

APN# : 1320-30-113-007

DOUGLAS COUNTY, NV      **2015-857452**  
Rec:\$17.00  
\$17.00      Pgs=4      **02/26/2015 10:07 AM**  
ETRCO, LLC  
KAREN ELLISON, RECORDER

**Recording Requested By:**

eTRCo, LLC.

**When Recorded Mail To:**

Luella Watrous

#5 Hillside Way

Carson Cit, NV 89703

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)

& 40.526 (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**

Luella R. Watrous, of legal age, being first duly sworn, deposes and says:

That Robert D. Watrous, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Robert D. Watrous named as one of the parties in that certain Grant, Bargain, Sale Deed dated 10/14/2002 executed by Robert D. Watrous and Luella R. Watrous, husband and wife to Robert D. Watrous and Luella R. Watrous, Co-Truustees of the Watrous Family Trust, dated August 9, 1988 as joint tenants, recorded as instrument No. 0557780, on 11/14/2002, in Book1102, Page 05810, 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:

Unit 7, as set forth on map of WESTWOOD PARK UNIT NO. 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on November 25, 1987, in Book 1187, Page 3748, as Document No. 167352 and by Certificate of Amendment recorded May 05, 1988 in Book 588, Page 536, as Document No. 177431 of Official Records of Douglas County, Nevada.

Together with an undivided 1/25th interest in and to the common area lying within the interior lines as set forth on map of WESTWOOD PARK UNIT NO. 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on November 25, 1987, in Book 1187, Page 3748, as Document No. 167352, and as shown on Record of Survey recorded April 11, 2000 in Book 0400, at Page 1729, as Document No. 489711.

Dated

2/19/15

*Luella R. Watrous*  
\_\_\_\_\_  
:Luella R. Watrous, Co-Trustee

STATE OF NEVADA

}SS

COUNTY OF DOUGLAS \_\_\_\_\_

This instrument was acknowledged before me on  
February 19, 2015,

by Luella R. Watrous.

\_\_\_\_\_  
Notary Public



**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH  
VITAL STATISTICS**

**STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

	LOCAL FILE NUMBER	STATE FILE NUMBER
TYPE PRINT IN PERMANENT INK PRECEDENT DEATH OCCURRED IN INSTITUTION HANDBOOK REGARDING COMPLETION OF DEATH ITEMS	DECEASED—NAME First Middle Last 1. Robert D. WATROUS	DATE OF DEATH (Month, Day, Year) 2. September 1, 2005
	COUNTY OF DEATH 3a. Carson City	
PRESENTS	CITY, TOWN OR LOCATION OF DEATH 3b. Carson City	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Carson Tahoe Hospital
	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Inpatient	SEX 4. Male
POSITION	RACE—(n.g., White, Black, American Indian, etc.) (Specify) 5. White	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.
	AGE—Last Birthday (Years) 7a. 83	UNDER 1 YEAR MOS : DAYS 7b. :
CERTIFIER	UNDER 1 DAY HOURS : MINS 7c. :	DATE OF BIRTH (Mo., Day, Yr.) 8. Dec. 18, 1921
	STATE OF BIRTH (If not U.S.A., name country) 9a. Arkansas	CITIZEN OF WHAT COUNTRY 9b. U.S.A.
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE BEING THE EARLYING CAUSE LAST	Decedent's Education. Specify highest grade completed. 10. 14 years	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married
	SOCIAL SECURITY NUMBER 13. ██████████-1724	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Banker
USE OF DEATH	KIND OF BUSINESS OR INDUSTRY 14b. Banking	RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION STREET AND NUMBER INSIDE CITY LIMITS (Specify Yes or No) 15a. Nevada 15b. Douglas 15c. Minden 15d. 1773 Shamrock Cir 15e. yes
	FATHER—NAME First Middle Last MOTHER—MAIDEN NAME First Middle Last 16. Raymond D. Watrous 17. Elsie Marie Stratton	INFORMANT—NAME (Type or Print) MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18a. Luella Watrous - Wife 18b. 1773 Shamrock Circle, Minden, NV 89423
REGISTERAR	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>	FUNERAL DIRECTOR LICENSE NUMBER NAME AND ADDRESS OF FACILITY 20b. 217 20c. Home, 1380 Hwy 395, Gardnerville, NV 89410
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 9/7/05	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) and manner stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.)
PART I	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.	PRONOUNCED DEAD (Mo., Day, Yr.) 22b.
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Ali Bawamia, M.D., 775 Fleischmann Way, Carson City, NV 89702	LICENSE NUMBER 23b. 9431
PART II	REGISTRAR DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE 24a. <i>[Signature]</i> 24b. September 7, 2005 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) PNEUMONIA c respiratory failure (b) COPD (c) CHF
	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED 28b. 28c. M 28d.
INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 28g.

STATE REGISTRAR

No. 320049

081849

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:

SEP - 7 2005

STATE REGISTRAR

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

