

APN# : 1320-30-312-018  
Escrow No. 070995-TEA

DOUGLAS COUNTY, NV      **2015-861873**  
Rec:\$21.00  
\$21.00      Pgs=8      05/12/2015 03:07 PM  
ETRCO, LLC  
KAREN ELLISON, RECORDER

**Recording Requested By:**  
eTRCo, LLC.

**When Recorded Mail To:**  
Harley F. Thompson  
PO Box 223582  
Princeville, HI  
96722

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) & 40.525 (5))

Signature \_\_\_\_\_

*Traci Adams*  
Traci Adams

Escrow Officer

**THIS DOCUMENT HAS BEEN EXECUTED IN  
COUNTERPART**

\_\_\_\_\_  
**Affidavit Death of Trustee**

This page added to provide additional information required by NRS 111.312  
(additional recording fee applies)

## AFFIDAVIT - DEATH OF TRUSTEE

Harley F. Thompson III, Ree Anne Hardy and Stephen F. Thompson, Successor Co-Trustees, of legal age, being first duly sworn, deposes and says:

That Harely F. Thompson, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Harely F. Thompson named as one of the parties in that certain Grant, Bargain and Sale Deed dated 11/14/2002 executed by Harley F. Thompson and Agnes E. Thompson, husband and wife as joint tenants to Harely F. Thompson and Agnes E. Thompson, Trustees of The Thompson 1980 Trust dated January 31, 1980, recorded as instrument No. 0558703, on 11/22/2002, in Book 1102, Page 09511, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

**Lot 12, in Block C, as set forth on the Final Map #1010-4B of WESTWOOD VILLAGE UNIT 4B, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 13, 1995, in Book 1295, Page 1906, as Document No. 376827.**

Dated

April 16, 2015

The Thompson 1980 Trust dated January 31, 1980

Harley F. Thompson, III  
Harley F. Thompson, III / Successor Co-Trustee

EXECUTED IN COUNTERPART  
Ree Anne Hardy, Successor Co-Trustee

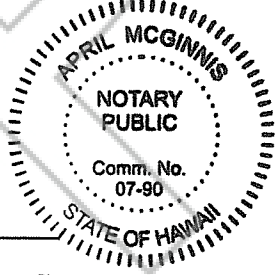
EXECUTED IN COUNTERPART  
Stephen F. Thompson, Successor Co-Trustee

STATE OF Hawaii  
COUNTY OF Kauai

This instrument was acknowledged before me  
on April 29, 2015,  
by Harley F. Thompson, III.

April McGinnis  
April McGinnis Notary Public  
commission exp 3/4/2015

Doc. Description: Affidavit -  
Death of Trustee  
} SS  
Doc. Date: undated No. Pages: 3  
April McGinnis File  
Notary Printed Name Jud. Circuit



STATE OF \_\_\_\_\_ } SS  
COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me  
on \_\_\_\_\_,  
by Ree Anne Hardy.

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

The Thompson 1980 Trust dated January 31, 1980

EXECUTED IN COUNTERPART

Harley F. Thompson, III, Successor Co-Trustee

*Ree Anne Hardy*  
Ree Anne Hardy, Successor Co-Trustee

EXECUTED IN COUNTERPART

Stephen F. Thompson, Successor Co-Trustee

STATE OF \_\_\_\_\_ )SS

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

This instrument was acknowledged before me  
on \_\_\_\_\_,

by Harley F. Thompson, III.

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

STATE OF \_\_\_\_\_ )SS

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

This instrument was acknowledged before me  
on \_\_\_\_\_,

by Ree Anne Hardy.

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

*SEE  
ATTACHED  
SD*

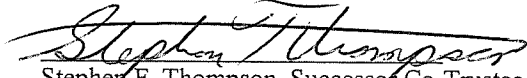
The Thompson 1980 Trust dated January 31, 1980

EXECUTED IN COUNTERPART

Harley F. Thompson, III, Successor Co-Trustee

EXECUTED IN COUNTERPART

Ree Anne Hardy, Successor Co-Trustee

  
Stephen F. Thompson, Successor Co-Trustee

STATE OF \_\_\_\_\_ }SS

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

This instrument was acknowledged before me  
on \_\_\_\_\_,

by Harley F. Thompson, III.

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

STATE OF \_\_\_\_\_ }SS

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

This instrument was acknowledged before me  
on \_\_\_\_\_,

by Ree Anne Hardy.

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

# CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

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 CONTRA COSTA }

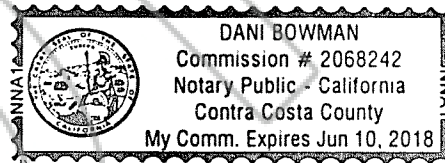
On 4.16.15 before me, DANI BOWMAN, Notary Public  
(Here insert name and title of the officer)

personally appeared DEE ANNE HADDY,  
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.

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]  
Notary Public Signature (Notary Public Seal)



### ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT  
AFFIDAVIT. DEATH OF  
(Title or description of attached document)  
TRUSTEE  
(Title or description of attached document continued)  
Number of Pages \_\_\_\_\_ Document Date \_\_\_\_\_

### CAPACITY CLAIMED BY THE SIGNER

- Individual (s)  
 Corporate Officer  
 \_\_\_\_\_  
(Title)  
 Partner(s)  
 Attorney-in-Fact  
 Trustee(s)  
 Other \_\_\_\_\_

### INSTRUCTIONS FOR COMPLETING THIS FORM

*This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.*

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/~~she/they~~, is /~~are~~ ) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - ❖ Indicate title or type of attached document, number of pages and date.
  - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.

STATE OF Washington }SS

COUNTY OF King

This instrument was acknowledged before me  
on 4-20-2015,

by Stephen F. Thompson.

Mary a Johnson  
Notary Public

MARY A. JOHNSON  
STATE OF WASHINGTON  
NOTARY PUBLIC  
MY COMMISSION EXPIRES  
07-15-17



**CERTIFICATION OF VITAL RECORD**

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

**CERTIFICATE OF DEATH**

2015003700

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>Harley F THOMPSON II</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 04, 2015</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 <b>867 Mahogany Dr</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. 4. SEX Inpatient(Specify) <b>Home</b> <b>Male</b>	
5. RACE: White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>96</b>	
9a. STATE OF BIRTH (If not U.S.A.) <b>Kansas</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>	
13. SOCIAL SECURITY NUMBER <b>██████████-5519</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Career Military</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Harley F THOMPSON</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Hettie Rose FRANZ</b>		12. SURVIVING SPOUSE (Maiden name) <b>Us Navy</b>	
18a. INFORMANT - NAME (Type or Print) <b>Trey THOMPSON</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>PO Box 223582 Princeville, Hawaii 96722</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Eastside Memorial Park</b>		19c. LOCATION City or Town State <b>Minden Nevada 89423</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BLAKE HOWE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>622</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> <b>1521 Church Street Gardnerville NV 89410</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>DENVER JOEL MILLER JR. M.D.</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 06, 2015</b>		21c. HOUR OF DEATH <b>05:00</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Denver Joel Miller Jr. M.D. 5538 Longley Lane Ste B Reno, NV 89511</b>		23b. LICENSE NUMBER <b>7330</b>	
24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 09, 2015</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:				Interval between onset and death	
(a) <b>Acute Cardiopulmonary Arrest</b>				<b>Minutes</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Chronic Obstructive Pulmonary Disease</b>				<b>Months</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Hypoxemia</b>				<b>Months</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) <b>Unknown Etiology</b>				<b>Months</b>	
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>	
28a. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)		28d. DESCRIBE HOW INJURY OCCURRED	
28g. LOCATION		STREET OR R.F.D. No.		CITY OR TOWN STATE	

STATE REGISTRAR

569729 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.

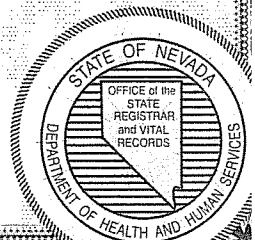
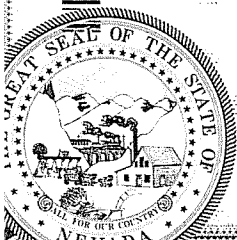
DATE ISSUED:

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

3/10/2015

STATE REGISTRAR  
*R. W. White*  
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



3820471