DOUGLAS COUNTY, NV

2015-858319

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NORTHERN NEVADA TITLE CC
KAREN ELLISON, RECORDER

APN: 1318-15-612-022 ORDER NO.: N1500031

FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: AFFIDAVIT OF DEATH OF TRUSTEE

The undersigned hereby affirms that this document submitted for recording contains a Social Security number as required by law:

State Law: NRS 40.525 Sec. 5 - Death Certificates Attached to Affidavit Death of Joint Tenant

State Law: NRS 440.380 Sec. 1.(a) - Medical Certificate of Death; Contents

NORTHERN NEVADA TITLE COMPANY

Signed By:

Print Name/Title: Tammy L. May

WHEN RECORDED MAIL TO:

Ann Michael P.O. Box 16437

South Lake Tahoe, CA 96151

A.P.N. 1318-15-612-022

When Recorded Mail To: Ann Michael P.O. Box 16437 South Lake Tahoe, CA 96151

N1500/31

## AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF California } ss.
COUNTY OF El Dorado }

Ann Marie Ryan Michael and Paula Lou Ryan Brock and David J. Ryan, of legal age, being duly sworn, deposes and says: Christine Ryan, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Christine Ryan named as Trustee in the Declaration of Trust dated July 5, 2006 and executed by Christine Ryan as Trustor(s). At the time of the decedent's death, decedent was the record owner, as Trustee, of that certain real property commonly known as 285 Cheyenne Way, Zephyr Cove, NV 89448, which property is described in Deed executed by Christine Ryan as Grantor(s) on July 5, 2006 and recorded as Instrument No. 0689588, in Book 1106, Page 9712, of Official Records of Douglas County, State of Nevada. The legal description of said property is as follows:

Lot 47, in Block A, as shown on the map of ROUND HILL VILLAGE, UNIT NO. 2, filed August 31, 1965 in the office of the County Recorder of Douglas County, Nevada, as Document No. 29312.

Date: March 10, 2015

Ann Marie Ryan Michaet

Paula Lou Ryan Brock

David J. Ryan

## **DORADO COUNTY**

## **HEALTH AND HUMAN SERVICES AGENCY**

PLACERVILLE, CALIFORNIA

STATE PLE NUMBER	CERTIFICATE OF DEATH SET OF CHAPTER OF A LEAGUES OF A LEAGUES	3201409000765
1. NAME OF DECEMPIT- FIRST (Ghan) CHRISTINE	2 MIDDLE 3.U	AST Family YAN
AKA, ALSO KNOWN AS - Include full ANA-FIRST, MIDDLE.	LAST) 14 DATE OF BIRTH I mention 08/08/1926	ACON S. AGE YES. F. LADER DISEYEAR SELECTION S. SHOULD B. SH.
Maria	ECURITY NUMBER 11. EVER IN U.S. ARMED FORCES? 12 MARTIN, STA	TUBSTOP IN THE OF DIRECT PARTY OF DEATH INVIDENCE . HOUR GIT
12 EDUCATION - Names (Anni Degree)   14/15 Hand DECERBENT	5396 YES X NO UNK WIDOWI	ED 08/18/2014 0810
HS GRADUATE	X ∞ WHITE	rive succession
17. USUAL OCCUPATION - Type of wark loc most of the DC BOOKKEEPER	ACCOUNTING	many store, and construction, elliphyment agency, etc.) 19. YEARS IN OCCU
20. DECEDENT'S RESIDENCE (Street and number, or locality 413 CAPRI DRIVE		
21. CITY	23. 2P CODE	34. YEARS IN COUNTY   95. BEATER OREIGN COUNTRY
SOUTH LAKE TAHOE	EL DORADO 96150	12 CA
ANN MARIE MICHAEL POA	647 ELOISE AVENU	E, SOUTH LAKE TAHOE, CA 96150
28. NAME OF BURVIVING SECREE/BRIDP FRACT	20. LARF MI	ern <b>(*</b> )
31. NAME OF PATHEN PROBENT - POST	SPIMOOLE SQLAST	34. SERTH STATE
GEORGE 38. NAME OF MOTHER PARKET	PATRI	3
TESSIE	PÁTRI	S S GREECE
38.08F0St10N phre minoutory 49.540FSF70 08/25/2014 647 ELOI	SE AVENUE, SOUTH LAKE TAHOE, GASH	N MARIE MICHAEL
41, TYPE OF DIPOSITIONS	42 SOMERIE OF EMPALMEN	AS. LICENSE HUMBER
MC FARLANE MORTUARY IN	* NOT EMBALMED	
TION PLACE OF DEATH	POSTER ALIGIA PARE	S POMBO MSC MD 08/21/2014
RESIDENCE - HOSPIGE		
	PRI DRIVE	SOUTH LAKE TAHOE
107. CAUSE DF DEATH Entire special in	The state of the s	The work State of the Company of the
MANGEOLOTE CAMPEE IN ALZHEIMER'S D	SEASE	3 YRS
In please in the Second		ITD. 100 BIOPEY PERFORME
conditions, if any, heading to cause (C).		Yes X
CAUSE pleases or Injury that To Institute To		YES X
resulting in death) LAST		
NONE		
113, WAS OPERATION PEN ORMED FOR ANY CONDITION NO	N N 1784 102 OR 11270 year fast typical operators and operators	113\ FRANC PRONOFINA
THE COMEY THAT TO THE SEST OF ME AND MEDICE DEATH OF	The state of the second of the	116, UCENSE NUMBER 117, DATE minney
Decement Attended Since Decement Last Seen	INSTEVENT COCCUS UPD	G54095 08/21/2014
01/15/2005 07/16/2014	PO BOX 5637, STATELINE, NV 89449	STEVEN L. BROOKS M D
119.1 CERTIFY THE PURI DIPHON DESTRICTORS OF THE HANNESS OF DEATH NELPHIN ACCIDENT	COR DUTE AND PLACE STATED PROMITE CAUSES STATED. 120 HOL	LURED AT WORK? 121. INJUSTY DATE INMINISTRATE (122. HOUR. C
123, PLACE OF MUURY (srg.; home, construction site, wo		
124, DESCRIBE HOW INJURY OCCURRED (EVINIS WING	resulted in MAY)	
125. LOCATION OF INJURY (Street and number, or located	on, and only, and stalf	
126. SIGNATURE OF CORONER / DEPUTY CORONER	127. DATE mm/distopy 128, TYPE	NAME, TITLE OF COROMER /DEPUTY COROMER
10 to 0.48 and 0.48 m. 49%.		y, The wist is
TATE A B. 19		TAX AUTH F CENSUS

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 ENDorado County Health and Human Services Agency.

DATE ISSUED

AUG 2 9 2014



This copy is not valid unless prepared on an engraved berder, displaying the date, seal and signature of the County Health Officer





A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of El Dorado

On February 10, 2015 before me, C.M. Clymer, a Notary Public, personally appeared Ann Marie Ryan Michael and Paula Lou Ryan Brock and David J. Ryan

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

C. M. CLYMER

EL DORADO COUNTY

Comm. Exp. MAY 13, 201

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature:

Name: C.M. Clymer

(Typed or Printed) (Seal)