

APN# 1022-16-002-082

**Recording Requested by:**

**Name:** First American Title Insurance  
Company

**Address:** 1663 US Highway 395, Suite 101

**City/State/Zip:** Minden, NV 89423

**Order Number:** \_\_\_\_\_

Affidavit-Death of Trustee  
(Title of Document)

(for Recorder's use only)

**Recorder Affirmation Statement**

**Please complete Affirmation Statement below:**

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-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 law: NRS 440330

(State specific law)

R. Thompson Recorder  
Signature Title

R. Thompson  
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

Space Above This Line for  
Recorder's Use Only

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:

1. **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).
2. 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**



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

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

2014013753  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>William Selleck TREADWELL</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 23, 2014</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>Gardnerville Health &amp; Rehab</b>		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
DECEDENT	4. SEX <b>Male</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) <b>91</b>		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS		7c. UNDER 1 DAY HOURS   MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) <b>December 17, 1922</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>Connecticut</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
	10. EDUCATION <b>14</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE (If wife, give maiden name)	
PARENTS	13. SOCIAL SECURITY NUMBER <b>0224</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Sales/management</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Aerospace</b>	
	15a. R. STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Wellington</b>	
DISPOSITION	15d. STREET AND NUMBER <b>3604 Quail Run Trail</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Charles H TREADWELL</b>	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Clara MOSHER</b>		18a. INFORMANT- NAME (Type or Print) <b>Brian TREADWELL</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>3604 Quail Run Trail Wellington, Nevada 89444</b>	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>LEWIS NOEL</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>621</b>		20c. NAME AND ADDRESS OF FACILITY <b>Capitol City Memorial Cremation and Burial Society</b> <b>1614 N Curry Street Carson City NV 89703</b>	
CERTIFIER	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>SIGNATURE AUTHENTICATED</b> <b>NITA SCHWARTZ M.D.</b>		21b. DATE SIGNED (Mo/Day/Yr) <b>August 27, 2014</b>		21c. HOUR OF DEATH <b>13:05</b>	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	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) <b>Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703</b>		23b. LICENSE NUMBER <b>9114</b>		24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 27, 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	
	25. IMMEDIATE CAUSE (a) <b>Congestive Heart Failure</b>		Interval between onset and death		26. AUTOPSY (Specify Yes or No) <b>No</b>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (b) <b>Coronary Atherosclerosis</b>		Interval between onset and death		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
	25. IMMEDIATE CAUSE (c) <b>DUE TO, OR AS A CONSEQUENCE OF:</b>		Interval between onset and death		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	
25. IMMEDIATE CAUSE (d) <b>DUE TO, OR AS A CONSEQUENCE OF:</b>		Interval between onset and death		28b. DATE OF INJURY (Mo/Day/Yr)		
PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.		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		

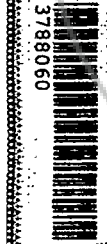
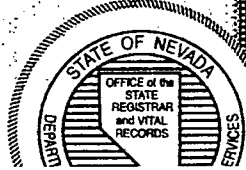
STATE REGISTRAR

CERTIFIED COPY OF VITAL RECORDS

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

*R. D. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED



VRS-Rev-20120523a

STATE OF NEVADA  
**CERTIFICATION OF VITAL RECORD**

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

**2011012675**  
 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) <b>Mary H TREADWELL</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 08, 2011</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Wellington</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>3604 Quail Run Way Trail</b>		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>79</b>	
7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>November 28, 1931</b>	
9a. STATE OF BIRTH (if not U.S.A., name country) <b>Pennsylvania</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>William S TREADWELL</b>			
13. SOCIAL SECURITY NUMBER <b>2018</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Lab Technician</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Medical</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Wellington</b>	
15d. STREET AND NUMBER <b>3604 Quail Run Way Trail</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Mac Lean HOUSTON</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Mary Hunt YOUNG</b>		
18a. INFORMANT- NAME (Type or Print) <b>William S TREADWELL</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>3604 Quail Run Way Trail Wellington, Nevada 89444</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>RICK NOEL</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>620</b>		20c. NAME AND ADDRESS OF FACILITY <b>Capitol City Memorial Cremation and Burial Society</b> <b>1614 N Curry Street Carson City NV 89703</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>SIGNATURE AUTHENTICATED</b> <b>KELLE BROGAN M.D.</b>			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 10, 2011</b>		21c. HOUR OF DEATH <b>01:25</b>		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) <b>Kelle Brogan M.D. 429 Elm Street Reno, NV 89503</b>			
23b. LICENSE NUMBER <b>6000</b>		24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> -SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 17, 2011</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>Lung Cancer</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c) DUE TO, OR AS A CONSEQUENCE OF:					
(d) 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 I.				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

308501  
 105801

VRS-Rev-20110104

398916

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: 08/22/2011

*R. J. [Signature]*  
 STATE REGISTRAR  
 SIGNATURE AUTHENTICATED

