05/02/2014 09:16AM Deputy: AR OFFICIAL RECORD Requested By: **APN#**: 1420-34-111-005 eTRCo, LLC Douglas County - NV Karen Ellison - Recorder Page: 1 of 4 Fee: \$17.00 BK-514 PG-305 RPTT: 0.00 **Recording Requested By:** Western Title Company, Inc. **Escrow No.:** 064030-TEA When Recorded Mail To: Jean M Tomlinson 2751 Fuller Ave. 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 any person or persons. (Per NRS 440.380(1)(5) & 40.525(5)) Signature **Escrow Officer** Traci Adams

DOC #

841868

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

Affidavit of Death of Trustee

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APN: 1420-34-111-005

RECORDING REQUESTED BY:

Western Title Company

AND WHEN RECORDED MAIL TO:

Jean M. Tomlinson 2751 Fuller Ave Minden, NV 89423

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**AFFIDAVIT - DEATH OF TRUSTEE** 

STATE OF NEVADA)

) SS.

COUNTY OF DOUGLAS)

Jean M. Tomlinson, Trustee of the J & J Tomlinson Trust, of legal age, being first duly sworn, deposes and says:

Jay E. Tomlinson, is the decedent mentioned in the attached certified copy of Certificate of Death, as Jay E. Tomlinson, Jr. is the same person named as Trustee in that certain Declaration of Trust, executed by Jay E. Tomlinson, Jr. and/or Jean M. Tomlinson, as Trustees of the J & J Tomlinson Trust.

At the time of decedent's death, decedent was the owner, of certain real property acquired by a deed, Jay E. Tomlinson, Jr. and Jean M. Tomlinson, husband and wife as Community Property with Right of Survivorship, Grantor and Jay E. Tomlinson, Jr. and/or Jean M. Tomlinson, as Trustees of The J & J Tomlinson Trust, Grantee recorded on February 1, 2010, as Book 0210, at Page 0339 of Instrument No. 0758042 in Official Records of Douglas County, Nevada, describing the following real property:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 1, in Block A, of MOUNTAIN VIEW ESTATES UNIT NO. 5, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on April 13, 1990, in Book 490, Page 1895, as Document No. 223928.

Assessor's Parcel Number(s): 1420-34-111-005

Commonly known as: 1429 Stephanie Way, Minden, NV 89423

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I am the Trustee 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.

The J & J Tomlinson Trust

STATE OF

**COUNTY OF** 

This instrument was acknowledged before me on

By Jean M. Tomlinson

Notary Public

TRACIE. ADAMS NOTARY PUBLIC STATE OF NEVADA My Appt Exp. Jan. 5, 2015



## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

	4			
201	1	On	20	198

TYPE OR									STATE FILE NUMBER						
PRINT IN	1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX)							2. DATE OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH							
PERMANENT BLACK INK	Jay E TOMLINSON							February 26, 2011 Douglas						as	
DEPOSIT, MICK	3b. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street   3e.If Hosp, or Inst. indicate DOA, OP/Ei								V,OP/Eme	r. Rm.	4. SEX				
DECEDENT	Minden		and (lumber)	275	1 Fuller A	venue			Inpatient(S	pecity)	Home	1	ĺ	Male	
DECEDENT	5. RACE White		6. Hisp	anic Origin?		/a. AGE-L	ast	7b. UNDE	R 1 YEAR	7c. UNDE		8. DATE	OF BIRTH	(Mo/Day/Yr)	
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PARENTS	TS 16. FATHER/PARENT - NAME (First Middle Last Suffix) 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Alma ALDRIGE									No.					
	18a, INFORMANT- NAME (Typ	e or Print)		18b. N	MAILING ADD	RESS (S	Street or R.F	ED No C	7%			-	`		
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	20a. FUNERAL DIRECTOR - S	IGNATURE (O	Person Acting as	Such) 20	b. FUNERAL	<b>\</b>	20c, NAM	E AND A	DDRESS O	F FACILIT		Ony ii	CVGGG OL	77.00	
		SMOLE		D	IRECTOR LIC	7%		/	Fitz	zhenrys	Funeral	Home			
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TRADE CALL	TRADE CALL - NAME AND AD					i.	V	7	- /			****************			
	장 21a. To the best of my k 당 한 due to the cause(s) state	nowledge, dea	th occurred at the	time, date an	d place and		22a, On the	basis of	examination	and/or in	vestigation	, in my or	inion deall	n occurred at	
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	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 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)  Kelle Brogan M.D. 429 Elm Street Reno, NV 89503  6300														
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VRS-Rev-20110104

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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:

03/03/2011

SIGNATURE AUTHENTICATED



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