

DOC # 830013  
09/04/2013 09:28AM Deputy: GB

OFFICIAL RECORD

Requested By:  
First American Title Mindel  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 3 Fee: \$16.00  
BK-913 PG-420 RPTT: 0.00



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

**AND WHEN RECORDED  
RETURN TO AND MAIL TAX  
STATEMENTS TO:**  
David F. Swain  
3691 QUAIL RUN WAY  
WELLINGTON, NV. 89444

Space Above This Line for  
Recorder's Use Only

**A.P.N. 1420-18-710-069**

File No.: 143-2451162 (Rt)

**Affidavit - Death of Trustee**

State of Nevada )  
 )ss.  
County of Douglas )

**David F. Swain** ("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. **Mary Alice Swain** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **March 06, 2013** 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 **February 23, 2010** executed by **David F. Swain and Mary Alice Swain** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Quitclaim Deed** dated **April 28th, 2010** which was recorded as Instrument No. **0764544** in Book **0510**, Page **6305**, of Official Records of **Douglas** County, Nevada as legally described as follows:

**LOT 56 IN BLOCK B, AS SET FORTH ON THAT CERTAIN AMENDED FINAL MAP LDA #99-54-1A FOR SUNRIDGE HEIGHTS III, PHASE 1A, A PLANNED UNIT DEVELOPMENT, RECORDED IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER ON DECEMBER 29, 2003, IN BOOK 1203, PAGE 12019, AS DOCUMENT NO. 600647.**



- 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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 28, 2013

**DECLARANT:**

David F Swain  
**David F. Swain**

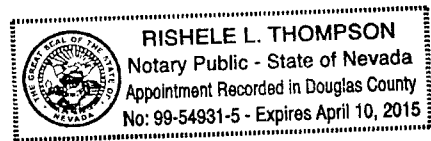
State of Nevada )  
)ss  
County of Douglas )

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State NV this 28 day of August, 2013 by David F Swain, 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 Rishele Thompson



My Commission Expires: 4/10/15

Notary Name: Rishele Thompson Notary Phone: 775-782-5411  
Notary Registration Number: 99-54931-5 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**

2013003725

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST, SUFFIX) <b>Mary Alice SWAIN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 06, 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>947 Chip Creek Court</b>		3e. If Hosp. or inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Home</b>	
DECEDENT	5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>81</b>	
	7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>September 03, 1931</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not U.S.A. name country) <b>Illinois</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>16</b>	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>David F SWAIN</b>		13. SOCIAL SECURITY NUMBER <b>5261</b>	
PARENTS	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Bookkeeper</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Textile</b>		Ever in US Armed Forces? <b>No</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
DISPOSITION	15d. STREET AND NUMBER <b>947 Chip Creek Court</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Frank V BUSCH</b>	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Ethel M MADDEN</b>		18a. INFORMANT- NAME (Type or Print) <b>David F SWAIN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>947 Chip Creek Court Minden, Nevada 89423</b>	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION - City or Town - State <b>Carson City Nevada 89701</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JUDITH KIMPTON</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>677</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno</b> <b>969 West Moana Lane Reno NV 89509</b>	
CERTIFIER	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>STEPHEN HAROLD BLOOMFIELD M.D.</b>		21b. DATE SIGNED (Mo/Day/Yr) <b>March 07, 2013</b>		21c. HOUR OF DEATH <b>10:15</b>	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	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>Stephen Harold Bloomfield M.D. 1575 Delucchi Lane St 214 Reno, NV 89502</b>		23b. LICENSE NUMBER <b>3741</b>		24a. REGISTRAR (Signature) <b>BIANCA GALEANO</b> SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 12, 2013</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))	
	PART I: (a) <b>Head and Neck Cancer and Oral Cancer</b>		Interval between onset and death		(b) <b>Squamous Cell Lung Cancer</b>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(c) <b>Breast Cancer</b>		Interval between onset and death		(d) <b>OP - 11/19/2012</b>	
	PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.		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 913  
 PG-422

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VRS-Rev-20120523a

472860

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:

03/12/2013

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

*R. D. White*  
 STATE REGISTRAR  
 SIGNATURE AUTHENTICATED

