

APN#: 1221-18-401-006

DOUGLAS COUNTY, NV

2014-851822

Rec:\$17.00

\$17.00

Pgs=4

10/29/2014 10:18 AM

ETRCO, LLC

KAREN ELLISON, RECORDER

Recording Requested By:

eTRCo, LLC.

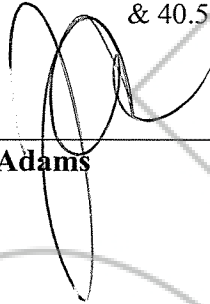
When Recorded Mail To:

N. Louise McKillips

2016 Pinto Circle
Gardnerville NV
89410

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



Traci Adams

Escrow Officer

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT - DEATH OF TRUSTEE

Norma G. Smith, of legal age, being first duly sworn, deposes and says:

That Harold M. Smith, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Harold M. Smith named as one of the parties in that certain Grant, Bargain, Sale Deed dated 3/11/2005 executed by Harold M. Smith and Norma G. Smith, Trustees, and their Successors, under the Smith Family Trust U/D/T 8-12-96, and N. Louise McKillips, an unmarried woman to Harold M. Smith and Norma G. Smith, Trustees and their Successors, under the Smith Family trust U/D/T 8-12-96, as Community Property, as to an undivided one-quarter (1/4) interest, and Loren G. Smith, an unmarried man, as to an undivided one-quarter (1/4) interest, and N. Louise McKillips, an unmarried woman, as to an undivided one-half (1/2) interest as joint tenants, recorded as instrument No. 0638647, on 3/18/2005, in Book0305, Page 8369, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

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

All that portion of the South 1/2 of the Southwest 1/4 of Section 18, Township 12 North, Range 21 East, further described as follows:

Lot B-3, as set forth on Parcel Map No. 2 of RUHENSTROTH ESTATES, recorded in the office of the Douglas County Recorder on March 19, 1992 in Book 392, Page 2961 as Document No. 273555, being a re-subdivision of Parcel B, as set forth on Parcel Map No. 1 of RUHENSTROTH ESTATES, recorded in the office of the Douglas County Recorder on January 23, 1992 in Book 192, Page 2747 as Document No. 269400, of Official Records.

Dated 9-29-14

The Smith Family Trust U/D/T 8-12-96

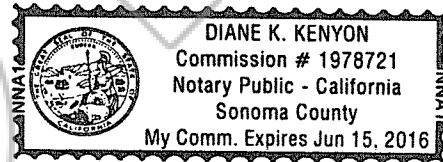
Norma G. Smith
Norma G. Smith, Sole Trustee

STATE OF California }SS
COUNTY OF Sonoma

This instrument was acknowledged before me on 9-29-2014

By Norma G. Smith.

Diane K. Kenyon
Notary Public



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH
VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
	1. Harold Marvin SMITH			2. May 15, 2006		3a. Douglas	
CEDENT	CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or inst. indicate DOA, OP/Emr. Rm. Inpatient (Specify)		SEX
	3b. Gardnerville		3c. 825 Buckskin Court		3e.		4. Male
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)
	5. White		6.		7a. 88		8. November 28, 1917
PARENTS	STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
	9a. Illinois		9b. USA		10. 15		11. Married
POSITION	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		
	13. -5564		14a. Civil Engineer		14b. Electronics		
CERTIFIER	RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER
	15a. Nevada		15b. Douglas		15c. Gardnerville		15d. 825 Buckskin Ct.
CONDITIONS OF ANY SUCH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last			
	16. Samuel L. Smith			17. Fannie McKillips			
USE OF DEATH	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
	18a. Norma Smith			18b. 825 Buckskin Court, Gardnerville, Nevada 89410			
	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State		
	19a. Cremation		19b. Walton's Sierra Crematory		19c. Carson City, Nevada		
	FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY		
	20a. <i>James Demola</i>		20b. 09		20c. 1478 4th Street, Minden, Nevada 89423		
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)				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) and manner stated. (Signature and Title)		
	21b. MAY 16, 2006				22b. DATE SIGNED (Mo., Day, Yr.)		
	21c. HOUR OF DEATH				22c. HOUR OF DEATH		
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22d. ON		
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)					LICENSE NUMBER	
	23a. JAMES HOLDER MD 925 IRONWOOD 2102 MINDEN NV					23b. LA 9352	
	REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
	24a. <i>[Signature]</i>			24b. May 18, 2006		24c. 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) DUE TO, OR AS A CONSEQUENCE OF: CARCINOMATOSIS Interval between onset and death: 2 YEARS						
	(b) DUE TO, OR AS A CONSEQUENCE OF: PROSTATE CANCER Interval between onset and death: 5 YEARS						
	(c) DUE TO, OR AS A CONSEQUENCE OF:						
	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.					AUTOPSY (Specify Yes or No)	
	25. DIABETES MELITUS					26. No	
	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED
	28a.		28b.		28c.		28d.
	INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.		STREET OR R.F.D. No. CITY OR TOWN STATE
	28e.		28f.		28g.		27. No

STATE REGISTRAR

No. 337755

117333

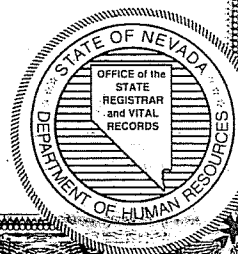
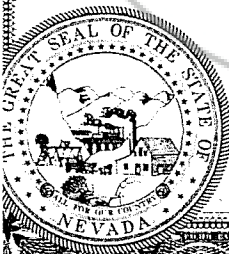
CERTIFIED COPY OF VITAL RECORDS

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: MAY 18 2006

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

[Signature]
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE