

DOC # 843811
06/02/2014 01:22PM Deputy: PK
OFFICIAL RECORD
Requested By:
eTRCo, LLC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: \$17.00
BK-614 PG-228 RPTT: 0.00



APN# : 1022-16-002-091

Recording Requested By:
Western Title Company

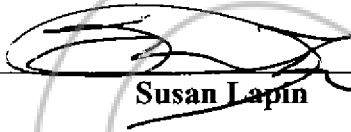
When Recorded Mail To:
David F. Swain
71 Lake Pointe Circle
Hendersonville, NC
28792

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



Susan Lapin

Escrow Assistant

Affidavit Death of Trustee

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



I am the *Sole* 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.

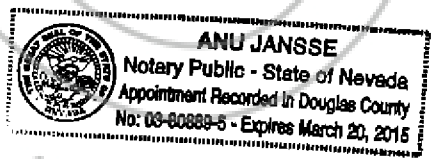
Dated 5/28/14

David F Swain - surviving trustee
David F. Swain, Surviving Trustee

STATE OF Nevada
COUNTY OF Douglas
Subscribed and sworn to (or affirmed) before me on this 20th day
of May, 2014, by David F. Swain, Surviving Trustee personally
known to me or proved to me on the basis of satisfactory evidence to be the person(s)
who appeared before me.

(seal)

Signature Anu Jansse
Notary public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2013003725
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Mary Alice SWAIN		2. DATE OF DEATH (Mo/Day/Year) March 06, 2013		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) 947 Chip Creek Court		3d. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	4. SEX Female		5. RACE White		6. DATE OF BIRTH (Mo/Day/Yr) September 03, 1931	
	6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 81		7b. UNDER 1 YEAR MOS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A., name country) Illinois		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) David F SWAIN		13. SOCIAL SECURITY NUMBER 5261	
PARENTS	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Bookkeeper		14b. KIND OF BUSINESS OR INDUSTRY Textile		15. Ever in US Armed Forces? No	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
ISPOSITION	15d. STREET AND NUMBER 947 Chip Creek Court		16. FATHER/PARENT - NAME (First Middle Last Suffix) Frank V BUSCH		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ethel M MADDEN	
	18a. INFORMANT - NAME (Type or Print) David F SWAIN		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 947 Chip Creek Court Minden, Nevada 89423			
TRADE CALL	19a. BURIAL: CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JUDITH KIMPTON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 677		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 969 West Moana Lane Reno NV 89509	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) STEPHEN HAROLD BLOOMFIELD 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 07, 2013		21c. HOUR OF DEATH 10:15		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Stephen Harold Bloomfield M.D. 1575 Delucchi Lane St 214 Reno, NV 89502		23b. LICENSE NUMBER 3741		24a. REGISTRAR (Signature) BIANCA GALEANO SIGNATURE AUTHENTICATED	
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 12, 2013		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I		Interval between onset and death		26. AUTOPSY (Specify Yes or No) No	
	(a) Head and Neck Cancer and Oral Cancer		Interval between onset and death		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(b) Squamous Cell Lung Cancer		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.	
	(c) Breast Cancer		Interval between onset and death		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	
(d) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		28b. DATE OF INJURY (Mo/Day/Yr)		
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		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 614
PG-231

843811 Page: 4 of 4 06/02/2014

VRS-Rev-20120523a

472864

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:

03/12/2013

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

STATE REGISTRAR
Rand White
SIGNATURE AUTHENTICATED

