

DOUGLAS COUNTY, NV

2014-854078

Rec:\$18.00

\$18.00 Pgs=5

12/08/2014 01:57 PM

ETRCO, LLC

KAREN ELLISON, RECORDER

APN# : 1220-21-610-007

Recording Requested By:

Western Title Company, Inc.

Escrow No.: 067215-ARJ

When Recorded Mail To:

Doris B. Betts

P.O. Box 899

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 any person or persons.

(Per NRS 239B.030)

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)

APN: 1220-21-610-007

RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

Doris B. Betts
P.O. Box 899
Minden, NV 89423

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

STATE OF Nevada)
COUNTY OF Douglas) SS.

Doris B. Betts, Trustee, of legal age, being first duly sworn, deposes and says:

Frederick Gregory Betts, Sr. is the decedent mentioned in the attached certified copy of Certificate of Death, as F. Gregory Betts is the same person named as Trustee in that certain Declaration of Trust, executed by F. Gregory Betts and Doris B. Betts, Trustees of the F. Gregory Betts and Doris B. Betts Family Trust created U/D/T dated June 9, 1993.

At the time of decedent's death, decedent was the owner, of certain real property acquired by a deed, Frederick G. Betts Sr. and Doris B. Betts, husband and wife, Grantor, Grants to F. Gregory Betts and Doris B. Betts, Trustees of the F. Gregory Betts and Doris B. Betts Family Trust created U/D/T dated June 9, 1993, Grantee recorded on September 2, 2003, as Book 0903, at Page 00311 of Instrument No. 0588458 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):
1220-21-610-007

Commonly known as: 1321 Yellowjacket Gardnerville, NV 89460

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 11/19/14

The F. Gregory Betts and Doris B. Betts Family Trust created U/D/T dated June 9, 1993

Doris B. Betts
Doris B. Betts, Successor Trustee

STATE OF Nevada
COUNTY OF Douglas

Subscribed and sworn to (or affirmed) before me on this 19th day of November, 2014, by Doris B. Betts, 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 Anu Jansse
Notary public

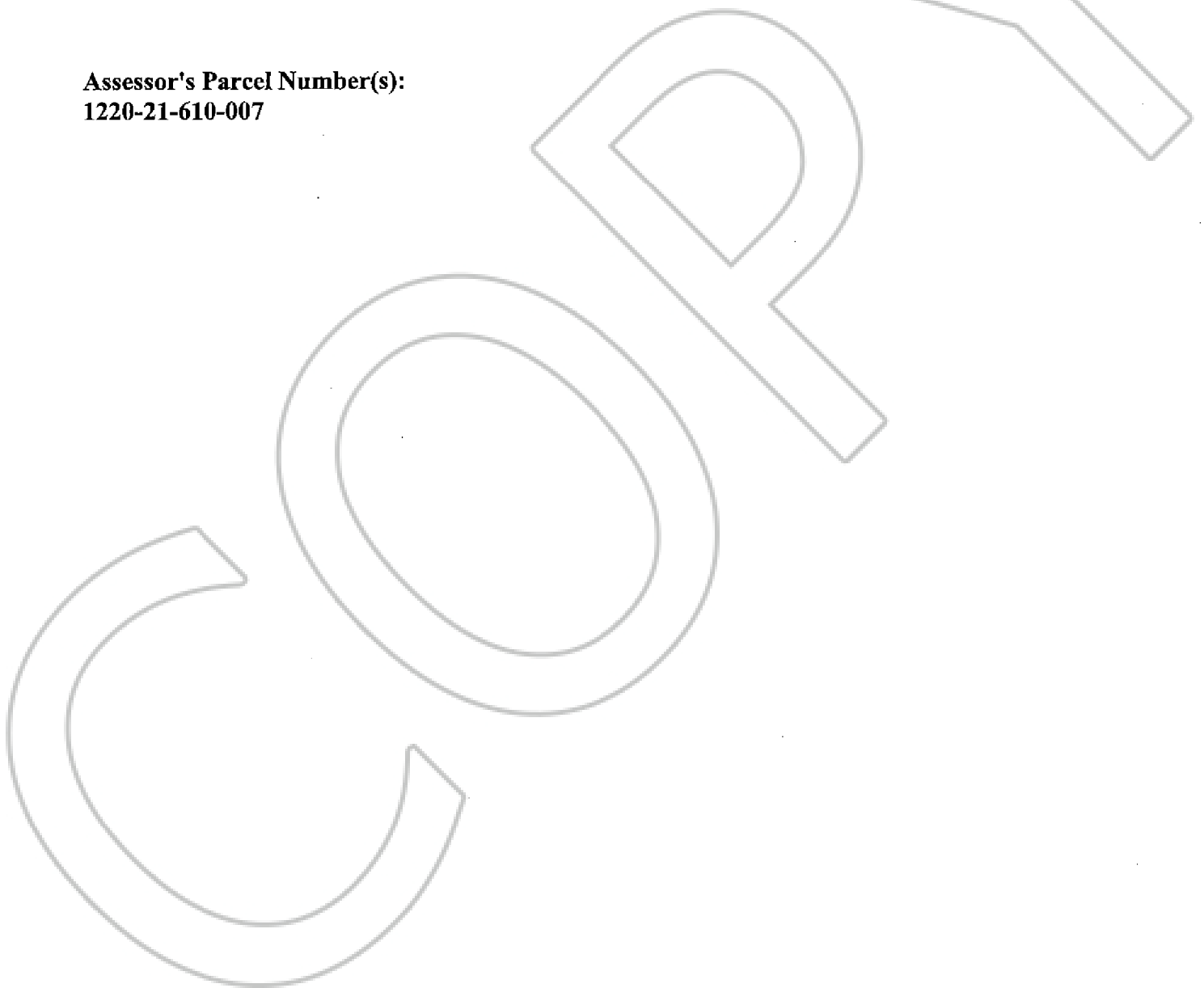


EXHIBIT "A"

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

Lot 356, as shown on the official map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record on May 29, 1973, in the office of the County Recorder of Douglas County, Nevada, as Document No. 66512, and on Record of Survey recorded October 1, 1982, in Book 1082, of Official Records at Page 006, as Document No. 71399.

**Assessor's Parcel Number(s):
1220-21-610-007**



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2012010822
 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
 GAVE RISE TO
 IMMEDIATE
 CAUSE
 STATING THE
 UNDERLYING
 CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Frederick Gregory BETTS SR		2. DATE OF DEATH (Mo/Day/Year) July 07, 2012		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) Merrill Gardens		3a. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient/(Specify) Inpatient	
4. SEX Male		5. RACE White		6. DATE OF BIRTH (Mo/Day/Yr) September 25, 1929	
7a. AGE-Last birthday (Years) 82		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) September 25, 1929	
9a. STATE OF BIRTH (if not U.S.A. name country) Pennsylvania		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 20	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Doris Jean BAILEY		13. SOCIAL SECURITY NUMBER 1260	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Superintendent		14b. KIND OF BUSINESS OR INDUSTRY Douglas County School District		15. Ever in US Armed Forces? Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1586 Wildrose Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) William Wilson BETTS SR	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Bernyce ANDERSON		18a. INFORMANT- NAME (Type or Print) Doris BETTS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 899 Minden, Nevada 89423	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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) DAVID HOWARD JOHNSON M.D. 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) July 11, 2012		21c. HOUR OF DEATH 21:51		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) David Howard Johnson M.D. 1624 Library Lane Minden, NV 89423		23b. LICENSE NUMBER 4143	
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 12, 2012		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) Respiratory Arrest Interval between onset and death:					
(b) Alzheimers Disease Interval between onset and death:					
(c) Interval between onset and death:					
(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 I.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		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

CERTIFIED COPY OF VITAL RECORDS

443287

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:

07/12/2012

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

R. J. White
 STATE REGISTRAR
 SIGNATURE AUTHENTICATED

VRG-Rev-20120523a

