

DOC # 838944
02/28/2014 03:21PM Deputy: PK
OFFICIAL RECORD

Requested By:
First American Title Mindel
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 5 Fee: \$18.00
BK-214 PG-5034 RPTT: 0.00



APN# 1320-26-001-044

Recording Requested by:

Name: First American Title Insurance Company

Address: 1663 US Highway 395, Suite 101

City/State/Zip: Minden, NV 89423

Order Number: 143-2459823

Affidavit ~ Death of Trustee
(Title of Document)

(for Recorder's use only)

Recorder Affirmation Statement

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: 440.380

(State specific law)

R. Thompson
Signature

agent
Title

R. Thompson
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)



RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
Gary Carter
2884 Rusasill Road
Tucson, AZ 85741

Space Above This Line for
Recorder's Use Only

A.P.N. 1320-26-001-044

File No.: 143-2459823 (Rt)

Affidavit - Death of Trustee

State of Arizona)

)ss.

County of *Pima*)

Gary Carter ("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. **Alma V. Reeder** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **Decemeber 25, 2013** at **Carson City, NV** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **June 25, 2008** executed by **Alma V. Reeder** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant, Bargain, Sale Deed** dated **February 17, 2010** which was recorded as Instrument No. **759125** in Book **210**, Page **4611**, of Official Records of **Douglas** County, Nevada as legally described as follows:

**THAT PORTION OF THE NORTHEAST 1/4 OF SECTION 26, TOWNSHIP 13 NORTH,
RANGE 20 EAST, M.D.B. & M., IN THE COUNTY OF DOUGLAS, STATE OF NEVADA,
BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:**



BEGINNING AT THE NORTHWESTERLY CORNER OF "NET" PARCEL C-1, AS SAID PARCEL IS SHOWN ON THE RECORD OF SURVEY IN SUPPORT OF A BOUNDARY LINE ADJUSTMENT FOR THE STEVEN WAYNE HUNTSINGER AND CHRISTINE ALICE HUNTSINGER FAMILY TRUST AND ALMA VENICE REEDER, RECORDED IN BOOK 0903, AT PAGE 1461, AS DOCUMENT NO. 591401 OF THE OFFICIAL RECORDS OF SAID DOUGLAS COUNTY, SAID CORNER BEING ON THE SOUTHERLY RIGHT OF WAY LINE OF KRISTI LANE; THENCE EASTERLY ALONG SAID RIGHT OF WAY LINE, S. 89°33'03" E., 692.45 FEET TO THE NORTHEASTERLY CORNER OF SAID "NET" PARCEL C-1; THENCE SOUTHWESTERLY ALONG THE SOUTHEASTERLY LINE OF SAID "NET" PARCEL C-1, S. 8°54'04" W., 84.51 FEET; THENCE S. 67°15'53" W., 67.78 FEET; THENCE S. 53°44'00", 60.00 FEET; THENCE S. 45°25'33" W., 250.00 FEET; THENCE S. 29°45'00" W., 160.00 FEET; THENCE S. 21°48'05" W., 59.24 FEET; THENCE S. 32°04'41" W., 170.00 FEET; THENCE S. 0°29'30" W., 330.00 FEET; THENCE N. 89°26'15" E., 204.39 FEET TO A POINT ON THE WESTERLY LINE OF SAID "NET" PARCEL C-1; THENCE NORTHERLY ALONG SAID WESTERLY LINE, N. 0°29'30" E., 992.04 FEET TO THE POINT OF BEGINNING.

NOTE: THE ABOVE METES AND BOUNDS DESCRIPTION APPEARED PREVIOUSLY IN THAT CERTAIN DOCUMENT RECORDED FEBRUARY 22, 2010, IN BOOK 210, PAGE 4611, AS DOCUMENT NO. 759125.

- 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.

Dated: 02/26/2014

DECLARANT:

Gary Carter **SUCCESSOR TRUSTEE**
Gary Carter, Successor Trustee



State of AZ)
)ss
County of Pima)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Pima and State Arizona, this 26 day of Feb, 2014 by _____, 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.

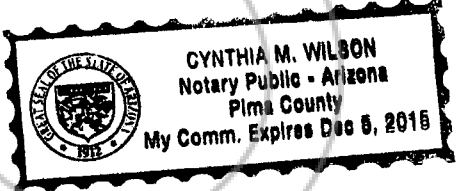
This area for official notarial seal

Signature *Cynthia M. Wilson*

My Commission Expires: 12/05/2015

Notary Name: Cynthia M. Wilson Notary Phone: 520-300-0732

Notary Registration Number: 282210 County of Principal Place of Business Pima



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2013021142
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) Alma Venice REEDER		2. DATE OF DEATH (Mo/Day/Year) December 25, 2013		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Carson Convalescent Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Nursing Home	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 76		7b. UNDER 1 YEAR MOS. DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) February 04, 1937		9a. STATE OF BIRTH (If not U.S.A., name country) Oklahoma		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER 1573		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Fraud Investigator		14b. KIND OF BUSINESS OR INDUSTRY Government	
15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	
15c. CITY, TOWN OR LOCATION Minden		15d. STREET AND NUMBER 1775 Kristi Lane		16. FATHER/PARENT - NAME (First Middle Last Suffix) Emerson MOSER	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Eunice ARNOLD		18a. INFORMANT - NAME (Type or Print) Gary CARTER		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 2884 Rudasill Road Tucson, Arizona 85741	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Crementation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) PHILLIP BARNA SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 222T		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 969 West Moana Lane Reno NV 89509	
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) NITA SCHWARTZ M.D. 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) December 31, 2013		21c. HOUR OF DEATH 06:54		22b. DATE SIGNED (Mo/Day/Yr)	
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) Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703				23b. LICENSE NUMBER 9114	
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 02, 2014		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) Coronary Atherosclerosis DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) DUE TO, OR AS A CONSEQUENCE OF:				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. Anemia, Kidney Failure, Gastrointestinal Bleed				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		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



BK 214
PG-5038

838944 Page: 5 of 5 02/28/2014

VRS-Rev-20120523a

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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: 01/07/2014

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

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

