

APN#: 1219-15-001-030

Recording Requested By:

Western Title Company, Inc.

Escrow No.: 064903-TEA

When Recorded Mail To:

Marilyn E Nelson

876 Sheridan Lane

Gardnerville NV

89460

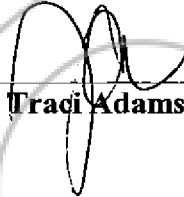
Mail Tax Statements to: (deeds only)

(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 # 845933

07/10/2014 10:34AM Deputy: SG

OFFICIAL RECORD

Requested By:

eTRCo, LLC

Douglas County - NV

Karen Ellison - Recorder

Page: 1 of 5 Fee: \$18.00

BK-714 PG-1934 RPTT: 0.00





APN: 1219-15-001-030
RECORDING REQUESTED BY:
Western Title Company

AND WHEN RECORDED MAIL TO:

Marilyn E. Nelson
876 Sheridan Lane
Gardnerville, NV 89460

SPACE ABOVE THIS LINE FOR RECORDER'S USE
AFFIDAVIT - DEATH OF TRUSTEE

STATE OF Nevada)
COUNTY OF Douglas) SS.

Marilyn E. Nelson, Successor Trustee of legal age, being first duly sworn, deposes and says:

Kenneth W. Nelson, is the decedent mentioned in the attached certified copy of Certificate of Death, as Kenneth W. Nelson is the same person named as Trustee in that certain Declaration of Trust, executed by Kenneth W. Nelson and Marilyn Nelson, Trustees, or their successors in trust, under the Nelson Living Trust, dated July 16, 2002.

At the time of decedent's death, decedent was the owner, of certain real property acquired by a deed, Kenneth W. Nelson and Marilyn E. Nelson, husband and wife, Grantor, Grants to Kenneth W. Nelson and Marilyn Nelson, Trustees, or their successors in trust, under the Nelson Living Trust, dated July 16, 2002, Grantee recorded on August 19, 2002, as Book 0802, at Page 05255 of Instrument No. 0549741 in Official Records of Douglas County, Nevada, describing the following real property:

Assessor's Parcel Number(s):
1219-15-001-030

Commonly known as: 876 Sheridan Lane, Gardnerville, NV 89460

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 6/9/14



Marilyn E. Nelson
Marilyn E. Nelson

STATE OF Nevada
COUNTY OF Douglas

Subscribed and sworn to (or affirmed) before me on this 9th day
of June, 2014, ~~2011~~, by Marilyn E. Nelson, 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 Traci Adams
Notary public

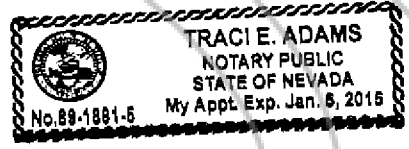




EXHIBIT "A"

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

PARCEL 1:

Lot 56, as shown on the filed map of SHERIDAN ACRES UNIT NO. 2, filed in the office of the County Recorder of Douglas County, State of Nevada, on October 14, 1968, as Document No. 42594.

PARCEL 2:

All that portion of Lot 55, SHERIDAN ACRES, UNIT NO. 1, as shown on the Official Map recorded June 8, 1966, in Book 1 of Maps in the Recorder's Office of Douglas County, Nevada, as Document No. 32486, more particularly described as follows:

A strip of land, 5.50 feet in width, and 165.00 feet long, lying adjacent to and northerly of the Southerly boundary of said Lot 55.

Per NRS 111.312 - The Legal Description appeared previously in Joint Tenancy Deed, recorded on June 07, 1989, as BK 689, PG 925, Document No. 203682 in Douglas County Records, Douglas County, Nevada.

**Assessor's Parcel Number(s):
1219-15-001-030**

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2013020840
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST MIDDLE, LAST, SUFFIX) Kenneth William NELSON			2. DATE OF DEATH (Mo/Day/Year) December 15, 2013			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) Carson Valley Medical Center			3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Emergency Room / Outpatient			4. SEX Male													
DECEDENT	5. RACE White (Specify)			6. Hispanic Origin? Specify No - Non-Hispanic			7a. AGE - Last birthday (Years) 80			7b. UNDER 1 YEAR MOS: DAYS: HOURS: MINS:			7c. UNDER 1 DAY			8. DATE OF BIRTH (Mo/Day/Yr) June 06, 1933							
	9a. STATE OF BIRTH (If not U.S.A., name country) Illinois			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 14			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Marilyn E LOWEY										
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER ██████████ 8602			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Sales			14b. KIND OF BUSINESS OR INDUSTRY Department Store			Ever in US Armed Forces? Yes													
	15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Gardnerville			15d. STREET AND NUMBER 876 Sheridan Lane			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes										
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) Carl WM NELSON						17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lillie Hardy PETERSON																
	18a. INFORMANT - NAME (Type or Print) Marilyn E NELSON						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 876 Sheridan Lane Gardnerville, Nevada 89410																
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation						19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory						19c. LOCATION - City or Town - State Carson City Nevada 89706										
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED						20b. FUNERAL DIRECTOR LICENSE 823						20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410										
TRADE CALL	TRADE CALL - NAME AND ADDRESS																						
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) AMY ANTON MD 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) December 20, 2013						21c. HOUR OF DEATH 10:10						22b. DATE SIGNED (Mo/Day/Yr)						22c. HOUR OF DEATH				
REGISTRAR	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) AMY ANTON MD 1107 Hwy 395 Gardnerville, NV 89410						23b. LICENSE NUMBER 14094																
CAUSE OF DEATH	24a. REGISTRAR (Signature) BIANCA GALEANO SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 27, 2013						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										
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST	PART I																						
	(a) Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF:												Interval between onset and death										
(b) DUE TO, OR AS A CONSEQUENCE OF:												Interval between onset and death											
(c) DUE TO, OR AS A CONSEQUENCE OF:												Interval between onset and death											
(d) DUE TO, OR AS A CONSEQUENCE OF:												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. Hypertension, Hyperlipidemia												26. AUTOPSY (Specify Yes or No) No						27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC., SUICIDE, HOMIC., 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 714
PG-1938

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VRS-Rev-20120523a

507518

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:

12/27/2013

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

R. J. Whelan
STATE REGISTRAR
SIGNATURE AUTHENTICATED

