

DOC # 825180
06/11/2013 12:50PM Deputy: AR

OFFICIAL RECORD

Requested By:
First American Title Mindel
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: \$17.00
BK-613 PG-2677 RPTT: 0.00



APN# 1220-22-110-092

Recording Requested by:
Name: First American Title Insurance Company
Address: 1663 US Highway 395, Suite 101
City/State/Zip: Minden, NV 89423
Order Number: 143-2449132

AFFIDAVIT DEATH OF TRUSTEE

(for Recorder's use only)

(Title of Document)

Recorder Affirmation Statement

Please complete Affirmation Statement below:

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)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law:

440.380
(State specific law)

S. Cheechov Escrow owner
Signature Title

S. Cheechov
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)



Dated: June 10, 2013

DECLARANT:

Terri Ricks, Successor Trustee

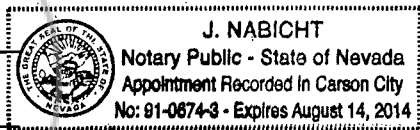
State of Nevada)
)ss
County of Carson)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Carson and State NV, this 10th day of June, 2013 by Terri Ricks, 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



My Commission Expires: 8/14/14

Notary Name: J. Nabicht Notary Phone: (775) 671-3738

Notary Registration Number: 91-0674-3 County of Principal Place of Business Carson City

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2010003097
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) Alan Richard KIDNEY		2. DATE OF DEATH (Mo/Day/Year) February 28, 2010		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) Continuicare Hospital of Carson Tahoe, Inc.		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 82		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) April 20, 1927		9a. STATE OF BIRTH (If not U.S.A., name country) Wales		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 8		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE OR DOMESTIC PARTNER Valerie THORNE	
13. SOCIAL SECURITY NUMBER ██████████-8718		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Retail Clerk		14b. KIND OF BUSINESS OR INDUSTRY Retail	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 756 Lassen Way		15e. INSIDE CITY - LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Thomas KIDNEY	
17. MOTHER - NAME (First Middle Last Suffix) Gene RADFORD		18a. INFORMANT - NAME (Type or Print) Valerie KIDNEY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 756 Lassen Way Gardnerville, Nevada 89460	
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 SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
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) JOSE ALFREDO AGUIRRE MD SIGNATURE AUTHENTICATED			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) March 03, 2010		21c. HOUR OF DEATH 23:30		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
21e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jose Alfredo Aguirre MD 1600 Medical Parkway Carson City, NV 89703		23b. LICENSE NUMBER 11479	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 05, 2010		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I				Interval between onset and death	
(a) Cardiac Arrest					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Hypoxic					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Acute Aspiration Pneumonia					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
PART II				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
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



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PG-2680

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VRS-Rev-20090602

318834

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: 03/05/2010

R. D. White
SIGNATURE AUTHENTICATED

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

PBNC0 (Rev) 11/06

