

APN# : 1320-30-710-020

DOC # 848404
08/20/2014 03:31PM Deputy: SG
OFFICIAL RECORD
Requested By:
eTRCo, LLC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 5 Fee: \$18.00
BK-814 PG-5191 RPTT: 0.00



Recording Requested By:

Western Title Company

When Recorded Mail To:

David J. Greek
1584 Mono Avenue
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)



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RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

David J. Greek
1584 Mono Avenue
Minden, NV 89423

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

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

David J. Greek, Successor Trustee of legal age, being first duly sworn, deposes and says:

Sherman A. Greek is the decedent mentioned in the attached certified copy of Certificate of Death, as Sherman A. Greek the same person named as Trustee in that certain Declaration of Trust, executed by Sherman A. Greek, Trustee of the Sherman A. Greek Living Trust, dated October 19, 2010.

At the time of decedent's death, decedent was the owner, of certain real property acquired by a deed, Sherman A. Greek, Trustee of the Sherman A. Greek Living Trust, dated September 6, 2003, Grantor, Grants to Sherman A. Greek Family Trust, dated October 19, 2010, Grantee recorded on December 3, 2013, as Book 1213, at Page 361 of Instrument No. 0834889 in Official Records of Douglas County, Nevada, describing the following real property:

See Exhibit A attached hereto and made a part hereof.

**Assessor's Parcel Number(s):
1320-30-710-020**

Commonly known as: 1678 Hwy 395, #19 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 8/2/2014



Sherman A. Greek, Trustee of the Sherman A. Greek Living Trust, dated October 19, 2010

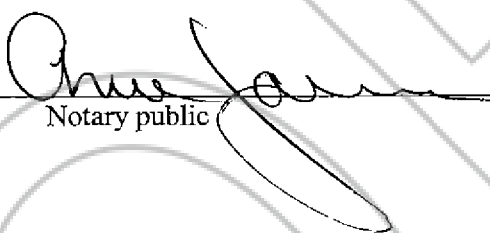


David J. Greek, Successor Trustee

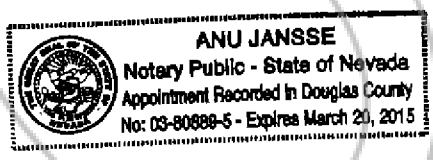
**STATE OF NEVADA,
COUNTY OF DOUGLAS**

Subscribed and sworn to (or affirmed) before me on this 12th day of August, 2014, by David J. Greek, 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



CERTIFICATION OF VITAL RECORD

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

2014000190
STATE FILE NUMBER

1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Sherman Albert		2. DATE OF DEATH (Mo/Day/Year) January 02, 2014		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) 1678 Highway 395 #19		3d. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Home	
4. SEX Male		5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE - Last birthday (Years) 81		7b. UNDER 1 YEAR MOS. DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) October 03, 1932		9a. STATE OF BIRTH (If not U.S.A. name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 10		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (If wife, give maiden name)	
13. SOCIAL SECURITY NUMBER 2349		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life - Even If Retired) Truck Driver		14b. KIND OF BUSINESS OR INDUSTRY Grocery Store	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1678 Highway 395 #19		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) David GREEK			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Rose		
18a. INFORMANT - NAME (Type or Print) David GREEK		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1678 Highway 395 #19 Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION - City or Town - State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Creations 1575 N Lompain Carson City NV 89701	
21. 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) STEPHEN HAROLD BLOOMFIELD M.D. SIGNATURE AUTHENTICATED			21b. DATE SIGNED (Mo/Day/Yr) January 07, 2014		
21c. HOUR OF DEATH 19:13			21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		
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)			22b. DATE SIGNED (Mo/Day/Yr)		
22c. HOUR OF DEATH			22d. PRONOUNCED DEAD (Mo/Day/Yr)		
22e. PRONOUNCED DEAD AT (City or Town, State)					
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) January 10, 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) Metastatic Lung Cancer					
(b) Chronic Obstructive Pulmonary Disease					
(c) Hypertension					
(d) Prostate Cancer					
PART II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) No	
27. ACCIDENT, SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)		27a. DATE OF INJURY (Mo/Day/Yr)		27b. HOUR OF INJURY	
27c. INJURY AT WORK (Specify Yes or No)		27d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		27e. DESCRIBE HOW INJURY OCCURRED	
27f. LOCATION - STREET OR R.F.D. No.		27g. CITY OR TOWN			

STATE REGISTRAR


 BK 814
 PG-5194
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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: **01/10/2014**


 STATE REGISTRAR
 SIGNATURE AUTHENTICATED

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

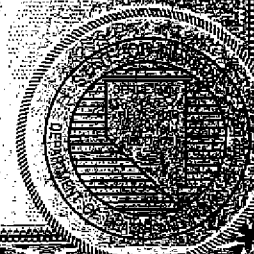




EXHIBIT "A"

All that real property situate in the County of Douglas, State of Nevada, described as follows:

PARCEL 1;

Unit 19, as shown on the Planned Unit Development Map (PD 03-005) for MINDEN TOWNHOMES, filed in the office of the Douglas County Recorder on February 2, 2004 as File No. 603448.

PARCEL 2:

An undivided 1/31st interest in the common elements shown on the above mentioned Planned Unit Development Map and as set forth in the Declaration of Covenants, Conditions, and Restrictions for MINDEN TOWNHOMES, recorded November 5, 2003 in Book 1103, Page 2633, Document No. 604005.

PARCEL 3:

An exclusive easement for the use and enjoyment of the Limited Common Elements appurtenant to Parcel One, described above, as shown on the above mentioned Planned Unit Development Map and as set forth in the above mentioned Declaration and Amended and Restated Declaration.

Assessor's Parcel Number(s):
1320-30-710-020