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Doc Number: **0833430**

11/06/2013 03:04 PM

OFFICIAL RECORDS

Requested By
TRUST PRODUCTION SERVICES

Parcel Number: 29-223-07

RECORDING REQUESTED BY:

Morrow
1427 Leonard Road
Gardnerville, NV 89460

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 2 Fee: \$ 15.00

Bk: 1113 Pg: 1350



Deputy: ar

WHEN RECORDED, MAIL TO:

Trust Production Services
3249 Max Court
Carmichael, CA 95608

MAIL TAX STATEMENTS TO:

See Below

Documentary Transfer Tax: 0
Exemption Code: 375.090-7
Explanation: No consideration; death of a Trustor, Trustee

AFFIDAVIT OF DEATH OF TRUSTEE

I, MELBAD. MORROW, being duly sworn, say: I am over the age of 18 years; RICHARD M. MORROW, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as RICHARD M. MORROW, named as one of the Trustors and Trustees in the Quitclaim Deed dated February 6, 1996, executed by RICHARD M. MORROW and MELBAD. MORROW, as Trustees of THE RICHARD MORROW and MELBAD. MORROW DECLARATION OF TRUST dated September 18, 1992, recorded on February 6, 1996, as Document Number 380628 in Book 0296, Page 0829 of Official Records, covering the property situated in the County of Douglas, State of Nevada, described as follows:

Lot 64, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record in the Office of the County Recorder of Douglas County, Nevada, on May 29, 1973, in Book 573, Page 1026, as File No. 66512.

I, MELBAD. MORROW, am named the Surviving Trustee under the above-referenced Trust, which was in effect at the time of death of such Decedent, and which has not been revoked, and I hereby consent to act as such.

I certify and declare under penalty of perjury that the foregoing is true and correct.

October 30, 2013
Dated
Melbad D. Morrow
MELBAD. MORROW

State of California }
County of El Dorado } SS.

Subscribed and sworn to (or affirmed) before me on this 30th day of October, 2013, by MELBA D. MORROW, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

WITNESS my hand and official seal.



R. W. Judah
NOTARY PUBLIC, STATE OF CALIFORNIA

MAIL TAX STATEMENTS TO: Morrow, 1427 Leonard Road, Gardnerville, NV 89460

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2009013857
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) Richard Monroe MORROW SR		2. DATE OF DEATH (Mo/Day/Year) September 20, 2009		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) 1427 Leonard Road		3e. If Hosp or Inst indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home	
4 SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 80		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) September 19, 1929		9a. STATE OF BIRTH (If not U.S.A., name country) Missouri		9b. CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 14		11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Melba ROWEN	
13. SOCIAL SECURITY NUMBER 6244		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Maintenance Supervisor		14b. KIND OF BUSINESS OR INDUSTRY Nuclear	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1427 Leonard Road		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? Yes	
16. FATHER - NAME (First Middle Last Suffix) Joseph MORROW			17. MOTHER - NAME (First Middle Last Suffix) Dorothy HOBART		
18a. INFORMANT - NAME (Type or Print) Melba MORROW		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1427 Leonard Road Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703	
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) SIEMAY LEE MD 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) September 23, 2009		21c. HOUR OF DEATH 13:59		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) SIEMAY LEE MD 1520 Virginia Ranch Gardnerville-NV 89410			
23b. LICENSE NUMBER 11789		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 24, 2009		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					
(a) Hypoxia Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF					
(b) Chronic obstructive pulmonary disease Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF					
(c) Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF					
(d) Interval between onset and death					
PART II				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

0833430 Page 2 of 2

BK 1113
PG 1351
11/6/2013

VSS-Rev-20080602

293765

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: 09/25/2009

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

PBNC0 (Rev.) 11/06

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

