

APN# : 1219-03-001-046

DOUGLAS COUNTY, NV

2014-851851

Rec:\$17.00

\$17.00 Pgs=4

10/29/2014 02:54 PM

ETRCO, LLC

KAREN ELLISON, RECORDER

**Recording Requested By:**

eTRCo, LLC.

**When Recorded Mail To:**

Judith a. Leavitt

1497 Cardiff Dr.  
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

Judith A. Leavitt, of legal age, being first duly sworn, deposes and says:

That Richard H. Leavitt, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Richard H. Leavitt named as one of the parties in that certain Trust Transfer Deed dated 12/15/2004 executed by Richard H. Leavitt and Judith A. Leavitt to Richard H. Leavitt and Judith A. Leavitt, Trustees of The Leavitt Family 1999 Revocable Trust as joint tenants, recorded as instrument No. 0632214, on 12/17/2004, in Book 1204, Page 07946, 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:

Parcel 2-C, of PARCEL MAP NO. 3 for COLDWELL ITILDO INC., according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on October 22, 1992, in Book 1092, Page 568, as Document No. 289989, Official Records.

Dated \_\_\_\_\_

10/20/14

The Leavitt Family 1999 Revocable Trust

*Judith A. Leavitt Successor Trustee*  
Judith A. Leavitt, Successor Trustee

STATE OF NEVADA

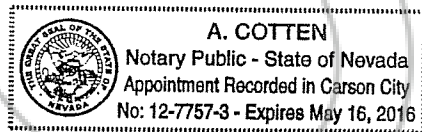
}SS

COUNTY OF Douglas

This instrument was acknowledged before me on October 20, 2014

by Judith A. Leavitt

*A. Cotten*  
Notary Public



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

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

**2013012875**  
STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

DECEDENT

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  
SAVE RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) <b>Richard Henry LEAVITT</b>		2. DATE OF DEATH (Mo/Day/Year) <b>July 30, 2013</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>237 Peach Court</b>		3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>82</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>July 31, 1930</b>		9a. STATE OF BIRTH (If not U.S.A. name country) <b>Oregon</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>8</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Judith CROSSLEY</b>	
13. SOCIAL SECURITY NUMBER <b>5791</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Thoroughbred Race Horse Trainer</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Entertainment</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>237 Peach Court</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Henry Victor LEAVITT</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Rose TILLSON</b>		
18a. INFORMANT-NAME (Type or Print) <b>Judith LEAVITT</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>237 Peach Court Gardnerville, Nevada 89460</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Eastside Memorial Park</b>		19c. LOCATION City or Town State <b>Minden Nevada 89423</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV 89410</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>STEVEN LEE ELLIOTT M.D.</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 01, 2013</b>		21c. HOUR OF DEATH <b>18:45</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)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Steven Lee Elliott M.D. 1200 N. Mountain Street Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>10151</b>	
24a. REGISTRAR (Signature) <b>BIANCA GALEANO</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 07, 2013</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					
(a) <b>Congestive Heart Failure</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF					
(b) <b>Coronary Artery Disease</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF					
(c) Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF					
(d) 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.				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, 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



494483

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: 08/07/2013

*Rnd White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

VRS-Rev-20120523a

