		DOC # 836119 12/30/2013 12:46PM Deputy: AR OFFICIAL RECORD Requested By: First American Title Mindel
		Douglas County - NV Karen Ellison - Recorder
APN# 1220	0-21-610-210	Page: 1 of 5 Fee: \$18.00 вк-1213 PG-5325 RPTT: 0.00
Recording Requests	ed by:	
Name:	First American Title Insurance	
	Company	\\\
Address:	1663 US Highway 395, Suite 101 Minden, NV 89423	\ \
City/State/Zip: Order Number:	143-2456596RT	~ \ \
Older Ivanioer.	143-2436396 <u>K1</u>	
	AFFIDAVIT-DEATH OF TRUSTEE	(for Recorder's use only)
	(Title of Document)	_ \ \
	Recorder Affirmation	n Statement
	Please complete Affirmation	Statement below:
	ed hereby affirm that the attached document of contain the social security number of any p	
	-OR-	
for recording does co	ed hereby affirm that the attached document ontain the social security number of a person	
0.01	(State specific law)	<u></u>
ROhor	m como	
Signature () NON)	Title	T
Print Signature		/
This page added to p	rovide additional information required by NI	RS 111 312 Sections 1-2

(Additional recording fee applies)

and NRS 239B.030 Section 4.

836119 Page: 2 of 5 12/30/2013

RECORDING REQUESTED BY

First American Title Insurance Company of Nevada

AND WHEN RECORDED RETURN TO AND MAIL TAX STATEMENTS TO:

Bruce L. Taylor 1590 Saratogalt. Munden, NV. 89423

Space Above	This	Line for	
Recorder's	Use	Only	

A.P.N. 1220-21-610-210

File No.: 143-2456596 (Rt)

Affidavit - Death of Trustee

State of

Nevada

)ss

County of

Douglas

Bruce L. Taylor ("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. Gilbert C. Gilcher and Delores R. Gilcher ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on at as attached on death cutificates.
- 2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated executed by **Gilbert C. Gilcher and Delores R. Gilcher** as trustor(s) (the "Trust").
- Decedent as a trustee is the same person who was named as a grantee in that certain Trust Transfer Deed dated 01/04/2001 which was recorded as Instrument No. 0506521 in Book 0101, Page 1450, of Official Records of Douglas County County, Nevada as legally described as follows:

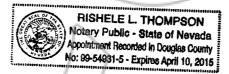
LOT 382, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 6, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MAY 29, 1973, AS FILE NO. 66512.

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.

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BK 1213

Dated: 11 75)13 **DECLARANT:** SUCCESSON TRUSTEE. State of Nevada))ss County of DULY (W) SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County POUS and State New Land , this day of MINOM ber _, 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: Notary Phone: Notary Name: County of Principal Place of Business_ Notary Registration Number:_



CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS

	CERTIFICATE OF DEATH									2009008704 STATE FILE NUMBER					
TYPE OR PRINT IN	18. DECEASED NAME (FIRS			2 DATE	OF DEATH			Sa. COUNT		ÁTH					
PERMANENT	Delores Ruth	HER"						June 12, 2009			Douglas				
BLACK INK	36. CITY, TOWN, OR LOCAT			OR OTHER	INSTITUTION :	Name(II no	either, give		3e.lf Hosp.		dicate DO/	OP/Emer.		4. SEX	
			and number)						Inpatient(S		. 1		l	Female	
DECEDENT	5. RACE White	-	l. le His	penic Origin	301 Cardinal	7a. AGE-L	est	7h 16NDE	R 1 VFAR	7c. UNDE	Home	B DATE C	E BIRTH	(Mo/Day/Yr)	
	(Specify)			Non-Hispa		birthday (1	ears)	MOS	DAYS	HOUR\$	MINS				
IF DEATH	9a. STATE OF BIRTH (If not t	IS.A 9b.1	CITIZEN OF WH	AT COUNTE	VI10 EDUCAT	IONI11 MA	85 BRIED NE	VED MAS	BIED WID	OWED	1 12 SHR	76.	ouse or	·	
OCCURRED IN	name country). Minnes		United St	F WHAT COUNTRY 10.EDUCATION 11. MARRIED, NE ed States 12 DIVORCED (Spec			ify) Married maide				en name) Gilbert C GILCHER				
SEE HANDBOOK REGARDING	13. SOCIAL SECURITY NUM		4a. USUAL OCCUPATION (Give Kind of Work Done During Most of				14b. KIND OF BUSINESS OR INDUS				STRY Ever in US Armed				
COMPLETION OF	-1395	!!	king Life, Even If	Retired)	Cash	ier	-	THE REAL PROPERTY.	F	Retail S	ales	__	Forces		
RESIDENCE ITEMS	15a, RESIDENCE - STATE	15b COUNT	γ	15c CITY	r, TOWN OR LO	CATION	15d, 8	TREETA	ND NUMBE	R		_ /		SIDE CITY (Specify Yes	
>	Nevada		ouglas		Gardnerv	18001		The second second	nal Court		The same of the sa		or No)	Yes	
PARENTS	16, FATHER - NAME (First N					17.1	MOTHER -	NAME (F	ırst Middle	Last Su	ffix)	7/4	\sim		
			F GROLLA								DGET	1		<u> </u>	
	18a. INFORMANT- NAME (Type or Print) 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) Gilbert C GILCHER 1301 Cardinal Way Gardnerville, Nevada 89460														
	19a, BURIAL, CREMATION, R			OFMETER				inai vva	y Garone				Um Ci	nla	
DISPOSITION	Crema		ck (Specify) 190	. CEMETER	Truckee			19c. LOCATION City or Town State							
•	20a. FUNERAL DIRECTOR -		Person Action a	s Suchi	20b, FUNERAL			Itory Sparks Nevada 89431 Sparks Nevada 89431							
		LAWRE		-	DIRECTOR LIC	ENSE .	1		Autum	n Fune	rais & C	remation	s		
		TURE AUTH	ENTICATED		3041	₹ ¹⁹ %		/ 1	575 N Lor	npa Ln	Carson (ity NV	89701		
RADE CALL	TRADE CALL - NAME AND AC		1				<u> </u>								
	출	rnowledge, deat red (Signature)	th occurred at the	time, date :	and place and	2 N			examination ace and due					n occurred at	
	E KAR		MCDERMO			OFFICE OF	aro arro, ac	, (C 11) A PIL	1	10 410 001	250(5) 0101			,	
CERTIFIER	216. DATE SIGNED (N			OF DEAT	The same of the sa	Completed LERS OFFICE	22b, DATE	SIGNED	(Mo/Day/Yr) -	22c, F	OUR OF D	EATH		
	a ≥	2012		07:44			<u> </u>	1/4			200 (DONOUN	ED DEAL	DAT (Hour)	
ļ	21d. NAME OF ATTEN	DING PHYSICA	AN IF OTHER TH	IAN CERTIF	IER-	- eg oc	22d. PRQ/	NOUNCEL	M) DEAD (M	//Day/Yr)	220.1	יאטטטטאי	JEU DEM	DAI (Nour)	
)	238. NAME AND ADDRESS O	F CERTIFIER (PHYSICIAN ATT	ENDING PH	YSICIAN MED	ICAL EXAM	UNER OR	CORONEI	R) (Type or	Print)	1 23	b. LICENSI	NUMBE	R	
	239. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR COR Karen Sue McDermott M.D. 1625 E Prater Way #108 Sparks, NV						V 894	V 89434 6450							
REGISTRAR	24s. REGISTRAR (Signature)	CH	RISTINA G	RIFFIT	H T	24b. DATE (Mo/Day/Y	RECEIVE		No. of the second	24c. D		_		ILE DISEASE	
		' SIGNA	TURE AUTHE	NTICATE	0 -		" Ju	ine 18, :	2009		YES		NO X		
CAUSE OF		ENTER OF Thrive	NLY ONE CAUSE	PER LINE	FOR (a), (b), A	VD (c).)	\	-		,	;	Interval be	tween on	set and death	
DEATH	301	AS A CONSEQ	Vienas as					<u> </u>							
CONDITIONS IF	Parking	76.	se with De	mentia	٠,						;	Interval be	no neewl	set and death	
ANY WHICH	- M	AS A CONSEC	%	TO THE			+				- 1	Interval he	tunan na	set and death	
IMMEDIATE ->		Nantobilded	OCHOL OF.	_		/	/		,		1	(FROIVA) DE	IMEGII OIL	set and down	
STATING THE	(c) DUE TO, OR	AS A CONSEQ	UENCE OF	· -	/	-						interval be	tween on	sel and death	
UNDERLYING CAUSE LAST	(d)		1	Name and Address of the Owner, where the Owner, which is the Ow	The state of the s			-			-			\	
/ /	PARTII		-			/				2	6. AUTOP	SY	27. WAS C	ASE REFERRED	
/ /	Diabetes, Hy	pertensio	n				•			(S	Specify Ye		ro Coron or No)	ER (Specify Yes No	
/ /	28a. ACC., SUICIDE, HOM., UNDER OR PENDING INVEST. (Specify)	. 28b. DATE OF	INJURY (Ma/Day/Y	n 28	k, HOUR OF INJU	RY 28d.	DESCRIBE H	IOW INJUR	Y OCCURRE)				177	
1 1		4	m.			1									
1 1	28e. INJURY AT WORK (Specify 28f. PLACE OF INJURY- At home, farm, street, factory, office 28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE Yes or No.)														
ω <u>μ</u> \		outling, etc	. (opecity)				i								
8		- 1	7 /		STATE	REGIST	RAR				_				
			7 /						•						
3001140		/	/ /												
	1									BK 12	13				

PG-5329

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

2009008704

TYPE OR							· s	TATE FILE NU	MBER	` .K		
PRINT IN	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) 2. DATE OF DEATH (Mo/Day/Year) 3a. COUNTY OF I Delores Ruth GILCHER Delores Ruth GILCHER Delores Ruth Delores Ruth Delores Ruth Delores Ruth Delores Ruth											
PERMANENT	Delores Ruth	- 1	June 12, 2009 Dougla									
BLACK INK	3b. CITY, TOWN, OR LOCATIO			INSTITUTION -	Name(If not eithe	er, give street						
		and num	iber)		, g 00001	Inpatient(Specify)	\ \	. "				
DECEDENT	T Gardnerville 1301 Cardinal Court							Home	Femal			
-	5. RACE White (Specify)		6. Hispanic Origin		7a. AGE-Last birthday (Years				ATE OF BIRTH (Mo/Day/Yr	ι)		
	(Specify)		No - Non-Hispa	anic) MOS	DAYS HOURS	MINS	March 21, 1924			
IF DEATH	9a. STATE OF BIRTH (If not U.S	S.A., 9b. CITIZEN	CITIZEN OF WHAT COUNTRY 10.EDUCATION 11. MARRIED, N				RRIED WIDOWED	1 12 SURVIVIA	IG SPOUSE (if wife, give	-		
OCCURRED IN	name country) Minnesot		ted States	12	DIVORCED	(Specify) Mar	pecify) Married maiden name) Gill					
SEE HANDBOOK	13. SOCIAL SECURITY NUMBE	R 14a, USUAL (. USUAL OCCUPATION (Give Kind of Work Done During Most of rking Life, Even If Retired) Cashier									
REGARDING COMPLETION OF	-1395	· Working Life,										
RESIDENCE	15a. RESIDENCE - STATE	15b. COUNTY	15c. CIT	Y, TOWN OR LO		15d. STREET		aics	15e. INSIDE CITY	 -		
ITEMS	i			•					LIMITS (Specify Yes	. [
 >	Nevada	Douglas		Gardnervi	100000	1301 Card		The second leaves to the secon	or No) Yes			
PARENTS	16. FATHER - NAME (First Mid	•	O. I. A		17. MOTH	HER - NAME (First Middle Last Su					
		Theodore F GR					Edna M E					
	18a. INFORMANT- NAME (Type	•	18b	. MAILING ADD	RESS (Street	or R.F.D. No,	City or Town, State, Zip	o)				
	Gilbert C	GILCHER		- /	1301 (Cardinal Wa	ay Gardnerville, N	levada 8946	ю 🔪			
	19a. BURIAL, CREMATION, REI	MOVAL, OTHER (Spec	fy) 19b. CEMETER	RY OR CREMAT	ORY - NAME	- N	19c, LO	CATION City	or Town State	>		
DISPOSITION	Cremat	ion [′]		Truckee I	Meadows Cr	ematory		Sparks N	Nevada 89431			
	20a. FUNERAL DIRECTOR - SIG	SNATURE (Or Person /	Acting as Such)	20b. FUNERAL			DDRESS OF FACILIT		101444 00 101	\dashv		
	JOHN	LAWRENCE		DIRECTOR LIC		/	Autumn Funer		ations			
	SIGNAT	URE AUTHENTICA	TED -	304F	₹ 1%,	/	1575 N Lompa Ln	Carson City	NV 89701	- 1		
TRADE CALL	TRADE CALL - NAME AND ADD		• -	1	1							
	급 21a. To the best of my kn	owledge, death occurre	d at the time, date	and place and	≥ 22a	On the basis of	examination and/or in	vestigation in m	ny opinion death occurred	at		
	ପ୍ର ପ୍ର due to the cause(s) stated	d. (Signature & Title)	SIGNATURE AU	ITHÈNTICATE			lace and due to the car			-		
	ed KARE	N SUE MCDE			출발	- /	1		~			
CERTIFIER		Day/Yr) 210	. HOUR OF DEAT	770	E & 22b.	DATE SIGNED	(Mo/Day/Yr)	22c. HOUR	OF DEATH			
	June 15, 2009		<u>/ 07:4</u>		— Io გ —							
	□ □ 21d. NAME OF ATTEND!	ING PHYSICIAN IF OTI	HER THAN CERTI	FIER-	<u>ම</u> ජ 22d	. PRONOUNCE	D DEAD (Mo/Day/Yr)	22e. PRON	IOUNCED DEAD AT (Hour)		
				The same of the sa			<u> </u>					
[]	23a. NAME AND ADDRESS OF							23b, LIC	CENSE NUMBER			
- I		n Sue McDermo				70.	76.		6450			
REGISTRAR	24a. REGISTRAR (Signature)		VA GRIFFIT		24b. DATE REC (Mo/Day/Yr)		76. 27	_	COMMUNICABLE DISEAS	SE		
			UTHENTICATE		No. of the No.	June 18,	2009	YES 📗	NO X			
CAUSE OF	25. IMMEDIATE CAUSE	(ENTER ONLY ONE	CAUSE PER LINE	FOR (a), (b), AN	VD (c).)			! Inter	rval between onset and dea	ath		
DEATH	PARTI (a) Failure To	o i nrive	\	•	1 1			ï				
		S A CONSEQUENCE						Inter	val between onset and dea	ath		
CONDITIONS IF	_(b) Parkinson	ns Disease wit	h Dementia	1]				!				
ANY WHICH GAVE RISE TO		S A CONSEQUENCE						Inter	val between onset and dea	ath		
IMMEDIATE		V	-··		_/ _/		•	1 11161	vai between onset and dee	*"		
CAUSE ->	(c)	S A CONSEQUENCE	ne.		//			- Into	rval between onset and dea			
UNDERLYING CAUSE LAST		1	The same of the sa	1	/ /			i iine.	vai netweett otiset atin des	au		
CAUSE LAST	(d)			-					\			
- / /	PARTII Dichotoo Hum	amanaian X					2	6. AUTOPSY	27. WAS CASE REFERR TO CORONER (Specify	₹ED		
/ /	Diabetes, Hyp	ertension	San and the san an],	Specify Yes or N	or No) No			
	28a. ACC., SUICIDE, HOM., UNDET.	28b. DATE OF INJURY (I	Mo/Day/Yr) 28	Bc. HOUR OF INJUI	RY 28d. DESC	RIBE HOW INJUR	RY OCCURRED			\neg		
	OR PENDING INVEST. (Specify)	.]			l							
	28e. INJURY AT WORK (Specify			street, factory, o	office 28g. LOC	CATION S	STREET OR R.F.D. No	. CITY OR	TOWN STATE	E		
1 / / 1	Yes or No)	building, etc. (Specify) no.		1 ,				•			
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VRS-Rev-20090602



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