

Doc Number: **0840473**

04/01/2014 10:24 AM

OFFICIAL RECORDS

Requested By

ALLISON MACKENZIE PAVLAKIS

DOUGLAS COUNTY RECORDERS

Karen Ellison - Recorder

Page: 1 of 4

Fee: \$ 17.00

Bk: 0414 Pg: 130



Deputy: ar

APN: 1219-04-002-020
WHEN RECORDED RETURN TO:
JOEL W. LOCKE, ESQ.
ALLISON, MacKENZIE, PAVLAKIS,
WRIGHT & FAGAN, LTD.
P.O. Box 646
Carson City, NV 89701

MAIL TAX STATEMENTS TO:
JENNIFER HURLEY
P. O. Box 288
Genoa, NV 89411

The party executing this document hereby affirms that this document submitted for recording does contain the social security number of any person or persons pursuant to NRS 239B.030

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA)

Carson City)

: ss.

JENNIFER HURLEY, being first duly sworn, deposes and says:

1. That JANE B. WILSON died on or about February 27, 2014; and a copy of the Certificate of Death is attached hereto as Exhibit "1" and incorporated herein by this reference.

2. That JANE B. WILSON was one of the Co-Trustees of "THE WILSON FAMILY TRUST," dated September 22, 1983. BRYCE WILSON was a Grantor of "THE WILSON FAMILY TRUST," dated September 22, 1983, and he died on April 6, 1993. Upon the death of BRYCE WILSON, "THE WILSON FAMILY TRUST," dated September 22, 1983, was split into three (3) separate trusts known as "THE WILSON FAMILY TRUST," dated September 22, 1983, "Survivor's Trust," "Marital Trust," and "Residual Trust."

3. That "THE WILSON FAMILY TRUST," dated September 22, 1983 was the owner of all that certain real property situate in the county of Douglas, state of Nevada, commonly known as 1230 Quail Ridge Rd, Genoa, Nevada, being Assessor's Parcel Number 1219-04-002-020, as more particularly described in that certain Deed, dated December 12, 1986, recorded in the Official Records of the county of Douglas, state of Nevada, as Document No. 146734, and being more particularly described as follows:

The Southeast 1/4 of the Southeast 1/4 of Section 4, Township 12 North, Range 19 East, M.D.B. & M.

4. On or about March 27, 2009, the above described real property was transferred by Grant, Bargain and Sale Deed from "THE WILSON FAMILY TRUST," dated September 22, 1983, to "THE WILSON FAMILY TRUST," dated September 22, 1983, "Survivor's Trust" as to an undivided thirty five percent (35%) interest, and to "THE WILSON FAMILY TRUST," dated September 22, 1983, "Marital Trust" and "Residual Trust" as to an undivided sixty five percent (65%) interest. The Deed was recorded as Document No. 0740382 in the Official Records of the Douglas County Recorder, State of Nevada.

5. JANE B. WILSON was a Co-Trustee of "THE WILSON FAMILY TRUST, dated September 22, 1983, "Survivor's Trust," "Marital Trust," and "Residual Trust." JENNIFER HURLEY and JEFFREY BRIAN LOWE are the current Co-Trustees of "THE WILSON FAMILY TRUST," dated September 22, 1983, "Survivor's Trust." JANET WILSON WARNER and JEFFREY BRIAN LOWE are the Co-Trustees of "THE WILSON FAMILY TRUST," dated September 22, 1983, "Marital Trust," and "Residual Trust."

6. That as of this date, the said trusts have not been revoked and Affiant is the a co-Trustee thereof.

7. That this Affidavit has been executed in Carson City, state of Nevada.

8. That Affiant certifies and declares under penalty of perjury that the foregoing is true and correct.

Further Affiant sayeth naught.

DATED March 27, 2014.

Jennifer Hurley
JENNIFER HURLEY, Co-Trustee
"THE WILSON FAMILY TRUST, dated
September 22, 1983, "Survivor's Trust"

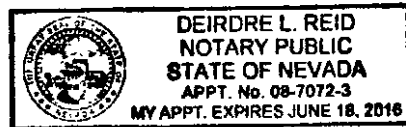
On March 27, 2014, before me, Deirdre Reid,

a notary public, personally appeared JENNIFER HURLEY, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person (or entity upon behalf of which the person acted), executed the instrument.

WITNESS my hand and official seal.

Deirdre Reid

NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2014003064

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) Jane Louise BAKER WILSON		2. DATE OF DEATH (Mo/Day/Year) February 27, 2014		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) 1230 Quail Ridge Rd.		3e. If Hosp. or Inst. indicate DOA, OF Emer. Rm. Inpatient (Specify): Home	
4. SEX Female		5. RACE White		6. DATE OF BIRTH (Mo/Day/Yr) January 17, 1931	
6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 83		7b. UNDER 1 YEAR MOS	
7c. UNDER 1 DAY DAYS		7d. UNDER 1 DAY HOURS		7e. UNDER 1 DAY MINIS	
9a. STATE OF BIRTH (If not U.S.A., name country) Connecticut		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)		13. SOCIAL SECURITY NUMBER 7785	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Real Estate Agent		14b. KIND OF BUSINESS OR INDUSTRY Real Estate		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1230 Quail Ridge Rd.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Leon F BAKER JR	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Inez CAREY		18a. INFORMANT - NAME (Type or Print) Jennifer HURLEY		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) PO Box 2294 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	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 823		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N. Rupp Carson City, NV 89706	
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		21b. DATE SIGNED (Mo/Day/Yr) February 28, 2014		21c. HOUR OF DEATH 03:40	
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) 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) February 28, 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) Alzheimers Dementia					
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:					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Atrial Fibrillation					
26. ACC., SUICIDE, HON., UNDET. OR PENDING INVEST (Specify)		26. DATE OF INJURY (Mo/Day/Yr)		26. HOUR OF INJURY	
26. INJURY AT WORK (Specify Yes or No)		26f. PLACE OF INJURY- At home, farm, street, factory, office, building, etc (Specify)		26g. LOCATION STREET OR R.F.D. No CITY OR TOWN STATE	
26. DESCRIBE HOW INJURY OCCURRED		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No			

STATE REGISTRAR



BK 04 14
PG 133
4/1/20 14

VRS-Rev-20120423a

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:

03/03/2014

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

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

