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Doc Number: **0840500**

04/01/2014 01:47 PM

OFFICIAL RECORDS

Requested By
JIMMIE BALL

APN#: 1420-33-312-023

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Recording Requested By:

Page: 1 of 3 Fee: \$ 16.00

Bk: 0414 Pg: 215



Deputy: sg

When Recorded Mail To:

Jimmie D. Ball
2661 Pasture Way
Minden, NV
89423

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 a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature *Jimmie D. Ball*
Jimmie D. Ball Owner

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT - DEATH OF TRUSTEE

Jimmie D. Ball, of legal age, being first duly sworn, deposes and says:

That Virgil L. Ball, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Virgil L. Ball named as one of the parties in that certain Grant, Bargain and Sale Deed dated 08/20/2012 executed by Virgil L. Ball and Jimmie Ball to Virgil L. Ball and Jimmie D. Ball, as Trustees of the Ball Family Trust created by that certain Trust Agreement made the 20th day of August, 2012, recorded as instrument No. 0808049, on 08/27/2012, in Book na, Page , of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Lot 206 as set forth on the Final Map of Wildhorse Unit No. 6, a Planned Unit Development, filed in the office of the COUNTY Recorder of Douglas County, State of Nevada, on March 15, 1994, in Book 394, Page 2741, as Document No. 332336.

Dated March 31, 2014

Jimmie D. Ball
Jimmie D. Ball, Trustee

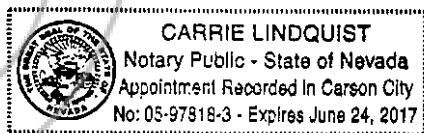
STATE OF NEVADA }SS

COUNTY OF Carson City

This instrument was acknowledged before me on March 31, 2014

by Jimmie D. Ball

[Signature]
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2014003393
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

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 - STATE THE UNDERLYING CAUSE LAST

3760718

1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Virgil Lee BALL		2. DATE OF DEATH (Mo/Day/Year) March 04, 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) 2661 Pasture Way		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Home	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE - Last birthday (Years) 78		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS.	
8. DATE OF BIRTH (Mo/Day/Yr) December 03, 1935		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) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Jimmie Diane STEADMAN	
13. SOCIAL SECURITY NUMBER 5767		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Pilot		14b. KIND OF BUSINESS OR INDUSTRY Commercial Airlines	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2661 Pasture Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Virgil BALL			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lucille Mae ELLIS		
18a. INFORMANT - NAME (Type or Print) Jimmie BALL		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2661 Pasture Way, Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION - City or Town - State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Creations 1575 N Lomp Ln Carson City NV 89701	
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) REED DOPF 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) March 06, 2014		21c. HOUR OF DEATH 07:30		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) 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) March 06, 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) Terminal complications of non small cell lung cancer, metastatic DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death			
(b) _____ DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death			
(c) _____ DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death			
(d) _____ DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death			
PART II atherosclerotic heart disease, smoking tobacco dependence, hypertension		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28a. ACC., SUICIDE, HOW 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

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BK 04 14
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4/1/20 14

VRS-Rev-20120523a

521575 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: 03/11/2014

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

