



APN# : 1420-34-111-005

**Recording Requested By:**  
Western Title Company, Inc.  
**Escrow No.:** 064030-TEA

**When Recorded Mail To:**  
Jean M Tomlinson  
2751 Fuller Ave.  
Minden, NV  
89423

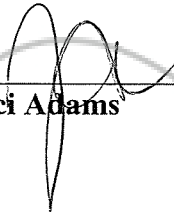
**Mail Tax Statements to: (deeds only)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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**



**Traci Adams**

**Escrow Officer**

**Affidavit of Death of Trustee**

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





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.

Dated May 1, 2014

The J & J Tomlinson Trust

Jean M. Tomlinson, TTEE  
Jean M Tomlinson, Trustee

STATE OF Nevada

COUNTY OF Douglas

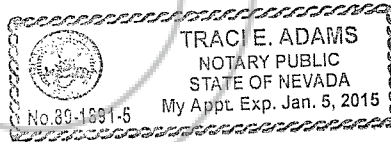
} S  
S

This instrument was acknowledged before me on

May 1, 2014.

By Jean M. Tomlinson

Tracie Adams  
Notary Public



**CERTIFICATION OF VITAL RECORD**

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

2011002998  
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 -> STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Jay E TOMLINSON</b>			2. DATE OF DEATH (Mo/Day/Year) <b>February 26, 2011</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>2751 Fuller Avenue</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>		4. SEX <b>Male</b>
5 RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>73</b>		7b. UNDER 1 YEAR MOS    DAYS
9a. STATE OF BIRTH (If not U.S.A., name country) <b>Texas</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>16+</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>
13 SOCIAL SECURITY NUMBER <b>██████████-5915</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Financial Planner</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Finances</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Jean M SHEA</b>
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>		15d. STREET AND NUMBER <b>2751 Fuller Avenue</b>
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>J E TOMLINSON</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Alma ALDRIGE</b>			
18a. INFORMANT- NAME (Type or Print) <b>Jean M TOMLINSON</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2751 Fuller Avenue Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Lone Mountain Cemetery</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenrys Funeral Home</b> <b>3945 Fairview Dr Carson City NV 89701</b>		
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) <b>SIGNATURE AUTHENTICATED</b> <b>KELLE BROGAN M.D.</b>			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) <b>March 02, 2011</b>		21c. HOUR OF DEATH <b>18:45</b>		22b. DATE SIGNED (Mo/Day/Yr)		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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) <b>Kelle Brogan M.D. 429 Elm Street Reno, NV 89503</b>					23b. LICENSE NUMBER <b>6J00</b>	
24a. REGISTRAR (Signature) <b>JENELLE ENGLISH</b> <i>SIGNATURE AUTHENTICATED</i>			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 03, 2011</b>		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).)					Interval between onset and death:	
PART I (a) <b>Natural Killer Cell Lymphoma</b>					Interval between onset and death:	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death:	
(b)					Interval between onset and death:	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death:	
(c)					Interval between onset and death:	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death:	
(d)					Interval between onset and death:	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.					25. AUTOPSY (Specify Yes or No) <b>No</b>	
					27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
28a. ACC., SUICIDE, HOM., 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



BK 514  
PG-308

841868 Page: 4 of 4 05/02/2014

**RAISED SEAL**

VRS-Rev-20110104

075012

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

*Rod White*  
STATE REGISTRAR  
**SIGNATURE AUTHENTICATED**

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

