

APN#: 1220-21-111-028

Recording Requested By:
Western Title Company, Inc.
Escrow No.: 064260-TEA

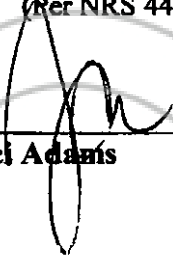
When Recorded Mail To:
Mark William Connolly
100 Warren St. APT 1907
Jersey City, NJ 07302

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- Death of Trustee

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

DOC # 843881
06/03/2014 01:16PM Deputy: PK
OFFICIAL RECORD
Requested By:
eTRCo, LLC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: \$17.00
BK-614 PG-470 RPTT: 0.00

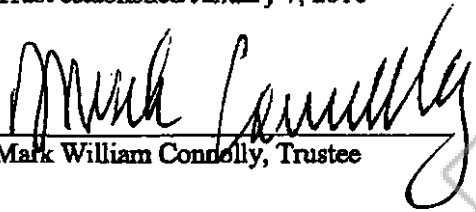




I am the Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Dated MAY 12, 2014

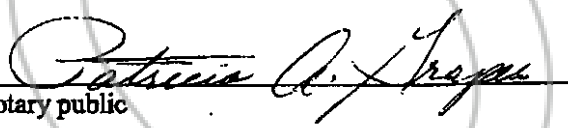
Mark William Connolly, Trustee of the Rollo-Kid Living Trust, dated January 7, 2010, as amended on May 29, 2012 and January 13, 2014, and now known as the Teddy's Living Trust established January 7, 2010


Mark William Connolly, Trustee

STATE OF NEW JERSEY,
COUNTY OF PASSAIC

Subscribed and sworn to (or affirmed) before me on this 12th day
of MAY, 2014, by Mark William Connolly 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 
Notary public

PATRICIA A. GRAPES
NOTARY PUBLIC OF NEW JERSEY
Commission Expires 10/28/2014

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2014003200

STATE FILE NUMBER

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1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Theodore W CONNOLLY		2. DATE OF DEATH (Mo/Day/Year) February 24, 2014		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not other, give street and number) 1207 W. Cottage Loop		3d. # Hosp. or Inst. Indicate DOA, OP, Emer Rm. Inpatient (Specify) Home	
4. SEX Male		5. RACE White		6. DATE OF BIRTH (Mo/Day/Yr) December 05, 1931	
7a. AGE - Last birthday (Years) 82		7b. UNDER 1 YEAR MOS DAYS 82		7c. UNDER 1 DAY HOURS MINS 82	
8. HISPANIC ORIGIN? Specify No - Non-Hispanic		9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER 9991		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Developer		14b. KIND OF BUSINESS OR INDUSTRY Real Estate	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1207 W. Cottage Loop		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Eugene William CONNOLLY			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Dora WATERMAN		
18a. INFORMANT - NAME (Type or Print) Mark CONNOLLY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 100 Warren St #1807 Jersey City, New Jersey 07302			
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) PHILLIP BARNA SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 222T		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 969 West Moore Lane Reno NV 89509	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) NITA SCHWARTZ M.D. SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) February 28, 2014		21c. HOUR OF DEATH 22:15		22a. DATE SIGNED (Mo/Day/Yr) March 03, 2014	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. HOUR OF DEATH		22c. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nita Schwartz M.D., 710 W. Washington St. Carson City, NV 89703				23b. LICENSE NUMBER 9114	
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 03, 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) Acute Myelogenous Leukemia DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (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 I Prostate Cancer, Colon Cancer, Atrial Fibrillation, Sick Sinus Syndrome				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
28a. ACC, SUICIDE, HOME, 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	

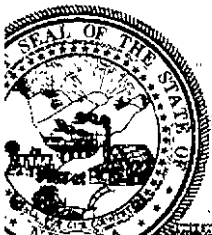
STATE REGISTRAR



BK 614
 PG-473

843881 Page: 4 of 4 06/03/2014

VRS Rev 20120523a



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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: 03/11/2014

Rod White
 STATE REGISTRAR
 SIGNATURE AUTHENTICATED

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

