**DOUGLAS COUNTY, NV** 

2015-855397

Rec:\$18.00

Pgs=5

01/07/2015 02:10 PM

\$18.00

FIRST AMERICAN TITLE MINDEN KAREN ELLISON, RECORDER

APN#	1022-16-002-082			
Recording Reques	ted by:			
Name:	First American Title Insurance			
	Company			
Address:	1663 US Highway 395, Suite 101			
City/State/Zip:	Minden, NV 89423			
Order Number:				

(for Recorder's use only)

### **Recorder Affirmation Statement**

## Please complete Affirmation Statement below:

	I the undersi	ened hereby affire	n that the attached	document,	including a	any exhibits,	hereby s	ubmitted
for:	recording does	not contain the so	cial security numb	er of any pe	erson or pe	rsons. (Per N	IRS 239E	3.030)
101	coording does	not contain are so		, ,	<b>%</b> . **	No.		

-OR-

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 as required by

440330 (State specific law)

Signature

Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)

#### **RECORDING REQUESTED BY**

First American Title Insurance Company of Nevada

AND WHEN RECORDED RETURN TO AND MAIL TAX STATEMENTS TO:

Brain Treadwell 794 Gehrke Road Port Angeles, WA 98362

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Por	vorder's	Hea	Only	mu.

A.P.N. 1022-16-002-082

File No.: 143-2475808 (Rt)

Affidavit - Death of Trustee

State of WA

County of Clallam

)ss.

**Brain H. Treadwell, Successor Trustee** ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

- William S. Treadwell and Mary H. Treadwell ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on August 23, 2014 abd August 8, 2011 at Gardnerville, NV and Wellington, NV (city and state of death).
- Decedent is the same person named as the trustee named in that certain Declaration of Trust dated October 25, 1990 executed by William S. Treadwell and Mary H. Treadwell as trustor(s) (the "Trust").
- 3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant, Bragain and Sale Deed** dated **September 22, 2000** which was recorded as Instrument No. **0499967** in Book **0900**, Page **4076**, of Official Records of **Douglas** County, Nevada as legally described as follows:

LOT 1 OF PLEASANT MEADOWS SUBDIVISION, ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON OCTOBER 12, 1993 IN BOOK 1093, PAGE(S) 1611 AS DOCUMENT NUMBER 319836. AND AS AMENDED BY THAT CERTIFICATE OF AMENDMENT RECORDED MARCH 01, 2001, IN BOOK 301, PAGE 17 AS INSTRUMENT NO. 509601 OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA

<ol> <li>Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.</li> </ol>
trustee under the Trust.
Dated: 1-5-15
DECLARANT:
Brian H. Suschell SUCCESOR TRUSTEE
Brian H. Treadwell, Succesor Trustee
State of WA )
County of CINIAM ) ss
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County
basis of satisfactory evidence to be the person(s) who appeared before me
WITNESS my hand and official seal.  This area for official notarial seal.  Notary Public State of Washington
Signature LAYNE FREHNER My Appointment Expires Feb 13, 2017
My Commission Expires: 2-/3-/7
Notary Name: LAYNE FREHNER Notary Phone: 360 - 460-785/
Notary Registration Number: 140922 County of Principal Place of Business Chaffan
fort pugeto, un

# **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

## **CERTIFICATE OF DEATH**

PE OR	<u>ai an Angartia</u>					STATE FILE NUMBI	R
RINT IN	1a. DECEASED-NAME (FIRST,M	IDDLE,LAST,SUFFIX)	and the state		2. DATE OF DEATH (Mo/Da	ry/Year) 3a. COUN	ITY OF DEATH
ENT INK	William Selleck		TREADWELL		August 23, 201	4 \ \ \ \	Douglas
<b>^</b>	36. CITY, TOWN, OR LOCATION			V-Name(If not either, giv		Indicate DOA, OP/Eme	r. Rm. 4. SEX
	Gardnerville	and numbe	n Gardnerville Hea	Hh & Rehah	Inpatient(Specify)	Inpatient	Male
ENT	5. RACE White		. Hispanic Origin? Specify	7a. AGE-Lest	176. UNDER 1 YEAR TO UN		
	(Specify)	1	lo - Non-Hispanic	birthday (Years)	MOS DAYS HOUR	IS MINS	cember 17, 1922
•	9a. STATE OF BIRTH (If not U.S.A	196 CITIZEN OF	WHAT COUNTRY TO FINIC		EVER MARRIED, WIDOWED		POUSE (if wife, give
•	name country) Connecticut		d States 14	DIVORCED (Spe	city) Widowed	maiden name)	COOL (ii milo) giva
	13. SOCIAL SECURITY NUMBER		CUPATION (Give Kind of Wo	· • ·	114b, KIND OF BUSINESS	OR INDUSTRY	Ever in US Armed
	0224	of Working Life,	C	nagement		space	Forces? Yes
	15a.R STATE 15	Sb. COUNTY	15c. CITY, TOWN OR	LOCATION 15d.	STREET AND NUMBER		15e. INSIDE CITY
	Nevada	Douglas	Wellin	aton 360	04 Quail Run Trail		LIMITS (Specify Yes or No) NO
	16. FATHER/PARENT - NAME (F	irst Middle Last Suffi			PARENT - NAME (First Mid	de Last Suffix)	
>	Cha	arles H TREADV	VELL	/ _	Clara	MOSHER	
	18a. INFORMANT- NAME (Type o	• .	18b. MAILING A		.F.D. No, City or Town, State		
		EADWELL			il Run Trail Wellington	Nevada 89444	
N	19a. BURIAL, CREMATION, REM					LOCATION City or	76. 37
١	Crematio	<u> </u>	7%	on's Sierra Cremat	· 11.	Carson City N	levada 89706
	20s. FUNERAL DIRECTOR - SIGI	•	ting as Such) 20b. FUNER DIRECTOR		ME AND ADDRESS OF FAC Capitol City Memoria		Purial Casiahr
**		IS NOEL IRE AUTHENTICATI	3	21		et Carson City N	
	TRADE CALL - NAME AND ADDR				101411 (4817) (501	or ourository to	
_			at the time, date and place an	d l> 22a On t	he basis of examination and/o	r investigation in my o	pinion death occurred at
٠			GNATURE AUTHENTICA	TED D the time,	date and place and due to the	cause(s) stated. (Sign	ature & Title)
_		ITA SCHWART					
•	21b. DATE SIGNED (Mo/D	21c.	HOUR OF DEATH 13:05	TED 228. On the time, the	TE SIGNED (Mo/Day/Yr)	22c. HOUR OF	DEATH
	21d. NAME OF ATTENDIN	IG DHYSICIAN IE OTHI			ONOUNCED DEAD (Mo/Day/	rn 22e PRONOU	NCED DEAD AT (Hour)
	P 版 (Type or Print)	/ /		€8			
	23a. NAME AND ADDRESS OF C					23b. LICEN	
÷		a Schwartz M.D.	710 W. Washington S				9114
R	24a. REGISTRAR (Signature)		SHORE	(Car Paulota		·	MMUNICABLE DISEASE
		SKINATURE AU		1 \ 1	ugust 27, 2014	YES [_]	NO X
F	25. IMMEDIATE CAUSE		AUSE PER LINE FOR (a), (b)	, AND (c).)		interval	between onset and death
	(0)	e Heart Failure					
		A CONSEQUENCE OF Atherosclerosi		1 1		Interval	between onset and death
	(0)	76.				· · · · · · · · · · · · · · · · · · ·	<del></del>
	DUE TO, OR AS	A CONSEQUENCE O	₹:	/ /		Interval	between onset and death
	(c)	A CONSEQUENCE OF		/	<u> </u>	. Integra	between onset and death
	DUE 10, OR AS	A CONSEQUENCE OF				HIGHVE	Doctored College and Good
	(d)	CONTROL OF THE	a a a state at a sign of a sign of a sign of	- All to the sector of	aluan la Dad d	lan auronau	27. WAS CASE REFERRED
j	PART II OTHER SIGNIFICANT	OUND!! IONS-CONCITION	e commonsud so desau ont vol	resulting in the unidenty)	ng cause given in Part 1.	26. AUTOPSY (Specify Yes or No)	TO CORONER (Specify Yes
			***			No '	or No) Yes
	28s. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Spicily)	286. DATE OF INJURY (M	ofDely(Yr) 28c. HOUR OF (	NJURY 284. DESCRIBE	HOW INJURY OCCURRED		
	One INTRIPLY AT WORK (Or 1.14	201 DI ACE OF W "	V Athena fam atom (		ON STREET OR R.F.D	. No. CITY OR TO	WN STATE
	28e. INJURY AT WORK (Specify Yes or No)	building, etc. (Specify)	Y- At nome, tarm, street, facto	ry, office 28g. LOCATI	ON SIREELORKEL	. No. CHITORIC	THE SIME
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. 1			STA	TE REGISTRAR			
٠.	AN BOAR AT TO	[] I + I	/		·	r jag	

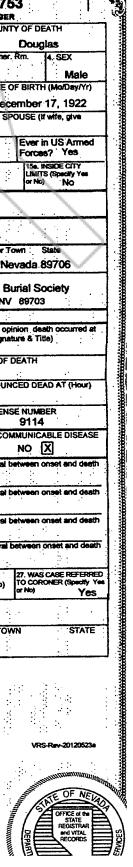
CERTIFIED COPY OF VITAL RECORDS

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:

08/27/2014









## DEPARTMENT OF HEALTH AND HUMAN SERVICES

**DIVISION OF HEALTH VITAL STATISTICS** CERTIFICATE OF DEATH

#### 2011012675

August 08, 2011

STATE FILE NUMBER 1a. DECEASED-NAME (FIRST, MIDDLE, LAST, SUFFIX) 2. DATE OF DEATH (Mo/Day/Year) **PRINT IN** PERMANENT **TREADWELL** Mary H

3a. COUNTY OF DEATH

**Douglas** 

or No)

No

3b. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street 3e If Hosp, or Inst. indicate DOA OP/Emer. Rm. 4. SEX and number) Inpatient(Specify) Wellington 3604 Quail Run Way Trail Home Female DECEDENT 5. RACE White 7b. UNDER 1 YEAR 7c. UNDER 1 DAY 8. DATE OF BIRTH (Mo/Day/Yr) . Hispanic Origin? Specify 7a. AGE-Las No - Non-Hispanic (Specify) birthday (Years) DAYS HOURS MINS November 28, 1931 9a. STATE OF BIRTH (If not U.S.A., 12. SURVIVING SPOUSE (if wife, give 9b. CITIZEN OF WHAT COUNTRY 10.EDUCATION 11: MARRIED, NEVER MARRIED, WIDOWED,

IF DEATH OCCURRED IN name country) Pennsylvania DIVORCED (Specify) Married **United States** 14 maiden name) William STREADWELL 13. SOCIAL SECURITY NUMBER 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of 14b. KIND OF BUSINESS OR INDUSTRY SEE HANDBOOK Ever in US Armed REGARDING Working Life, Even If Retired) 2018 Lab Technicican Forces? No OMPLETION OF RESIDENCE Medical 15a. RESIDENCE - STATE 15e, INSIDE CITY LIMITS (Specify Yes 15b. COUNTY 15c. CITY, TOWN OR LOCATION 15d. STREET AND NUMBER

Nevada Douglas Wellington 3604 Quail Run Way Trail

16. FATHER/PARENT - NAME (First Middle Last Suffix) 17: MOTHER/PARENT - NAME (First Middle Last Suffix)

**PARENTS** Mac Lean HOUSTON Mary Hunt YOUNG 18a. INFORMANT- NAME (Type or Print) (Street or R.F.D. No, City or Town, State, Zip)

18b. MAILING ADDRESS William S TREADWELL 3604 Quail Run Way Trail Wellington, Nevada 89444

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME 19c. LOCATION City or Town **DISPOSITION** Walton's Sierra Crematory Cremation Carson City Nevada 89706

20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) 20b. FUNERAL 20c. NAME AND ADDRESS OF FACILITY DIRECTOR LICENSE RICK NOEL Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703 620 SIGNATURE AUTHENTICATED

RADE CALL TRADE CALL - NAME AND ADDRESS

**BLACK INK** 

ITEMS

DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO

IMMEDIATE CAUSE -STATING THE UNDERLYING

CAUSE LAST

21a. To the best of my knowledge, death occurred at the time, date and place and 22a. On the basis of examination and/or investigation, in my opinion, death occurred at due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED the time, date and place and due to the cause(s) stated, (Signature & Title) KELLE BROGAN M.D. To Be Complete coroners of FI 21c. HOUR OF DEATH 22b. DATE SIGNED (Mo/Dav/Yr) 22c. HOUR OF DEATH

CERTIFIER 21b. DATE SIGNED (Mo/Day/Yr) August 10, 2011 01:25

> 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 22e. PRONOUNCED DEAD AT (Hour) 22d. PRONOUNCED DEAD (Mo/Day/Yr) (Type or Print)

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER; OR CORONER) (Type or Print) 23b. LICENSE NUMBER Kelle Brogan M.D. 429 Elm Street Reno, NV 89503 6000

REGISTRAR 24a. REGISTRAR (Signature) 24b, DATE RECEIVED BY REGISTRAR 24c. DEATH DUE TO COMMUNICABLE DISEASE CHRISTINA GRIFFITH

(Mo/Day/Yr) NO X August 17, 2011 YES | SIGNATURE AUTHENTICATED

CAUSE OF 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I Lung Cancer DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death DUE TO, OR AS A CONSEQUENCE OF 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. 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes 26. AUTOPSY

(Specify Yes or No) 28a. ACC., SUICIDE, HOM., UNDET OR PENDING INVEST. (Specify) 28b. DATE OF INJURY (Mo/Dey/Yr) 28c. HOUR OF INJURY 28d, DESCRIBE HOW INJURY OCCURRED 28g. LOCATION STREET OR R.F.D. No. 28e, INJURY AT WORK (Specify 28f. PLACE OF INJURY- At home, farm, street, factory, office CITY OR TOWN STATE Yes or No) building, etc. (Specify)

STATE REGISTRAR

VRS-Rev-20110104

398916

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DATE ISSUED:

08/22/2011

SIGNATURE AUTHENTICATED

