

DOC # 838956
02/28/2014 03:42PM Deputy: PK
OFFICIAL RECORD
Requested By:
eTRCo, LLC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 5 Fee: \$18.00
BK-214 PG-5120 RPTT: 0.00



APN: 1320-29-214-022
RECORDING REQUESTED BY:
WESTERN TITLE COMPANY

AND WHEN RECORDED MAIL TO:
Marty Ann McGarry and
Susan Wright
1355 Mountain Park Drive
Carson City, NV 89706

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

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

Marty Ann McGarry and Susan Wright, formerly known as Susan Suen, Successor Co-Trustees of legal age, being first duly sworn, deposes and says:

Marie W. Duncan, is the decedent mentioned in the attached certified copy of Certificate of Death, as Marie W. Duncan is the same person named as Trustee in that certain Declaration of Trust, executed by Marie W. Duncan, Trustee of the Marie W. Duncan Trust dated 8 July 1987.

At the time of decedent's death, decedent was the owner, of certain real property acquired by a deed, Marie W. Duncan, Grantor, Grants to Marie W. Duncan, Trustee of the Marie W. Duncan Trust dated 8 July 1987, Grantee recorded on July 31, 2000, as Book 0700, at Page 5074 of Instrument No. 0496779 in Official Records of Douglas County, Nevada, describing the following real property:

SEE EXHIBIT "A" ATTACHED HEREWITH AND MADE A PART HEREOF

Assessor's Parcel Number(s):
1320-29-111-028

Commonly known as: 1127 White Oak Loop Minden, NV 89423

We are the Successor Co-Trustees of the same trust under which said decedent held title as trustee pursuant to the deed described above, and are designated and empowered pursuant to the terms of said trust to serve as Trustees thereof.

Dated February 24, 2014



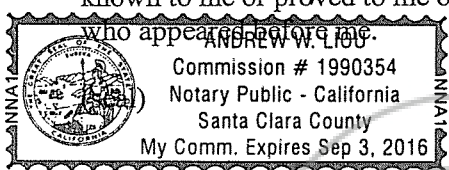
The Marie W. Duncan Trust dated 8 July 1987

Marty Ann McGarry
Marty Ann McGarry, Successor Co-Trustee

Susan Wright
Susan Wright, formerly known as Susan Suen, Successor Co-Trustee

STATE OF CALIFORNIA
COUNTY OF SANTA CLARA

Subscribed and sworn to (or affirmed) before me on this 27th day
of FEBRUARY, 2014, by ~~Marty Ann McGarry and~~ Susan Wright personally
known to me or proved to me on the basis of satisfactory evidence to be the person(s)



Signature [Signature]
Notary public



Affidavit - Death of Trustee

STATE OF NEVADA

} s.s.

COUNTY OF Douglas

This instrument was acknowledged before me on

February 28, 2014

by Marty Ann McGarry.

Anu Jansse
Notary Public

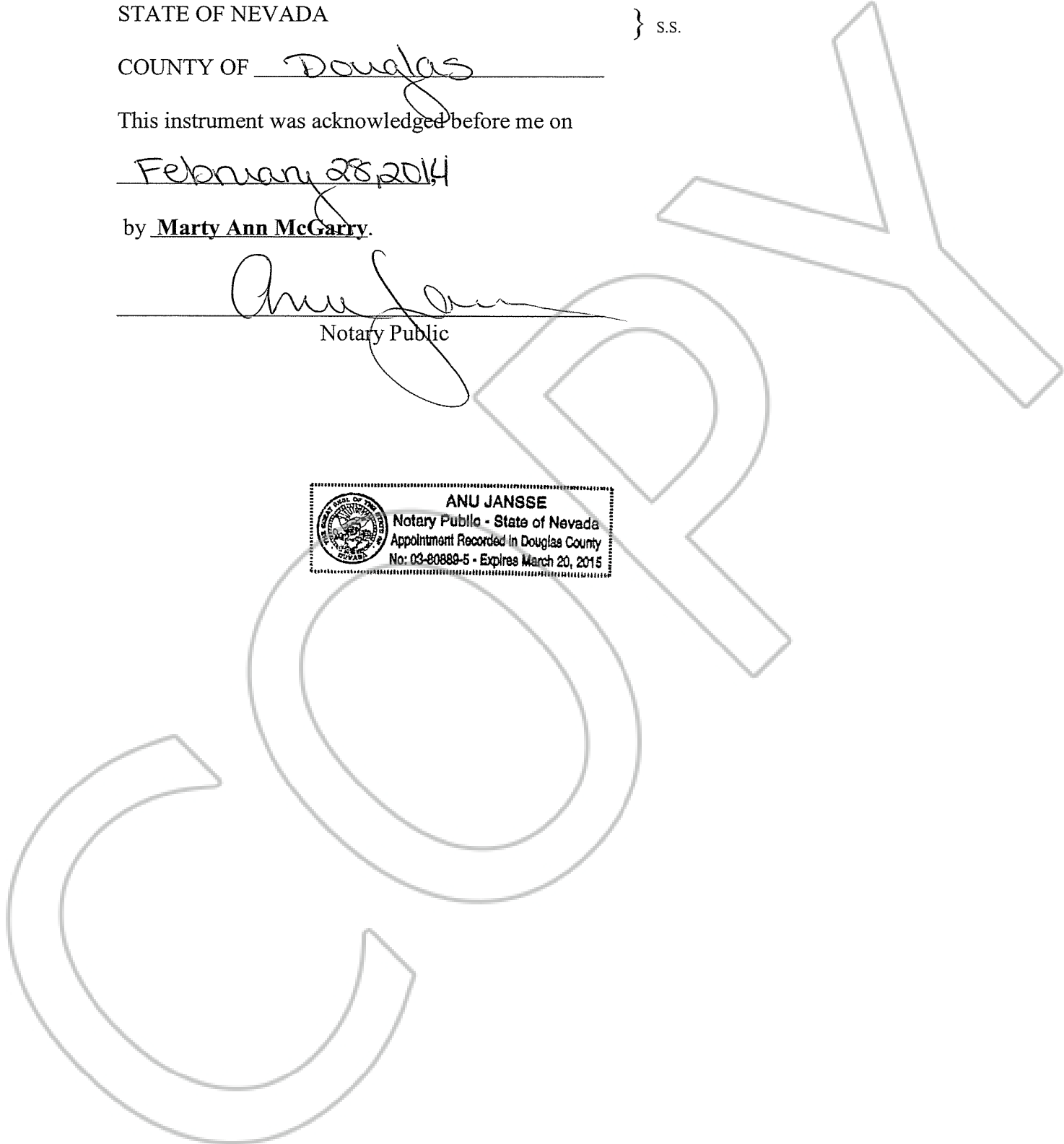
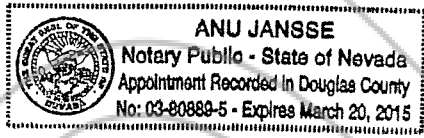




EXHIBIT "A"

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

PARCEL 1:

Unit 311 as shown on that certain Record of Survey filed for record in the office of the County Recorder of Douglas County, Nevada on June 9, 1997 in Book 697, at Page 1495 as Document No. 414454, Official Records being a Boundary Line Adjustment of the Final Map No. 1008-7A for WINHAVEN, UNIT NO. 7, PHASE A, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, Nevada, on November 17, 1995, in Book 1195, Page 2675, Document No. 374950, Official Records.

PARCEL 2:

A non-exclusive easement for use, enjoyment, ingress and egress over the Common Area as set forth in Declaration of Covenants, Conditions and Restrictions recorded September 28, 1990, in Book 990, Page 4348, as Document No. 235644, Official Records.

**Assessor's Parcel Number(s):
1320-29-111-028**

CERTIFICATION OF VITAL RECORD

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS**

CERTIFICATE OF DEATH

2014000322

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) Marie W DUNCAN		2. DATE OF DEATH (Mo/Day/Year) January 10, 2014		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION-Name(if not either, give street and number) 1127 White Oak Loop		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 85		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 07, 1928		9a. STATE OF BIRTH (If not U.S.A., name country) Utah		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 13		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER ██████-2348		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Litho Camera Operator		14b. KIND OF BUSINESS OR INDUSTRY Printing	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1127 White Oak Loop		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Jess WRIGHT	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Vina ANDERSEN		18a. INFORMANT- NAME (Type or Print) Marty A MCGARRY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1355 Mountain Park Dr Carson City, Nevada 89706	
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		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
20a. SIGNATURE AUTHENTICATED					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) REED DOPF M.D. SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) January 14, 2014		21c. HOUR OF DEATH 08:42			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
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)				22b. DATE SIGNED (Mo/Day/Yr)	
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) Reed Dopf M.D. 18653 Wedge Pkwy Reno, NV 89511	
23b. LICENSE NUMBER 13920				24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 14, 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) Respiratory failure					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Terminal chronic obstructive lung disease, probable emphysema					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Etiology unspecified					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. hypertension					
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-5124

838956 Page: 5 of 5 02/28/2014

VRS-Rev-20120523a

515364

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: 01/24/2014

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

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

