to me on the
is of satisfactory evidence to be the person(s) who appeared before me.
TNESS my hand and official seal. This area for official notarial seal
O. L. Clat
nature J. NABICHT Notary Public - State of Nevada
Commission Expires: CIUI4 No: 91-0874-3 - Expires August 14, 2014
TAING 1+ (1715) 1071-2738
ary Name: 1.10 WYCH Notary Phone: (115) WITT STORMS AND NOTARY PHO

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

**DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH** 

## 2010003097

STATE FILE NUMBER

	1a. DECEASED-NAME (FIRST	2. DATE	2. DATE OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH										
PRINT IN	Alan Richard	Fe	February 28, 2010 Ca										
BLACK INK	3b. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street 3e.If Hosp. or Inst. indicate DOA, OP/Emer. Rm. 4. SEX									×			
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	(Specify)			n-Hispanic	birthday (Years)	MOS	DAYS HOUR		1	pril 20, 192	· · · · · · · · · · · · · · · · · · ·		
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ITEMS	Nevada	Douglas		Gardner	ville 7	56 Lassen	Wav <sup>/</sup>	The same of the sa		or No) Y			
	16. FATHER - NAME (First Middle Last Suffix) 17. MOTHER - NAME (First Middle Last Suffix)												
PARENTS	Thomas KIDNEY Gene RADFORD												
Ē	18a. INFORMANT- NAME (Type or Print) 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)												
	Valerie KIDNEY 756 Lassen Way Gardnerville, Nevada 89460												
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME 19c. LOCATION City or Town State												
DISPOSITION													
•	20a. FUNERAL DIRECTOR - SI			uch) 20b: FUNERA		NAME AND A	DDRESS OF FACI		111		·		
	1	SMOLENSKI	~	DIRECTOR LI	4 76	/	Fitznenn 3945 Fairview Di	ys Funera		80701			
		TURE AUTHENTIC	ATED			-/-	3945 FairView Di	Carson	JILY INV	39701			
RADE CALL	TRADE CALL - NAME AND ADD		red at the tim	date and place and	- →- - > 22a Or	n the basis of	examination and/or	investigatio	n in my onir	nion death occu	rred at		
	21a. To the best of my kr	d. (Signature & Title)	SIGNATU	RE AUTHENTICAT	ED be the time		ace and due to the						
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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.

03/05/2010 DATE ISSUED:

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



SIGNATURE AUTHENTICATED

