

DOC # 843922
06/04/2014 11:47AM Deputy: PK
OFFICIAL RECORD
Requested By:
eTRCO, LLC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: \$17.00
BK-614 PG-708 RPTT: 0.00



APN#: 1320-29-116-026

Recording Requested By:

Western Title Company

Escrow No: 064624-ARJ

When Recorded Mail To:

William Szkrybalo

1824 Bougainvillea Drive

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 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)



APN: 1320-29-116-026

RECORDING REQUESTED BY:
Western Title Company
1513 Highway 395, Suite 101
Gardnerville, NV 89410
AND WHEN RECORDED MAIL TO:

William Szkrybalo
1824 Bougainvillea Drive
Minden, NV 89423

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF Nevada)
) SS.

COUNTY OF Douglas

William Szkrybalo, Successor Trustee of legal age, being first duly sworn, deposes and says:

Gail J. Szkrybalo is the decedent mentioned in the attached certified copy of Certificate of Death, as Gail J. Szkrybalo is the same person named as Trustee in that certain Declaration of Trust, executed by Gail J. Szkrybalo and William Szkrybalo, as Trustees of the "Gail J. and William Szkrybalo – 2004 Trust dated March 2, 2004"

At the time of decedent's death, decedent was the owner, of certain real property acquired by a deed, recorded on April 9, 2004, in book N/A, Page N/A, as Document no. 0609823, 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 225, as shown on the official plat of WINHAVEN UNIT No. 6, filed for record in the office of the County Recorder of Douglas County, Nevada, on August 4, 1994, in book 894 of Official Records at Page 692, as Document No. 343273.

**Assessor's Parcel Number(s):
1320-29-116-026**

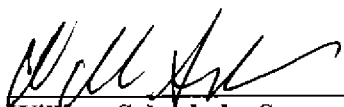
Commonly known as: 1824 Bougainvillea Drive, Minden, NV 89423



I am the Successor 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 23, 2014

Gail J. and William Szkrybalo – 2004 Trust

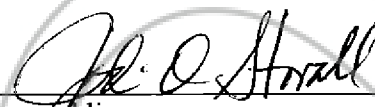


William Szkrybalo, Successor Trustee

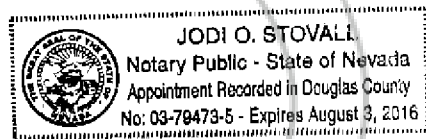
**STATE OF Nevada
COUNTY OF Douglas**

Subscribed and sworn to (or affirmed) before me on this 23rd day of May, 2014, by William Szkrybalo, Successor 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



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2010014393

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Gall Jeannette SZKRYBALO		2. DATE OF DEATH (Mo/Day/Year) September 16, 2010		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	
DECEDENT	4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 72		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) May 24, 1938		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) Married		12. SURVIVING SPOUSE (if wife, give maiden name) William SZKRYBALO	
PARENTS	13. SOCIAL SECURITY NUMBER ██████████ 3978		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Manager		14b. KIND OF BUSINESS OR INDUSTRY Food Service	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
DISPOSITION	15d. STREET AND NUMBER 1824 Bougainvillea Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Folmer Christian SORENSEN	
	17. MOTHER - NAME (First Middle Last Suffix) Karen PETERSEN		18a. INFORMANT-NAME (Type or Print) William SZKRYBALO			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1824 Bougainvillea Drive Minden, Nevada 89423				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			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenry's Funeral Home 3945 Fairview Dr Carson City NV 89701	
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED PETER CHRISTOPHER LIM M.D.					
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) September 22, 2010		21c. HOUR OF DEATH 01:50		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)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
CAUSE OF DEATH	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) Peter Christopher Lim M.D. 75 Pringle Way, F-11 Reno, NV 89502				23b. LICENSE NUMBER 8759	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 28, 2010		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) Respiratory arrest						
DUE TO, OR AS A CONSEQUENCE OF:						
(b) Ovarian cancer						
DUE TO, OR AS A CONSEQUENCE OF:						
(c)						
DUE TO, OR AS A CONSEQUENCE OF:						
(d)						
PART II						
26. ACC., SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)		27b. DATE OF INJURY (Mo/Day/Yr)		27c. HOUR OF INJURY		
28a. 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		
28b. DESCRIBE HOW INJURY OCCURRED		27. AUTOPSY (Specify Yes or No) No				
28c. DESCRIBE HOW INJURY OCCURRED		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No				

STATE REGISTRAR



BK 614
PG-711

843922 Page: 4 of 4 06/04/2014

VRS-Rev-20100216

354018

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: 09/28/2010

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

