

Requested By:  
First American Title Mindel  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 3 Fee: \$16.00  
BK-813 PG-8710 RPTT: 0.00



**RECORDING REQUESTED BY**  
First American Title Insurance  
Company of Nevada

**AND WHEN RECORDED  
RETURN TO AND MAIL TAX  
STATEMENTS TO:**  
Charles Peter Darby  
1421 Glenwood Drive  
Gardnerville, NV 89460

2452450 RT

Space Above This Line for  
Recorder's Use Only

A.P.N. 1320-29-110-015

File No.: 143-2452450 (Rt)

**Affidavit - Death of Trustee**

State of Nevada )  
 )ss.  
County of Douglas )

**Charles Peter Darby** ("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. **Elizabeth Barbara Darby** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **April 5, 2011** at **Minden, Nevada** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **April 16, 1982** executed by **Elizabeth J. Darby, Trustee under Darby Survivor's Trust** 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 **July 23, 2004** which was recorded as Instrument No. **0623688** in Book **0904**, Page **02750**, of Official Records of **Douglas** County, Nevada as legally described as follows:

**LOT 414, IN BLOCK B, AS SHOWN ON THE FINAL MAP NO. 1008-8 FOR WINHAVEN, UNIT NO. 8, A PLANNED UNIT DEVELOPMENT, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON SEPTEMBER 11, 1997, IN BOOK 997 OF OFFICIAL RECORDS AT PAGE 2125, AS DOCUMENT NO. 421412.**



4. 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: August 30, 2013

**DECLARANT:**

Charles Peter Darby



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 Douglas and State Nevada, this 30th day of August, 20 13 by Charles Peter Darby, 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: 1-27-16

Notary Name: M. Omohundro Notary Phone: 775-782-5411  
Notary Registration Number: 99-57872-5 County of Principal Place of Business: Douglas

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

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

2011005484  
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) Elizabeth Barbara <b>DARBY</b>			2. DATE OF DEATH (Mo/Day/Year) April 05, 2011		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1799 Lantana Drive		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home		4. SEX Female
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 95	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) August 12, 1915
9a. STATE OF BIRTH (If not U.S.A., name country): Massachusetts		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
12. SURVIVING SPOUSE (if wife, give maiden name)			13. SOCIAL SECURITY NUMBER ██████████9032			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker
14b. KIND OF BUSINESS OR INDUSTRY Own Home			Ever in US Armed Forces? No			15a. RESIDENCE - STATE Nevada
15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden		15d. STREET AND NUMBER 1799 Lantana Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First Middle Last Suffix) John Joseph HUMPHREY				17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ellen FAY		
18a. INFORMANT- NAME (Type or Print) Charles Peter DARBY			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1421 Glenwood Drive Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Reno		19c. LOCATION City or Town State Reno Nevada		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b> SIGNATURE AUTHENTICATED			20b. FUNERAL DIRECTOR LICENSE 304R	20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln 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) <b>SUE LINDA ONKEN SANCHEZ M.D.</b> 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) April 08, 2011		21c. HOUR OF DEATH 09:45		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH
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) Sue Linda Onken Sanchez M.D. 1107 Hwy 395 Gardnerville, NV 89410					23b. LICENSE NUMBER 9360	
24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 13, 2011		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) Myocardial Infarction					Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF: Coronary Artery Disease					Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:					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) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes						
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 813  
PG-8712

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VRS-Rev-20110104

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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: 04/13/2011

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

*R. D. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

