

DOUGLAS COUNTY, NV

2015-858330

Rec:\$18.00

\$18.00

Pgs=5

03/13/2015 02:24 PM

NORTHERN NEVADA TITLE CC

KAREN ELLISON, RECORDER

APN # 1420-33-111-036  
ORDER NO.: N1500136DC

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

Recording Requested by and Return to:

**Northern Nevada Title Company**  
**307 W. Winnie Lane Suite #1**

**Carson City, NV 89703**

Affidavit Death of Trustee  
(Title on Document)

By:   
Print Name/Title: Dawn Cuellar

This page added to provide additional information required by NRS 111.312 Sections 1-2  
(Additional recording fee applies).

WHEN RECORDED MAIL TO:  
**Mary Smith as successor Trustee of the  
Albert A. Franklin Trust U/D/T  
05/14/1996**

15250 SW Village Ln  
Beaverton OR 97007  
3525

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. N1500136DC

APN No.: 1420-33-111-036

**AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE**

State of Nevada                    }  
County of **Douglas**               }

Mary Smith , being duly sworn, deposes and says:

1. Albert A. Franklin, the decedent mentioned in attached copy of Certificate of Death, is the same person as Albert A. Franklin named as one of the trustee(s) in that certain Grant, Bargain, Sale Deed dated November 27, 2012, executed by Albert A. Franklin, an Unmarried Man to Albert A. Franklin, Trustee of the Albert A. Franklin Trust U/D/T 5/14/1996, recorded on November 27, 2012 as instrument number 813438, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

2. That I, Mary Smith, am named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

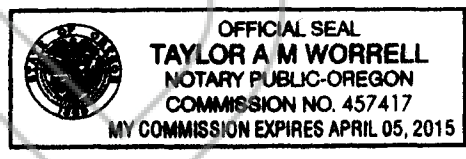
Dated: March 10, 2015

Mary Smith  
Mary Smith

STATE OF Oregon } SS:  
COUNTY OF Washington

This instrument was acknowledged before me on March 11 2015  
by Mary Smith

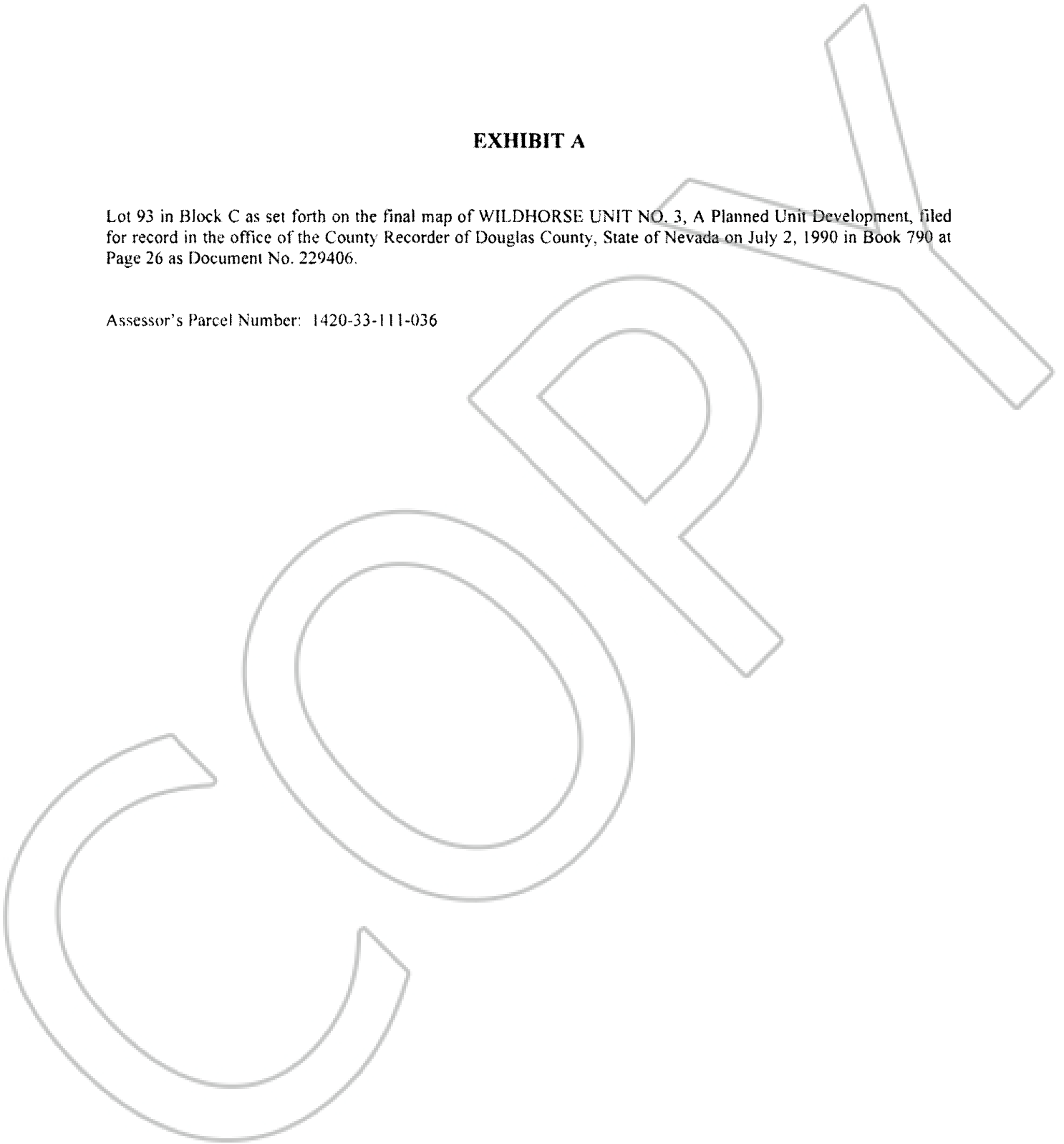
Taylor A M Worrell  
NOTARY PUBLIC



**EXHIBIT A**

Lot 93 in Block C as set forth on the final map of WILDHORSE UNIT NO. 3, A Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada on July 2, 1990 in Book 790 at Page 26 as Document No. 229406.

Assessor's Parcel Number: 1420-33-111-036



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

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

2014004838  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Albert Allen FRANKLIN</b>			2. DATE OF DEATH (Mo/Day/Year) <b>February 12, 2014</b>		3a. COUNTY OF DEATH <b>Douglas</b>							
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>1364 Bridle Way</b>		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>		4. SEX <b>Male</b>						
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>78</b>		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>September 22, 1935</b>		
	9a. STATE OF BIRTH (if not U.S.A. name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE (if wife, give maiden name)				
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER <b>██████████-9568</b>			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Machinist</b>			14b. KIND OF BUSINESS OR INDUSTRY <b>Military Vehicles</b>			Ever in US Armed Forces? Yes			
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>		15d. STREET AND NUMBER <b>1364 Bridle Way</b>			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Alfred FRANKLIN</b>					17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Reona REYNOLDS</b>							
	18a. INFORMANT- NAME (Type or Print) <b>Mary SMITH</b>					18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>15250 Southwest Village Lane Beaverton, Oregon 97007</b>							
DISPOSITION	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>CURT KOESTLER</b> SIGNATURE AUTHENTICATED			20b. FUNERAL DIRECTOR LICENSE <b>823</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> <b>1521 Church Street Gardnerville NV 89410</b>							
TRADE CALL	TRADE CALL - NAME AND ADDRESS												
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>STEPHEN TANN MD</b> SIGNATURE AUTHENTICATED					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>March 25, 2014</b>			21c. HOUR OF DEATH <b>10:02</b>		22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH				
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					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>STEPHEN TANN MD 1470 Medical Parkway Carson City, NV 89703</b>					23b. LICENSE NUMBER <b>11880</b>							
REGISTRAR	24a. REGISTRAR (Signature) <b>BIANCA GALEANO</b> SIGNATURE AUTHENTICATED					24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 31, 2014</b>			24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)												
	PART I										Interval between onset and death		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST	(a) <b>Cardiopulmonary Arrest</b>										Interval between onset and death		
	DUE TO, OR AS A CONSEQUENCE OF:										Interval between onset and death		
	(b) <b>Unknown Etiology</b>										Interval between onset and death		
	DUE TO, OR AS A CONSEQUENCE OF:										Interval between onset and death		
(c) <b>Unknown Etiology</b>										Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:										Interval between onset and death			
(d) <b>Unknown Etiology</b>										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.										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

3759206

VRS-Rev-20120523a

524299

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: 03/31/2014

*R. D. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

