APN: 1022-29-411-001

RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

Marjorie E. Gregory 3150 Megs Place Paradise, CA 95969 DOC # 830698 09/17/2013 11:40AM Deputy: AR OFFICIAL RECORD Requested By:

eTRCo, LLC

Douglas County - NV Karen Ellison - Recorder Page: 1 of 3 Fee: \$16.00 BK-913 PG-3393 RPTT: 0.00



## SPACE ABOVE THIS LINE FOR RECORDER'S USE AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA)

) SS.

COUNTY OF DOUGLAS)

Marjorie E. Gregory, Co- Trustee, of legal age, being first duly sworn, deposes and says:

George Gregory, is the decedent mentioned in the attached certified copy of Certificate of Death, as George Gregory is the same person named as Trustee in that certain Declaration of Trust, executed by George Gregory and Marjorie E. Gregory, Co Trustees of The Gregory Family Trust dated March 1, 1990.

At the time of decedent's death, decedent was the owner, of certain real property acquired by a deed, George Gregory and Marjorie Gregory, husband and wife, Grantor, Grants to George Gregory and Marjorie E. Gregory, Co Trustees of The Gregory Family Trust dated March 1, 1990, Grantee recorded on March 6, 1990, as Book 390, at Page 422 of Instrument No. 221265 in Official Records of Douglas County, Nevada, describing the following real property:

Lot 20, as shown on the official plat entitled the Amended Map of Topaz Lodge Subdivision, filed in the office of the County Recorder of Douglas County, Nevada, on September 16, 1958, as Document No. 13594.

Assessor's Parcel Number(s): 1022-29-411-001

Commonly known as: 1969 Eureka Street, Gardnerville, NV 89410

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S

I am the Co-Trustees of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Dated Sept. 9, 13

Gregory Family Trust dated March 1, 1990

Marjorie E. Gregory, Co Trustee

morphie &

STATE OF

COUNTY OF Bullo

This instrument was acknowledged before mc on

Spf 9, 2013

By Marjorie E. Gregory, Co- Trustees of The Gregory Family Trust dated March 1, 1990

Notary Public

KELLEY CONNER
COMM. #2022526
Notary Public · California
Burte County
My Comm. Expires May 26, 2017

## **DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS**

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES **DIVISION OF HEALTH — SECTION OF VITAL STATISTICS** 

|   |   |  | CERTIFICATE OF D                             | DEATH  | _   |
|---|---|--|--|--|---|
| •   | LOCAL FILE NUMBER   | ,  |  | ' (  | STATE FILE NUMBER   |
| TYPE<br>OR PRINT  | DECEASED—NAME First   | Middle   | Last   | DATE OF DEATH (Month, Day, Year)                   | COUNTY OF DEATH   |
| IN<br>PERMANENT   | 1. George   | Gregg  | GREGORY                                      | 2. January 1, 2003                                 |   |
| BLACK INK   |   |  | R INSTITUTION—Name (If not either, give      | Rm. Inpatient (Sper                                | icate DOA, OP/Emer. SEX cify)                                     |
| DECEDENT  | 3b. Gardnerville  |  | ayton Street                                 | 3e.  | 4 Male  |
|   | RACE—(e.g., White, Black, America<br>Indian, etc.) (Specify)<br>5. White  | an Was Decedent of Hispanic Orig<br>specify Mexican, Cuban, Puerto<br>6. | in? Specify ☐ yes p no If yes, Birthda 7a. { | y (Years) MOS DAYS HOURS                           |   |
| IF DEATH  | STATE OF BIRTH  | CITIZEN OF WHAT COUN-  | Decedent's Education. Specify high           | est MARRIED, NEVER MARRIED.                        | SURVIVING SPOUSE (If wife, give maiden name)                      |
| OCCURRED IN<br>INSTITUTION<br>SEE HANDBOOK                | (If not U.S.A., name country) 9a. New York  | 9b. U.S.A.   | grade completed. 10.                         | WIDOWED, DIVORCED (Specify) Married                | 12Marjorie E. Smith   |
| REGARDING<br>COMPLETION OF                                | SOCIAL SECURITY NUMBER  | USUAL OCCUPATION (Giv<br>Working Life, Even if Retire                    | e Kind of Work Done During Most of<br>d)     | KIND OF BUSINESS OR INDUSTRY                       |   |
| RESIDENCE ITEMS   | 13. 2388  | 14a.   | Owner  | 14b. Gaming  |   |
|   | RESIDENCE—STATE   | COUNTY   | CITY, TOWN, OR LOCATION                      | STREET AND NUMBER                                  | INSIDE CITY LIMITS (Specify Yes or No)                            |
|   | > 15a. Nevada   FATHER—NAME First   | 15b. Douglas Middle  | 15c. Gardnerville  Last MOTHER—MA            | 15d. 1962 Dayt                                     | on St. 15e. yes   |
| PARENTS   | Stanhar   |  |  | Evimia   |   |
| - Marian Marian Marian                                    | 16. SLEPHAL  INFORMANT—NAME (Type or Prin   |  | regory 17.                                   | (Street or R.F.D. No., City or Tov                 | Moscow  |
|   | 18a Marjorie Greg   | •  |  | on St., Gardnervill                                |   |
|   | BURIAL, CREMATION, REMOVAL,   |  | 18b. 1962 Dayto                              | LOCATION   |   |
|   | 19a. Burial   | 11 11  | arden Cemetery                               | / /  | City or Town State  VIIIe, Nevada                                 |
| DISPOSITION   | FUNERAL DIBECTOR—SIGNATUR<br>(Or Person Acting as Such)   | TE FUNERAL   | DIRECTOR NAME AND ADDRESS OF                 | F FACILITY FitzHenry's C                           | arson Valley Funeral  |
| L   | 20a. Lanes is   | 20b. 2]  | 17 20c. Home, 138                            | 30 Hwy 395, Gardner                                | ville, NM 89410   |
|   | 21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.  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) and manner stated. |  |  |  |   |
|   | (Signature and Title)   |  | Juld -                                       | (Signature and Title)  DATE SIGNED (Mo., Day, Yr.) |   |
|   |   |  |  |  |   |
| ERTIFIER  | NAME OF ATTENDING   | 21c. PHYSICIAN IF OTHER THAN CERTIF                                      |  | PRONOUNCED DEAD (Mo., Day, Yr.)                    | PRONOUNCED DEAD (Hour)  |
|   | 21d.  | THE STATE OF THE SERVICE   | P  | 22d. ON  |   |
|   | NAME AND ADDRESS  | OF CERTIFIER (PHYSICIAN, ATTENE  | DING PHYSICIAN, MEDICAL EXAMINER,            | OR CORONER). (Type or Print.)                      | 22e. AT LICENSE NUMBER  |
|   | 23a. Anthony  | Field, M.D., 4   | 2 W. John St., Ca                            | rson City, NV                                      | 23ь. 3339   |
| CONDITIONS  | REGISTRAR )   |  | DATE RECEIVED BY R                           | EGISTRAR (Mo., Day, Yr.) DEATH DUE TO              | COMMUNICABLE DISEASE  |
| IF ANY<br>VHICH GAVE<br>RISE TO                           | 24a. (Signature)  | R. Bochana   | - And 24b. January                           | 46 203 24c. YES                                    | NO 🔀  |
| IMMEDIATE CAUSE   | 25. IMMEDIATE CAUSE (ENT  | TER ONLY ONE CAUSE PER LINE FO   | OR (a) (b), AND (c).)                        | 1  | Interval between onset and death                                  |
|   |   |  |  |  | minutes   |
| JACOL LAGI  | DUE TO THE AS A C   |  | 11: / 1/                                     | 41.  | Interval between onset and death                                  |
| DUE TO, OR AS A CONSEQUENCE OF: Interfal between onset ar |   |  |  |  | : years   |
| -/-   |   | ~//  | D'and  | (  | Interval between onset and death                                  |
| AUSE OF   | (c) CORON   | CONDITIONS Conditions contribution                                       | my lisers                                    | S. A. L. AUTOPOL                                   | Xenns   |
| DEATH   | I(2f)(1), $I(1)$ , $I(1)$ , $I(1)$ , $I(1)$   |  |  |  | or No)  WAS CASE REFERRED TO CORONER (Specify Yes or No)  27. Yes |
|   | ACC., SUICIDE, HOM., UNDET.,<br>OR PENDING INVEST.  | DATE OF INJURY (Mo., Day, Yr.) HOUI                                      | R OF INJURY DESCRIBE HOW                     | INJURY OCCURRED                                    | 1 700   |
|   | (Specify)   | 28b. 28c.  | M 28d.                                       |  |   |
| \   |   | PLACE OF INJURY—At home, farm, s<br>building, etc. (Spe                  | street, factory, office LOCATION.            | STREET OR R.F.D. No.                               | CITY OR TOWN STATE  |
| 1   |   | 28f.   | 28g.   |  |   |
| /   |   | / /  |  |  | No.231088   |
|   | MAMAMA  | STATE RE   | GISTRAR                                      | ä  | An' Catano  |
| _   |   |  | BI   | K 913  |   |
|   |   | MIIIIIIIIII  | BI<br>P(                                     | G-3395   |   |

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This is to certify that the above is a true and correct copy of the certificate on file in this office.

JAN - 6 Date Issued:

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT