

DOC # 841806
04/30/2014 03:42PM Deputy: SG
OFFICIAL RECORD
Requested By:
First American Title Mindel
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: \$17.00
BK-414 PG-6075 RPTT: 0.00



APN# 1320-33-813-032

Recording Requested by:
Name: First American Title Insurance
Company
Address: 1663 US Highway 395, Suite 101
City/State/Zip: Minden, NV 89423
Order Number: 143-2464752RT

Affidavit - Death of Trustee (for Recorder's use only)
(Title of Document)

Recorder Affirmation Statement

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

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 as required by law: NRS 440380
(State specific law)

R. Thomas Escrow
Signature Title

R. Thomas
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)



RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**

Beulah F. Pharris
*11791 Big Oak Ct
Pine Grove, Ca 95665*

Space Above This Line for
Recorder's Use Only

A.P.N. 1320-33-813-032

File No.: 143-2464752 (Rt)

Affidavit - Death of Trustee

State of Nevada)
)ss.
County of Douglas)

Beulah F. Pharris ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **James W. Pharris** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **October 09, 2009** at **Carson City, NV** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **April, 25, 2005** executed by **James W. Pharris and Beulah F. Pharris** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **QuitClaim Deed** dated **4-27-05** which was recorded as Instrument No. **0642941** in Book **0405**, Page **11774**, of Official Records of **Douglas** County, Nevada as legally described as follows:

LOT 39, BLOCK D, AS SET FORTH ON FINAL SUBDIVISION MAP NO. 1006-5 FOR CHICHESTER ESTATES, PHASE 5, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, AND RECORDED APRIL 9, 1999 IN BOOK 499, PAGE 1900, AS DOCUMENT NO. 465394.



4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: 4-25-14

DECLARANT:

Beulah F. Pharris
Beulah F. Pharris

State of ~~Nevada~~ ^{NS} CALIFORNIA)
County of ~~Douglas~~ ^{NS} Amador)ss)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County SACRAMENTO and State CALIFORNIA this 27th day of April, 20 14 by Beulah F. Pharris, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

Signature: [Handwritten Signature]
My Commission Expires: 02/03/2017

This area for official notarial seal



Notary Name: Natalie M Spinoso Notary Phone: (916) 7529014
Notary Registration Number: 2006351 County of Principal Place of Business: SACRAMENTO

CERTIFICATE OF DEATH

2009016257

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) James Wallace PHARRIS		2. DATE OF DEATH (Mo/Day/Year) October 13, 2009		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) Renown Regional Medical Center		3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Male		7a. AGE - Last birthday (Years) 85		8. DATE OF BIRTH (Mo/Day/Yr) August 09, 1924	
5. RACE (Specify) White		6. HISPANIC ORIGIN? (Specify No - Non-Hispanic)		7b. UNDER 1 YEAR / 7c. UNDER 1 DAY MOS DAYS HOURS MINS	
9a. STATE OF BIRTH (if not U.S.A., name country) Missouri		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) Beulah CRAWFORD		13. SOCIAL SECURITY NUMBER 8109	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Maintenance Operator		14b. KIND OF BUSINESS OR INDUSTRY Oil		15. EVER IN US Armed Forces? Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1336 West Wales Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Gilbert Wayne PHARRIS	
17. MOTHER - NAME (First Middle Last Suffix) Myrtle Irene BARKLEY		18a. INFORMANT - NAME (Type or Print) Beulah PHARRIS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1336 West Wales Court Gardnerville, Nevada 89410	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
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) ELLEN G.I. CLARK 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) ELLEN G.I. CLARK M.D.		
21b. DATE SIGNED (Mo/Day/Yr) November 10, 2009		21c. HOUR OF DEATH 03:35		22b. DATE SIGNED (Mo/Day/Yr) November 10, 2009	
22c. HOUR OF DEATH 03:35		22d. PRONOUNCED DEAD (Mo/Day/Yr) October 13, 2009		22e. PRONOUNCED DEAD AT (Hour) 03:35	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Ellen G.I. Clark M.D. PO Box 11130 Reno, NV 89520			
23b. LICENSE NUMBER 5850		24a. REGISTRAR (Signature) BRIDGES SANDI		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 12, 2009	
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).) Subdural Hematoma			
25. IMMEDIATE CAUSE (a) Subdural Hematoma		Interval between onset and death			
25. IMMEDIATE CAUSE (b) Blunt Force Trauma		Interval between onset and death			
25. IMMEDIATE CAUSE (c) Blunt Force Trauma		Interval between onset and death			
25. IMMEDIATE CAUSE (d) Blunt Force Trauma		Interval between onset and death			
PART II Hypertension, Atrial Fibrillation, Dyslipidemia, Prior Cerebrovascular Episode, Prior Myocardial Infarct, Renal Failure				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) ACCIDENT	
28b. DATE OF INJURY (Mo/Day/Yr) October 13, 2009		28c. HOUR OF INJURY 0800		28d. DESCRIBE HOW INJURY OCCURRED Ground level fall	
28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Care Home		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 1573 Mathias Parkway, Evergreen Gardnerville Nevada	

STATE REGISTRAR

350587



VRS-Rev-20080002

CERTIFIED COPY OF VITAL RECORDS

This is a true and correct reproduction of the death record officially registered and filed in the office of the State Registrar and Vital Records.

11/12/2009

DEPUTY REGISTRAR

Mary A. Anderson
SIGNATURE AUTHENTICATED

This copy may only be produced in a hard copy format and may not be used for legal purposes.