



*This document includes a certified death certificate as required by NRS 40.525(5) which contains a social security number as required by NRS 440.380(1)(a).*

*Julie Schield*

Julie Schield  
ANDERSON, DORN & RADER, LTD.

**APN: 1419-14-001-022**

**RECORDING REQUESTED BY:**

Bryce L. Rader, Esq.  
Anderson, Dorn & Rader, Ltd.  
500 Damonte Ranch Parkway, Suite 860  
Reno, Nevada 89521

**AFTER RECORDING MAIL TO:**

Anderson, Dorn & Rader, Ltd.  
500 Damonte Ranch Parkway, Suite 860  
Reno, Nevada 89521

**MAIL TAX STATEMENT TO:**

Rita M. Taylor, Trustee  
3394 Alpine View Court  
Carson City, Nevada 89705

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**AFFIDAVIT OF DEATH OF TRUSTEE**

I, RITA M. TAYLOR, Trustee, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated December 10, 2002, THEODORE L. TAYLOR and I executed the TAYLOR LIVING TRUST ("Trust").

(2) Said trust appointed me to serve as sole Trustee upon the death or incapacity of THEODORE L. TAYLOR.

(3) THEODORE L. TAYLOR deceased on August 22, 2014, at Reno, Nevada, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said THEODORE L. TAYLOR.

(4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Trustee.



(5) The following described real property is part of the Trust estate. See Exhibit "A" attached.

(6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as sole Trustee with respect to the Trust's interest in the described property.

(7) No other person has a right to the interest of the Trust in the described property.

(8) The described property shall be transferred to me as sole Trustee.

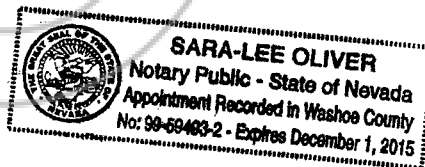
Executed in the County of Washoe, State of Nevada, on September 10, 2014.

*Rita M Taylor*  
RITA M. TAYLOR, Trustee

STATE OF NEVADA )  
 ) ss:  
COUNTY OF WASHOE )

Signed and sworn to (or affirmed) before me on September 10, 2014, by RITA M. TAYLOR, Trustee.

*Sara-Lee Oliver*  
Notary Public





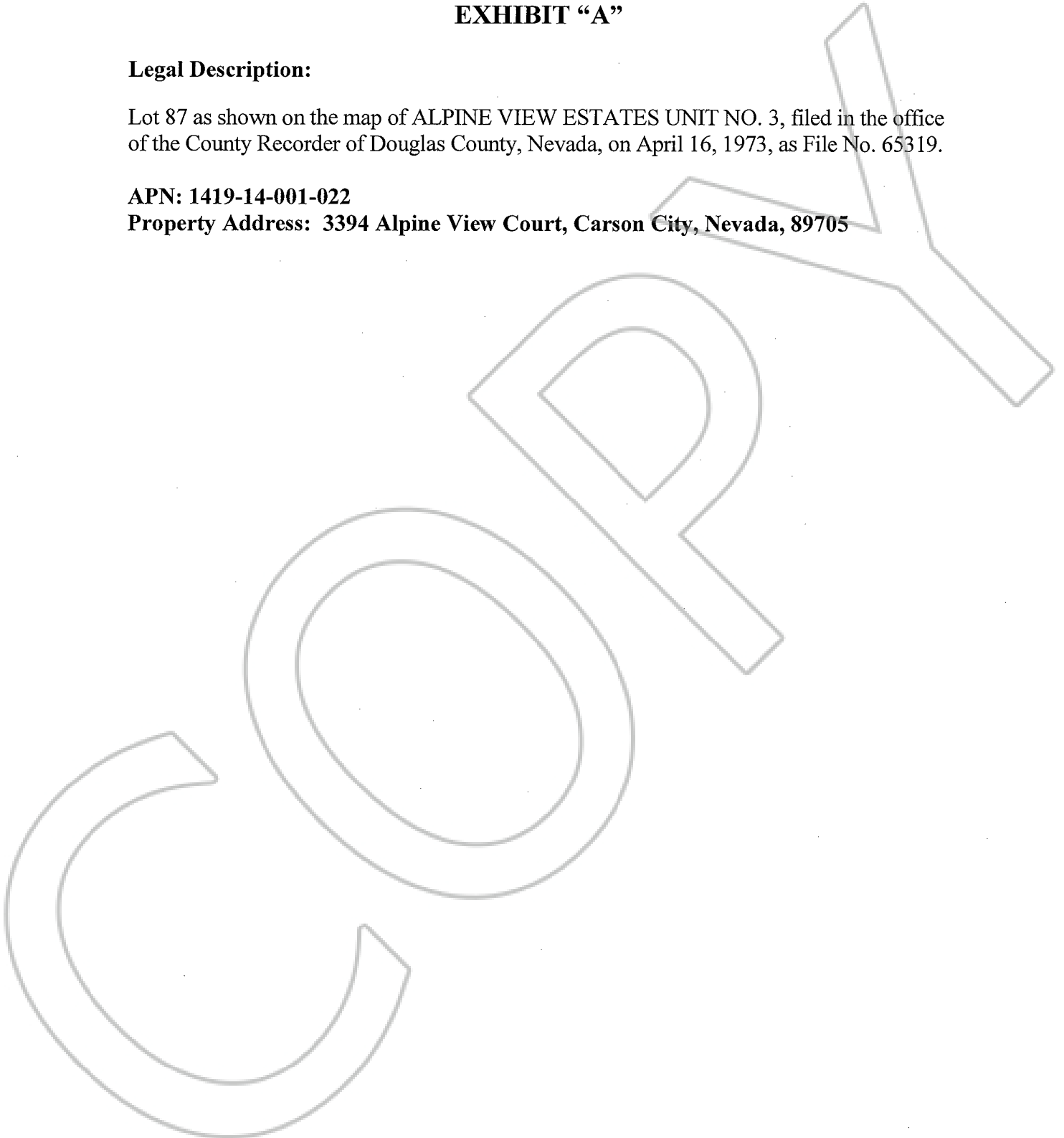
**EXHIBIT "A"**

**Legal Description:**

Lot 87 as shown on the map of ALPINE VIEW ESTATES UNIT NO. 3, filed in the office of the County Recorder of Douglas County, Nevada, on April 16, 1973, as File No. 65319.

**APN: 1419-14-001-022**

**Property Address: 3394 Alpine View Court, Carson City, Nevada, 89705**



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

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

**2014014156**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE -> STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Theodore Lewis TAYLOR</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 22, 2014</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Renown Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		7a. AGE-Last birthday (Years) <b>86</b>		7b. UNDER 1 YEAR MOS   DAYS	
5. RACE White (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7c. UNDER 1 DAY HOURS   MINS.	
8. DATE OF BIRTH (Mo/Day/Yr) <b>August 29, 1927</b>		9a. STATE OF BIRTH (If not U.S.A., name, country) <b>New York</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Rita DOOLEY</b>	
13. SOCIAL SECURITY NUMBER <b>██████████3352</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Technician</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Electronics</b>	
15a. RESIDENCE- STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
15d. STREET AND NUMBER <b>3394 Alpine View Court</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Marion Eugene TAYLOR</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Barbara KRAWIEC</b>		
18a. INFORMANT- NAME (Type or Print) <b>Rita TAYLOR</b>		18b. MAILING-ADDRESS (Street or R.F.D. No; City or Town, State, Zip) <b>3394 Alpine View Court Carson City, Nevada 89705</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Crémation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Truckee Meadows Crematory</b>		19c. LOCATION: City or Town, State <b>Sparks Nevada 89431</b>	
20a. FUNERAL DIRECTOR- SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>304R</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations</b> <b>1575 N Lomp Ln Carson City NV 89701</b>	
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) <b>DAVID JULIAN</b> 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) <b>August 27, 2014</b>		21c. HOUR OF DEATH <b>17:11</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>DAVID JULIAN 1155 Mill St. Reno, NV</b>				23b. LICENSE NUMBER <b>11920</b>	
24a. REGISTRAR (Signature) <b>BRIDGES SANDI</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 04, 2014</b>		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:				Interval between onset and death	
(a) <b>Cardiac arrest</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Non traumatic intracranial hemorrhage</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Hypertension</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) <b>Cause otherwise unknown</b>					
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) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>					
28a. ACC, SUICIDE, HOM., 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 914  
PG-3341

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: 09/12/2014

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

STATE REGISTRAR  
*Rita Doyle*  
SIGNATURE AUTHENTICATED

