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Doc Number: **0836240**

01/02/2014 02:29 PM

OFFICIAL RECORDS

Requested By:
A+ PARALEGALS

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 6 Fee: \$ 19.00

Bk: 0114 Pg: 173



Deputy pk

APN: 1420-07-112-012

Affidavit of Death of Trustee

I, the undersigned, hereby affirm that the attached documents, including any exhibits, hereby submitted for recording does not contain personal information of any persons. (NRS 239B.030)

Signature

Mark B. Gray

Print Name & Title

WHEN RECORDED MAIL TO:

✓ Mark B. Gray
3635 Cindy's Trail
Carson City, NV 89705

THE UNDERSIGNED HEREBY AFFIRMS THAT
THIS DOCUMENT CONTAINS A SOCIAL
SECURITY NUMBER PER NRS 440.380.

APN: 1420-07-112-012

WHEN RECORDED MAIL TO:

Mark B. Gray
3635 Cindy's Trail
CARSON CITY, NEVADA 89705

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

AFFIDAVIT OF DEATH OF TRUSTEE

MARK B. GRAY, of legal age, being first duly sworn, deposes and says:

1. By instrument dated April 18, 1997, THOMAS B. GRAY and ADNA B. GRAY executed the GRAY FAMILY TRUST.
2. Said Trust appointed me to serve as Successor Trustee upon the death or incapacity of THOMAS B. GRAY and ADNA B. GRAY.
3. THOMAS B. GRAY deceased on September 26, 2006, at Carson City, Nevada a resident of Carson City, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said THOMAS B. GRAY.
4. ADNA B. GRAY deceased on December 28, 2007, at Douglas County, Nevada a resident of Carson City, Nevada. Attached hereto as Exhibit "B" is a certified copy of the death certificate of said ADNA B. GRAY.
5. Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Successor Trustee.
6. The following described real property is part of the Trust estate: See Exhibit "C" attached.
7. I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustee with respect to the Trust's interest in the described property.
8. No other person has a right to the interest of the Trust in the described property.

9. The described property shall be transferred to Mark B. Gray, Thomas B. Gray, Jr and Janet Yamaoka as Beneficiaries.

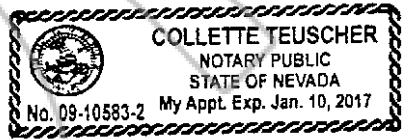
Executed this 30th day of December, 2013, at Carson City, Nevada.


MARK B. GRAY, Trustee

State of Nevada)
) ss
CARSON CITY)

Subscribed and Sworn to before me on December 30, 2013, by MARK B. GRAY, Trustee.


NOTARY PUBLIC



THIS JURAT IS ATTACHED TO AN AFFIDAVIT OF DEATH
OF TRUSTEE
DATED December 30, 2013

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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 DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Thomas Bertram GRAY		2. September 25, 2006	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Carson City		3a. Carson City	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
3c. Evergreen Mountain View Care Center		3e. Inpatient	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		SEX	
5. White		4. Male	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	
6.		7a. 87	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
8a. Arizona		9b. U.S.A.	
SOCIAL SECURITY NUMBER		Decedent's Education. Specify highest grade completed.	
13. -9685		10. 12 years	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
14a. Hotel Manager		11. Married	
KIND OF BUSINESS OR INDUSTRY		DATE OF BIRTH (Mo., Day, Yr.)	
14b. Hotel		8. February 3, 1919	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Carson City	
COUNTY		STREET AND NUMBER	
15b. Douglas		15d. 892 Valley Crest Dr	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. William J. Gray, Sr.		17. Pearl O'Bryan	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Adna B. Gray - Wife		18b. 892 Valley Crest Drive, Carson City, NV 89705	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. FitzHenry's Crematory	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		LOCATION City or Town State	
20a. <i>[Signature]</i>		19c. Carson City, Nevada	
FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20b. 217		20c. FitzHenry's Funeral Home	
20c. 3945 Fairview Drive, Carson City, NV 89701		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.	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		22b. (Signature and Title)	
(Signature and Title)		DATE SIGNED (Mo., Day, Yr.)	
21b. <i>[Signature]</i>		22c. HOUR OF DEATH	
DATE SIGNED (Mo., Day, Yr.)		22d. ON	
21c. 9/27/06		22e. AT	
HOUR OF DEATH		22f. ON	
21d. 17:46		22g. AT	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)	
21e.		23a. Laurence Gay, M.D., P.O. Box 19936, Reno, Nevada 89502	
23a. Laurence Gay, M.D., P.O. Box 19936, Reno, Nevada 89502		LICENSE NUMBER	
23b. 5152		REGISTRAR	
24a. (Signature)		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24b. <i>[Signature]</i>		24c. September 27, 2006	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		DEATH DUE TO COMMUNICABLE DISEASE	
PART I		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(a) Cardiac arrest		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF		seconds	
(b) Respiratory failure		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF		hours	
(c) Pneumonia		Interval between onset and death	
PART II		26. NO	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		27. NO	
26. NO		27. NO	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a.		28b.	
HOUR OF INJURY		28c.	
28d.		28e.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e.		28f.	
LOCATION.		STREET OR R.F.D. No.	
28g.		CITY OR TOWN	
		STATE	

STATE REGISTRAR

No. 345044

137412

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: SEP 27 2006

STATE REGISTRAR

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



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STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2007012604
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 Adna			1b. MIDDLE Burdeen			1c. LAST GRAY			2. DATE OF DEATH (Mo/Day/Year) December 28, 2007			3a. COUNTY OF DEATH Douglas					
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City						3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 892 Valley Crest Drive						3d. Hosp. or Inst. indicates DOA, OP/Emer. Rm. inpatient(Specify)			4. SEX Female		
5. RACE-(e.g., White, Black, American Indian) (Specify)			6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. Non-hispanic			7a. AGE-Last birthday (Years) 84			7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) March 26, 1923				
9a. STATE OF BIRTH (if not U.S.A., name country) Missouri			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 13			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			12. SURVIVING SPOUSE (if wife, give maiden name)					
13. SOCIAL SECURITY NUMBER [REDACTED]-7615						14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Administrative						14b. KIND OF BUSINESS OR INDUSTRY High School					
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Carson City			15d. STREET AND NUMBER 892 Valley Crest Drive			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
16. FATHER - NAME (First Middle Last Suffix) Guy WEAVER						17. MOTHER - NAME (First Middle Last Suffix) Olive M GARRISON											
18a. INFORMANT - NAME (Type or Print) Mark GRAY						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3635 Cindy's Trail Carson City, Nevada 89705											
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			19b. CEMETERY OR CREMATORY NAME Fitzhenry's Crematory			19c. LOCATION City or Town State Carson City Nevada 89701											
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED			20b. FUNERAL DIRECTOR LICENSE 217			20c. NAME AND ADDRESS OF FACILITY Fitzhenry's Funeral Home 3945 Fairview Dr. Carson City NV 89701											
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) RALPH HERBIG DO 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) January 04, 2008			21c. HOUR OF DEATH 14:15			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH								
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						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) Dr. Ralph Herbig DO 1540 Hwy 395 N, Ste E Gardnerville, NV, 89410									23b. LICENSE NUMBER 984								
24a. REGISTRAR (Signature) SARAH KOERNER SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 04, 2008			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) Cardiopulmonary Arrest						Interval between onset and death Minutes											
(b) Natural Causes						Interval between onset and death Months											
(c)						Interval between onset and death											
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) 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

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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:

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

PBNC0 (Rev) 11/06

STATE REGISTRAR
SIGNATURE AUTHENTICATED

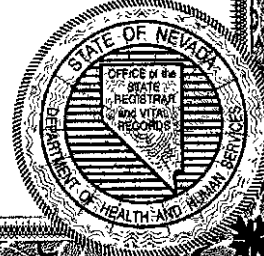


EXHIBIT C

All that certain lot, piece of parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Lot K12, in Block K, as shown on the map of VALLEY VISTA ESTATES, PHASE 2, Map # 1007-3, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on August 29, 1997, in Book 897, Page 6072, as Document No. 420670.

APN: 1420-07-112-012

