

18
Doc Number: **0839482**

03/14/2014 12:50 PM

OFFICIAL RECORDS

Requested By
GEORGE M KEELE

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 5 Fee: \$ 18.00
Bk: 0314 Pg: 2040



Deputy pk

APN: 1320-30-815-012

The undersigned hereby affirms that there is no Social Security number contained in this document.

When recorded, mail to:
George M. Keele
1692 County Road, #A
Minden, NV 89423

AFFIDAVIT OF DEATH OF CO-TRUSTEE

I, JOHN M. GALLAGHER, hereby swear (or affirm), under penalty of perjury, that the following assertions are true of my own personal knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

2. By instrument dated March 21, 1996, JOHN M. GALLAGHER and JUNE E. GALLAGHER, as Grantors and Trustees, executed THE GALLAGHER FAMILY TRUST AGREEMENT ("Trust"). The Trust was amended on August 16, 2007. By instrument recorded at Document No. 384045 in the official records of Douglas County, Nevada, JOHN M. GALLAGHER and JUNE E. GALLAGHER, husband and wife as Joint Tenants, conveyed to JOHN M. GALLAGHER and JUNE E. GALLAGHER, Trustees, and their Successors, under The Gallagher Family Trust U/D/T 3-21-96, as community property, the parcel of real property commonly known as 1642 County Road, Minden, Douglas County, Nevada, which parcel is more fully described in Exhibit A attached hereto and incorporated herein by this reference.

3. JUNE E. GALLAGHER died on December 28, 2013, in Reno, Washoe County, Nevada, while a resident of Douglas County, Nevada. A certified copy of the decedent's certificate of death is attached hereto as Exhibit B and incorporated herein by this reference.

4. Pursuant to paragraph 2.2 of the Trust, I now serve as the sole Trustee of all trusts provided for in the trust agreement.

John M. Gallagher

JOHN M. GALLAGHER

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on the 13th day of March, 2014, by JOHN M. GALLAGHER.

Mary E. Baldecchi

NOTARY PUBLIC



**EXHIBIT A
LEGAL DESCRIPTION**

All that real property situated in the County of Douglas, State of Nevada, commonly known as 1642 County Road, Minden, Nevada, and more particularly described as follows:

Lot 6, as shown on the map of GREENBELT NO. 1, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on January 8, 1976, as Document No. 86596.

Per NRS 111.312, this legal description was previously recorded at Document No. 384045, Book 0396, Page 4104.

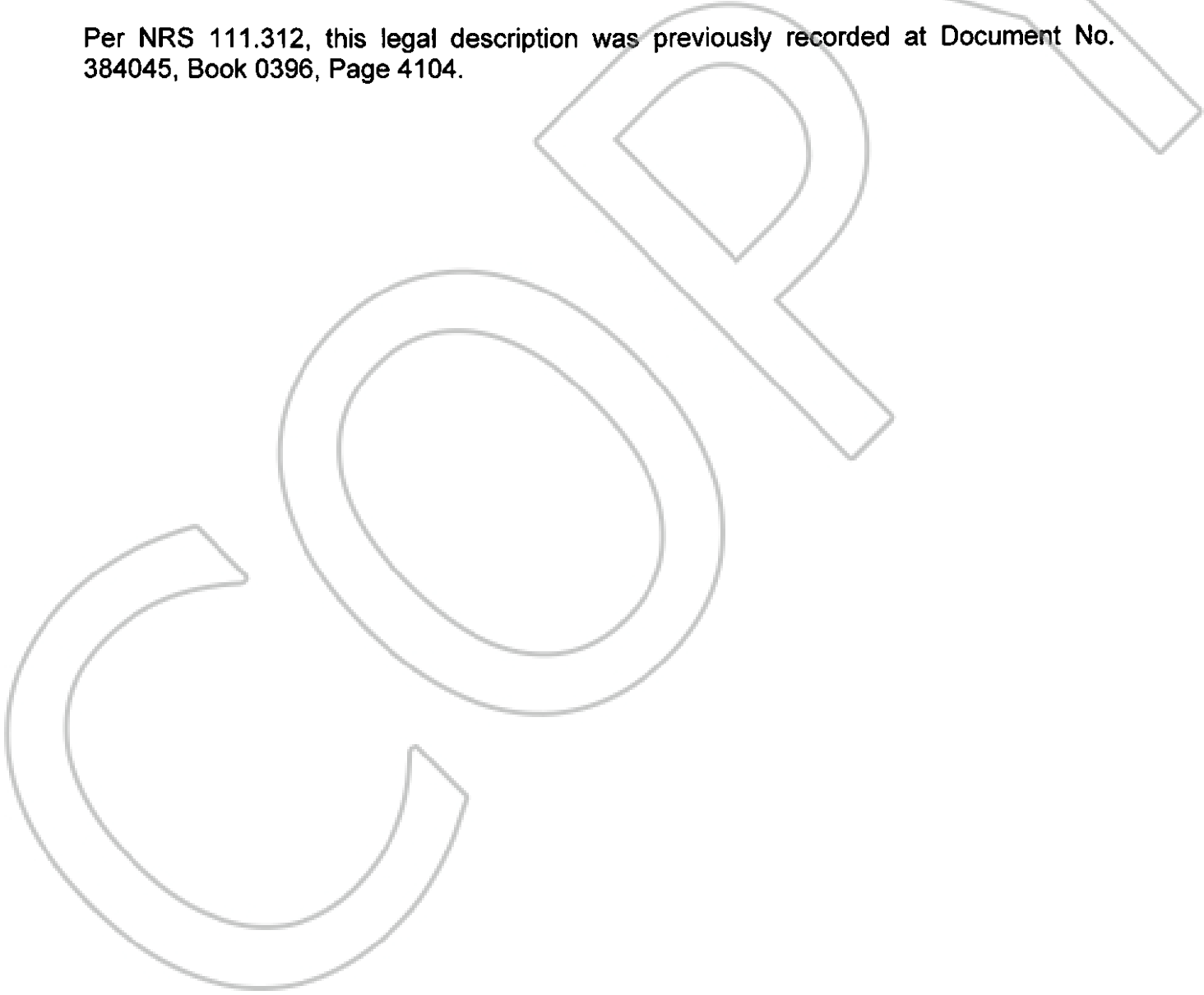


EXHIBIT B
CERTIFICATE OF DEATH

COPY

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

2013021610

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) June Emily GALLAGHER		2. DATE OF DEATH (Mo/Day/Year) December 28, 2013		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not ather, give street and number) Renown Regional Medical Center.		3d. If Hosp. or Inst. indicate DOA,OP/Emer. Rm inpatient(Specify) Inpatient	
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) June 07, 1928		9a. STATE OF BIRTH (if not U.S.A., name country) Wisconsin		9b. CITIZEN OF WHAT COUNTRY? United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) John Milton GALLAGHER	
13. SOCIAL SECURITY NUMBER 5599		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Payroll Supervisor.		14b. KIND OF BUSINESS OR INDUSTRY Research	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1642 County Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Oscar JOHNSON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Caroline E RINTELMAN		
18a. INFORMANT- NAME (Type or Print) John Milton GALLAGHER			18b. MAILING ADDRESS (Street or R.F.D. No; City or Town, State, Zip) P.O. Box 974 Minden, Nevada 89423		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation.		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89503.	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) PHILLIP BARNA		20b. FUNERAL DIRECTOR LICENSE 222T		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 989 West Moana Lane Reno NV 89509	
20d. SIGNATURE AUTHENTICATED					
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) AARON FALK MD			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 01, 2014		21c. HOUR OF DEATH 06:44		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) AARON FALK MD 1155 Mill St. Reno, NV 89502			
23b. LICENSE NUMBER 14616					
24a. REGISTRAR (Signature) BRIDGES SANDI		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 08, 2014		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24d. SIGNATURE AUTHENTICATED					
26. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I (a) Acute right middle cerebral infarction				Interval between onset and death	
(b) Embollic event				Interval between onset and death	
(c)				Interval between onset and death	
(d)				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) No					
28a. ACC., SUICIDE, HOMICIDE, 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



Page : 5 of 5

BK : 03 14
PG : 20 44
3/14/2014

VRS-Rev-20120523a

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

STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

