

17-1

Assessor's Parcel Number: 21-201-01

Recording Requested By: 1420-34-410-001

✓ Name: Ernest E. Adler, Esq.

Address: 412 N. Division Street

City/State/Zip Carson City, NV 89705

Real Property Transfer Tax: \$ \_\_\_\_\_

Doc Number: **0829087**

08/16/2013 02:52 PM

OFFICIAL RECORDS

Requested By:  
ERNEST E. ADLER

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 4 Fee: \$ 17.00

Bk: 0813 Pg: 4863



Deputy, sg

**AFFIDAVIT OF DEATH OF CO-TRUSTEE**

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

*This cover page must be typed or legibly hand printed.*



Lot 9, in Block 1, of Re-Subdivision of portions of ARTEMISIA, filed in the office of the County Recorder, Douglas County, Nevada, on April 23, 1962, as Document No. 19909.

A.P.N. 21-201-01

3. At the time of death of JOYCE D. FARINA-REED, title to the real property described in paragraph 2 above continued to be held by JOYCE D. FARINA-REED and DELWARD G. REED, as Co-Trustees for the REED FAMILY TRUST, dated November 9, 1992. As a result of the death of JOYCE D. FARINA-REED, the real property described in paragraph 2 above is now owned by DELWARD G. REED, Surviving Trustee of the REED FAMILY TRUST, dated November 9, 1992.

Dated this 15<sup>th</sup> day of August, 2013.



DELWARD G. REED, Surviving Trustee

SUBSCRIBED and SWORN (or affirmed) to before me by DELWARD G. REED this 15<sup>th</sup> day of August, 2013.

  
NOTARY PUBLIC



Mail Tax Statements to:

DELWARD G. REED  
2643 Clapham Lane  
Minden, Nevada 89423

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

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

**CERTIFICATE OF DEATH**

**2013002942**  
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>Joyce D FARINA-REED</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 23, 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>2643 Clapham Ln</b>		3d. Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Female</b>		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>70</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>January 26, 1943</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>Married</b>		12. SURVIVING SPOUSE (If wife, give maiden name) <b>Delward REED</b>	
13. SOCIAL SECURITY NUMBER <b>-6165</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Homemaker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</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>2643 Clapham Ln</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Vincent FARINA</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Rose MONTAGNA</b>		
18a. INFORMANT - NAME (Type or Print) <b>Vincent G. HARRIS</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>3450 White Mountain Ct Reno, Nevada 89511</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Eastside Memorial Park</b>		19c. LOCATION - City or Town - State <b>Minden Nevada 89423</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>Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701</b>	
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>REED DOFP 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 26, 2013</b>		21c. HOUR OF DEATH <b>01:44</b>		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)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Reed Dopf, M.D. 18653 Wedge Pkwy Reno, NV 89511</b>		23b. LICENSE NUMBER <b>13920</b>	
24a. REGISTRAR (Signature) <b>NICOLE SHORE</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 27, 2013</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) <b>Malignant neoplasm of the breast, carcinoma type, metastatic</b>					
DUE TO, OR AS A CONSEQUENCE OF					
(b) DUE TO, OR AS A CONSEQUENCE OF					
(c) DUE TO, OR AS A CONSEQUENCE OF					
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.					
26. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		26. DATE OF INJURY (Mo/Day/Yr)		26. HOUR OF INJURY	
26. INJURY AT WORK (Specify Yes or No)		26. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		26. DESCRIBE HOW INJURY OCCURRED	
27. LOCATION		27. STREET OR R.F.D. No.		27. CITY OR TOWN	
27. STATE		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	

STATE REGISTRAR

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BK 08 13  
PG 4866  
8/16/20 13

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:

MAR 15 2013

STATE REGISTRAR

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

