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Doc Number: **0831025**

09/20/2013 02:29 PM

OFFICIAL RECORDS

Requested By:
JODI STOVALL

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 3 Fee: \$ 16.00
BK: 0913 Pg: 4864



Deputy: sg

APN: 1022-32-110-048
RECORDING REQUESTED BY:
Thelma G. Dunlap

AND WHEN RECORDED MAIL TO:

✓ Thelma G. Dunlap
2005 Comstock Drive
Gardnerville, NV 89410

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

STATE OF Nevada

) SS.

COUNTY OF Douglas

Thelma Grace Dunlap, Successor Trustee of legal age, being first duly sworn, deposes and says:

Robert Lee Dunlap, Jr. is the decedent mentioned in the attached certified copy of Certificate of Death, as Robert Lee Dunlap, Jr. is the same person named as Trustee in that certain Declaration of Trust, executed by Robert Lee Dunlap, Jr., Trustee of the Dunlap Family Trust dated September 11, 1990

At the time of decedent's death, decedent was the owner, of certain real property acquired by a deed, recorded on June 30, 1993, in book 0693, Page 230, as Document no. 311381, in Official Records of Douglas County, Nevada, describing the following real property:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 27, as shown on the map of Topaz Subdivision, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on August 10, 1954, in Book 1 of Maps, as File No. 9774.

**Assessor's Parcel Number(s):
1022-32-110-048**

Commonly known as: 2005 Comstock Drive, Gardnerville, NV 89410

I am the Successor Trustee 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 9-19-13

The Dunlap Family Trust Dated September 11, 1990

Thelma Grace Dunlap
Thelma Grace Dunlap, Successor Trustee

STATE OF Nevada
COUNTY OF Douglas

Subscribed and sworn to (or affirmed) before me on this 19th day of September, 2013, by Thelma Grace Dunlap, Successor Trustee personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(seal)

Signature Mary Kelsh
Notary public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

ROLL 83 IMAGE 917

95 000705

LOCAL FILE NUMBER 153

STATE FILE NUMBER

DECEASED—NAME First Middle Last 1 Robert Lee DUNLAP, JR.		DATE OF DEATH (Month, Day, Year) 2 January 19, 1995		COUNTY OF DEATH 3a Washoe
CITY, TOWN, OR LOCATION OF DEATH 3b Reno		HOSPITAL OR OTHER INSTITUTION—Name (If not ether, give street and number) 3c Washoe Medical Center		SEX 4 Male
RACE—(e.g. White, Black, American Indian, etc) (Specify) 5 White	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc. 6	AGE—Last Birthday (Years) 7a 66	UNDER 1 YEAR MOS : DAYS 7b	UNDER 1 DAY HOURS : MINS 7c
STATE OF BIRTH (If not U.S.A., name country) 9a California	CITIZEN OF WHAT COUNTRY 9b U.S.A.	Decedent's Education Specify highest grade completed. 10 11	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11 Married	SURVIVING SPOUSE (If wife, give maiden name) 12 Thelma Sauer
SOCIAL SECURITY NUMBER 13 [REDACTED] 4176	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a Owner/Operator	KIND OF BUSINESS OR INDUSTRY 14b Retail Paint Store		
RESIDENCE—STATE 15a Nevada	COUNTY 15b Douglas	CITY, TOWN, OR LOCATION 15c Gardnerville	STREET AND NUMBER 15d 2005 Comstock Dr.	INSIDE CITY LIMITS (Specify Yes or No) 15e Yes
FATHER—NAME First Middle Last 16 Robert L. Dunlap, Sr.		MOTHER—MAIDEN NAME First Middle Last Bernice Wood		
INFORMANT—NAME (Type or Print) 18a Thelma Dunlap		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b 2005 Comstock Dr., Gardnerville, Nevada 89410		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Cremation		CEMETERY OR CREMATORY—NAME 19b Sierra Crematory		LOCATION City or Town State 19c Reno, Nevada
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a		FUNERAL DIRECTOR LICENSE NUMBER 20b 25	NAME AND ADDRESS OF FACILITY 20c Walton's Sparks Funeral Home 1745 Sullivan Lane, Sparks, Nevada 89431	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated: (Signature and Title) 21b		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) 22b		
DATE SIGNED (Mo., Day, Yr.) 21c		HOUR OF DEATH 21d		DATE SIGNED (Mo., Day, Yr.) 22c
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e		PRONOUNCED DEAD (Mo., Day, Yr.) 22d		PRONOUNCED DEAD (Hour) 22e
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520		LICENSE NUMBER 23b. WCC S. 35		
REGISTRAR 24a. (Signature)	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. January 24, 1995	DEATH DUE TO COMMUNICABLE DISEASE 24c. 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 (a) Acute bacterial myoendocarditis		Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
(b)		Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
(c)		Interval between onset and death		
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I Acute inferior myocardial infarction		AUTOPSY (Specify Yes or No) 26 Yes		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes
ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST (Specify) 28a	DATE OF INJURY (Mo., Day, Yr.) 28b	HOUR OF INJURY 28c	DESCRIBE HOW INJURY OCCURRED 28d.	
INJURY AT WORK (Specify Yes or No) 28e	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION 28g	STREET OR R.F.D. No	CITY OR TOWN STATE

No. 72570

STATE REGISTRAR

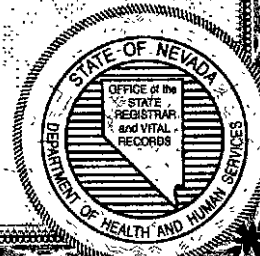
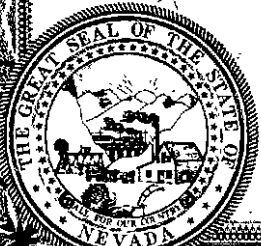
CERTIFIED COPY OF VITAL RECORDS

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: **AUG 28 2013**

STATE REGISTRAR

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



BK 0913
PG 4866
9/20/2013



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE