

DOC # 839782
03/20/2014 03:48PM Deputy: AR
OFFICIAL RECORD
Requested By:
eTRCo, LLC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: \$17.00
BK-314 PG-3385 RPTT: 0.00



APN#: 1220-12-310-020

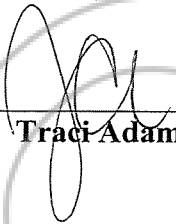
Recording Requested By:
Western Title Company, Inc.
Escrow No.: 062909-TEA

When Recorded Mail To:
Spencer White
2238 South Victoria
Ventura, CA
93003

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of any person or persons.
(Per NRS 440.380) (1)(5) & 40.525(5)

Signature _____

Traci Adams **Escrow Officer**

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312
(additional recording fee applies)



APN: 1220-12-310-020
RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

Spencer White
2238 South Victoria
Ventura, CA 93003

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

STATE OF NEVADA))
) SS.
COUNTY OF DOUGLAS)

Spencer White, Successor Trustees of legal age, being first duly sworn, deposes and says:

Ronald William White, is the decedent mentioned in the attached certified copy of Certificate of Death, as **Ronald W. White** is the same person named as Trustee in that certain Declaration of Trust, executed by **Ronald W. White, Trustee, of the Ronald W. White Revocable/Amendable Living Trust, dated November 18, 1992, as amended and restated on July 27, 2006.**

At the time of decedent's death, decedent was the owner, of certain real property acquired by a deed, **Ronald W. White, Trustee, under the terms of the Ronald W. White Restated Trust**, Grantor, Grants to **Ronald W. White, Trustee, of the Ronald W. White Revocable/Amendable Living Trust, dated November 18, 1992, as amended and restated on July 27, 2006**, Grantee recorded on **December 3, 2007**, as Book **1207**, at Page **0079** of Instrument No. **0714116** in Official Records of Douglas County, Nevada, describing the following real property:

Assessor's Parcel Number(s):
1220-12-310-020

Commonly known as: **1071 Helman Drive, Gardnerville, NV 89410**



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 am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Dated 3/17/14

~~Spencer White, Successor Trustee of the Ronald W. White Revocable/Amendable Living Trust, dated November 18, 1992, as amended and restated on July 27, 2006~~

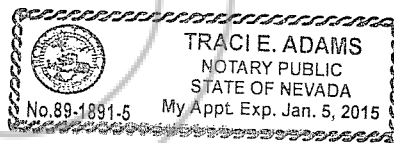
~~Spencer White, Successor Trustee of the Ronald W. White Revocable/Amendable Living Trust, dated November 18, 1992, as amended and restated on July 27, 2006~~

State of Nevada
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 17th day of March, 2014 by Spencer White, Successor Trustee personally known to me or proved to me on the basis of satisfactory evidence to the person who appeared before me.

(seal)

Signature
Notary Public



CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

201301110
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Ronald William WHITE		2. DATE OF DEATH (Mo/Day/Year) July 03, 2013		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1071 Helman Ave		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 74		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A., name country) California		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)			
PARENTS	13. SOCIAL SECURITY NUMBER ██████████ 8411		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Machinist		14b. KIND OF BUSINESS OR INDUSTRY Contracted U. S. Navy	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1071 Helman Ave		15e. SURVIVING SPOUSE LIMITS (Specify Yes or No) No			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Wilbur William WHITE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Oli VERNA		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) Spencer WHITE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1071 Helman Ave Gardnerville, Nevada 89410			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
GRADE CALL	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER		20b. FUNERAL DIRECTOR LICENSE 823		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703	
	20d. SIGNATURE AUTHENTICATED					
CERTIFIER	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.		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) July 10, 2013		21c. HOUR OF DEATH 02:40		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	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		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	24a. REGISTRAR (Signature) NICOLE SHORE		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 11, 2013		24c. DEATH DUE TO COMMUNICABLE DISEASE	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Lung Cancer, Metastatic 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			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.		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	
STATE REGISTRAR	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		28h. CITY OR TOWN STATE	

STATE REGISTRAR



BK 314
PG-3388

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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:

This copy is not valid unless it is enclosed in an engraved border displaying date, seal and signature.

STATE REGISTRAR
Rod White
SIGNATURE AUTHENTICATED

