

APN: 1319-10-212-001

Doc Number: **0848897**

09/02/2014 03:05 PM

OFFICIAL RECORDS

Requested By  
DOCUMENT PREPARATION SERVICES

**RECORDING REQUESTED BY:**

Name: JULIE NEUBERGER  
Address: P.O. BOX 323  
City/State/Zip: Genoa, NV 89411

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 3      Fee: \$ 16.00  
Bk: 0914 Pg: 216



Deputy gb

**WHEN RECORDED MAIL TO:**

Name: JULIE NEUBERGER  
Address: P.O. BOX 323  
City/State/Zip: Genoa, NV 89411

**MAIL TAX STATEMENT TO:**

Name: JULIE NEUBERGER  
Address: P.O. BOX 323  
City/State/Zip: Genoa, NV 89411

**AFFIDAVIT - DEATH OF TRUSTEE**

Please complete Affirmation Statement below:

\_\_\_ I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons. (Per NRS 239B.030)

**-OR-**

\_\_\_ I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law:

NRS 440.380(1)(A)

(State specific law)

*Julie Neuberger*

Signature

TRUSTEE

Title

JULIE NEUBERGER

Print Name

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.  
This cover page must be typed or printed in black in.

(Additional recording fee applies.)

### AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA )  
 ) SS.  
COUNTY OF Washoe )

**JULIE NEUBERGER**, of legal age, being first duly sworn, deposes and says:

That **WILLIAM EDWIN THOMAS**, the decedent mentioned in the attached Certificate of Death died on the 21st day of February, 2014 in Genoa, Nevada.

That **WILLIAM EDWIN THOMAS**, the decedent mentioned in the attached Certificate of Death, is the same person as one of the parties in that certain deed dated the 22nd day of October, 2013, executed by **WILLIAM E. THOMAS, SURVIVING TRUSTEE OF THE THOMAS FAMILY TRUST AGREEMENT Declaration of Truste made as of April 13, 2000 to THE THOMAS IRREVOCABLE TRUST**, recorded as Instrument No. 0832441 on October 22, 2013, recorded in Douglas County, Nevada.

Described as:

Lot 13, in Block A, as shown on the Official Map of SIERRA SHADOWS SUBDIVISION, filed in the office of the County Recorder of Douglas County, Nevada, on June 30, 1980, as document No. 45811.

TOGETHER with all appurtenances, subject to covenants, easements and restrictions of record.

DATE: 8-21-2014 Julie Neuberger  
**JULIE NEUBERGER; TRUSTEE**

State of Nevada )  
County of Washoe )

Signed and sworn to (or affirmed) before me on the 21 day of Aug, 2014,  
by **JULIE NEUBERGER**.

**RHONDA HUFF**  
Notary Public - State of Nevada  
Appointment Recorded in Washoe County  
No: 07-2185-2 - Expires March 14, 2015

Rhonda Huff  
Signature of Notarial Officer

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

201400297  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST, SUFFIX) <b>William Edwin THOMAS JR</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 21, 2014</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Genoa</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) <b>202 Kinsey Way</b>		3d. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. (inpatient)(Specify) <b>Home</b>	
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>83</b>	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		7d. UNDER 1 DAY MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8a. STATE OF BIRTH (if not U.S.A., name country) <b>New York</b>		8b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE (if wife, give maiden name)		8. DATE OF BIRTH (Mo/Day/Yr) <b>February 18, 1931</b>	
PARENTS	13. SOCIAL SECURITY NUMBER <b>5318</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Painter</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Labor</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Genoa</b>	
DISPOSITION	15d. STREET AND NUMBER <b>202 Kinsey Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>Yes</b>	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>William Edwin THOMAS SR</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Mildred SCHERR</b>		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) <b>Julie NEUBERGER</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>202 Kinsey Way Genoa, Nevada 89411</b>			
	18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		18c. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		18d. LOCATION - City or Town, State <b>Carson City Nevada 89701</b>	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>PHILLIP BARNA</b>		20c. FUNERAL DIRECTOR LICENSE <b>222T</b>		20b. NAME AND ADDRESS OF FACILITY <b>Nauphe Society of Reno 999 West Sahara Lane Reno NV 89509</b>	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>JONATHAN MCCALED MD</b>		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) <b>February 28, 2014</b>		21c. HOUR OF DEATH <b>09:05</b>		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	22a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Jonathan McCaleb MD, 5538 Longley Lane Ste. B Reno, NV, 89511</b>		22b. LICENSE NUMBER <b>14163</b>		22c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) <b>NICOLE SHORE</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 28, 2014</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) <b>Stage Four Neuroendocrine Carcinoma</b>		Interval between onset and death		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death		Interval between onset and death		
(c) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death		Interval between onset and death		
(d) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death		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.				26. AUTOPSY (Specify Yes or No) <b>No</b>		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		28a. ACC., SUICIDE, HOV., 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

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BK : 09 14  
PG : 2 18  
9/2/20 14

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: 03/06/2014

*R. J. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

