APN No. 1220-24-501-018

Recording Requested by:

Les W. Bradshaw, Esq.

PO Box 55, Wellington, NV 89444

DOUGLAS COUNTY, NV

Rec:\$17.00 Total:\$17.00 2015-855956 01/22/2015 09:24 AM

LES W. BRADSHAW, ESQ.

Pgs=4



KAREN ELLISON, RECORDER

## **AFFIDAVIT - DEATH OF TRUSTEE**

## **RECORDER AFFIRMATION STATEMENT**

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 440.380 and/or 40.525.

Signature

Title

**Print Signature** 

### Recording requested by:

Les W Bradshaw, Esq.

PO Box 55, Wellington, NV 89444

When recorded return to, and mail

Tax Statements to:

Michael J. Burnworth

PO Box 3196

770 Mustang Lane,

Gardnerville, NV 89410

A.P.N. 1220-24-501-018

AFFIDAVIT -- DEATH OF TRUSTEE

State of Nevada

**County of Douglas** 

MICHAEL JAMES BURNWORTH ("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. MARY F. BURNWORTH ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on January 30, 2013, at Reno, Nevada.
- Decedent is the same person named as the trustee named in that certain Declaration of Trust dated January 4, 2013 executed by MICHAEL JAMES BURNWORTH and MARY FRANCES BURNWORTH as Grantors/Settlors of the MICHAEL JAMES & MARY FRANCES BURNWORTH REVOCABLE LIVING TRUST ("Trust").
- Decedent as a trustee is the same person who was named as a grantee in that certain Quitclaim Deed dated January 4, 2013, which was recorded as Document No. 0815869 in Book 0113, Page 1790, of Official Records of Douglas County, Nevada as legally described as follows:

The real property situate in the County of Douglas, State of Nevada, described as follows: Parcel D-4 of that certain parcel map for L. Roger Bitton and Marion L. Bitton, located in a portion of the North ½ of the Northeast ¼ of Section 24, Township 12 North, Range 20 East, M.D.B.& M., recorded June 23, 1982 in Book 682, Page 1190 as Document No. 68756 Official Records of Douglas County, State of Nevada.

For informational purposes only: The APN is shown by the County Assessor as 1220-24-501-018; Source of Title is Book 1089, Page 3399 (Recorded 10/30/89)

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

DATED: January \_\_\_\_\_\_, 2015.

**DECLARANT:** 

MICHAEL JAMES BURNWORTH

State of Nevada

**County of Douglas** 

SUBSCRIBED AND SWORN TO before me the undersigned, a Notary Public, this day of January, 2015 by MICHAEL JAMES BURNWORTH, personally known to me or proved to me on the basis of satisfactory evidence to be the person who appeared before me.

WITNESS my hand and official seal.

Les W. Bradshaw

**Notary Public** 

LES W. BRADSHAW

Notary Public, State of Nevada Appointment No. 06-103270-12 My Appt. Expires February 19, 2018



# NI DA XA I DA

## DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH VITAL STATISTICS

2013003169

Washoe

15e. INSIDE CITY

LIMITS (Specify Y or No) Yes

*TY	PE	OR	×
		•	••••
. Pi	PE UNT MAN	IN	٠,
2			
ER	MAN	IEN I	

1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX)

5. RACE White

9a STATE OF BIRTH (If not U.S.A.

15a. RESIDENCE - STATE

(Specify):

DECEDENT IF DEATH CCURRED IN E HANDBOOK

REGARDING OMPLETION OF ITEMS

**PARENTS** 

SPOSITION

RADE CALL

EGISTRAR CAUSE OF DEATH

NOTIONS IF MMEDIATE CAUSE

**AUSE LAST** 

## CERTIFICATE OF DEATH

BURNWORTH

STATE FILE NUMBER

2. DATE OF DEATH (Mo/Day/Year

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 Inpatient(Specify) Renown Regional Medical Center Inpatient 7b. UNDER 1 YEAR 7c. UNDER 1 DAY: 8: DATE OF BIRTH (Mo/Day/Yr) Hispanic Origin? Specify birthday (Years) MOS | DAYS HOURS MINS

January 30, 2013

No - Non-Hispanic December 08, 1933 9b. CITIZEN OF WHAT COUNTRY 10 EDUCATION 11. MARRIED, NEVER MARRIED, WIDOWED, 12. SURVIVING SPOUSE (if wife, give 12 DIVORCED (Specify) Married maiden name) ..... Mike BURNWORTH United States

15d: STREET AND NUMBER

name country) Missouri .. 14a: USUAL OCCUPATION (Give Kind of Work Done During Most: 13 SOCIAL SECURITY NUMBER 14b. KIND OF BUSINESS OR INDUSTRY Ever in US Armed of Working Life, Even If Retired) Homemaker -3203 Forces? No. Own Home

∖ Douglas Gardnerville 770 Mustang Lane Nevada 16. FATHER/PARENT: NAME (First Middle Last Suffix) 17. MOTHER/PARENT NAME (First Middle Last Suffix)

15c. CITY, TOWN OR LOCATION

Burton MCLIHENNY .Viola 18a, INFORMANT- NAME (Type or Print) 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)

Mike BURNWORTH P.O. Box 3196 Gardnerville, Nevada 89410

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAM 19c-LOCATION :- City or Town Forest Hill Cemetery Removal/Burial Kansas City Missouri

20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) . 20b. FUNERAL 20c. NAME AND ADDRESS OF FACILITY DIRECTOR LICENSE JAMES SMOLENSKI FitzHenry's Carson Valley Funeral Home 217 1380 Highway 395 N Gardnerville NV 89410 SIGNATURE AUTHENTICATED

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) SIGNATURE AUTHENTICATED JUDITH ROSSO DO

and number)

15b. COUNTY

21b. DATE SIGNED (Mo/Day/Yr) 21c. HOUR OF DEATH February 06, 2013 08:38 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER.

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): 22c. HOUR OF DEATH 22e. PRONOUNCED DEAD AT (Hour) 22d. PRONOUNCED DEAD (Mo/Day/Yr)

238 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23b. LICENSE NUMBER JUDITH ROSSO DO 1520 Virginia Ranch Gardnerville, NV 89410

24b. DATE:RECEIVED BY REGISTRAR BRIDGES SANDI (Mo/Day/Yr) March 04, 2013 NO X SIGNATURE AUTHENTICATED

(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) 25. IMMEDIATE CAUSE (a) Cardiopulmonary arrest DUE TO, OR AS A CONSEQUENCE OF:

Chronic obstructive pulmonary disease DUE TO, OR AS A CONSEQUENCE OF

building, etc. (Specify)

DUE TO, OR AS A CONSEQUENCE OF

Interval between onset and death

Interval between onset and death PART II OTHER SIGNIEICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in Part-1-26.-AUTOPSY Hypertension (Specify Yes or No)

28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) 28e. INJURY AT WORK (Specify 28f. PLACE OF INJURY- At home, farm, street, factory, office

8d: DESCRIBE HOW INJURY OCCURRED

No

STATE

Interval between onset and death

28g. LOCATION

STATE REGISTRAR

VRS-Rev-201205238

473007

CERTIFIED COPY OF VITAL RECORDS

ARE ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATI

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:

03/05/2013

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

