

DOUGLAS COUNTY, NV

2015-862116

Rec:\$17.00

\$17.00 Pgs=4

05/15/2015 11:55 AM

ETRCO, LLC

KAREN ELLISON, RECORDER

APN#: 1221-06-001-024

071211-TEA

Recording Requested By:

eTRCo, LLC.

When Recorded Mail To:

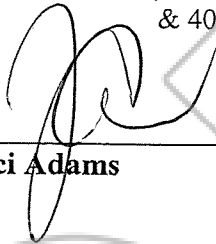
~~Tracy Ashton~~

~~1790 Airport Rd~~

~~Carson City NV 89706~~

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

Escrow Officer

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT - DEATH TRUSTEE

D. Todd Ashton, Tracy L. Ashton and Troy Ashton, Successor Trustees, of legal age, being first duly sworn, deposes and says:

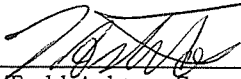
That C.David Ashton, Trustee, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as C.David Ashton, Trustee named as one of the parties in that certain Grant, Bargain and Sale Deed dated 7/1/2005 executed by Grant Birmingham and Ann M. Birmingham, wife and husband to C. David Ashton, Trustee of the Ashton Living Trust, dated October 15, 2002, recorded as instrument No. 648378, on 7/1/2005, in Book 0705, Page 00040, and re-recorded as instrument No. 650261, in Book 0705, Page 10443, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

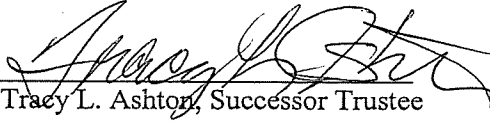
Lot 22 of FISH SPRINGS ESTATES, according to the map thereof, filed for record in the office of the County Recorder of Douglas County, Nevada, on August 30, 1973, as Document No. 68451.

Dated _____

4/29/15

The Ashton Living Trust dated October 15, 2002


D. Todd Ashton, Successor Trustee

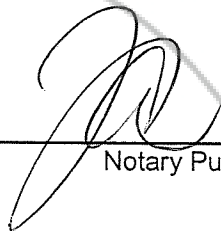

Tracy L. Ashton, Successor Trustee

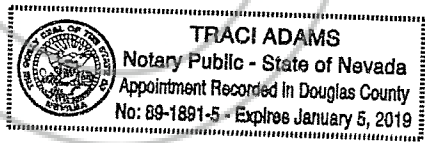

Troy Ashton, Successor Trustee

STATE OF NEVADA } SS
COUNTY OF Douglas

This instrument was acknowledged before me on
April 29, 2015,

by D. Todd Ashton, Tracy L. Ashton and Troy Ashton.


Notary Public



CERTIFICATION OF VITAL RECORD

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

2012007499

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Charrison David ASHTON		2. DATE OF DEATH (Mo/Day/Year) April 24, 2012		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Renown Rehabilitation Hospital		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) Inpatient	
DECEDENT	6. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 73	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		7d. UNDER 1 DAY MIN	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		12. SURVIVING SPOUSE (if wife, give maiden name)		8. DATE OF BIRTH (Mo/Day/Yr) March 10, 1939	
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-2154		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Security		14b. KIND OF BUSINESS OR INDUSTRY Gaming	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 2190 Fish Springs Road		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) James David ASHTON	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Nellie Margaret CHARRISON		18a. INFORMANT - NAME (Type or Print) Tracy ASHTON			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3163 Orovada Drive Carson City, Nevada 89701		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory	
	19c. LOCATION City or Town State Carson City Nevada 89706		20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 820	
CERTIFIER	20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703		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) <i>SIGNATURE AUTHENTICATED</i> HAYDON HILL MD		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)			
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) May 02, 2012		21c. HOUR OF DEATH 07:46		22b. DATE SIGNED (Mo/Day/Yr)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
CAUSE OF DEATH	22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) HAYDON HILL MD 1495 Mill St. Reno, NV 89502			
	23b. LICENSE NUMBER 14305		24a. REGISTRAR (Signature) BRIDGES SANDI <i>SIGNATURE AUTHENTICATED</i>			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 15, 2012		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		26. AUTOPSY (Specify Yes or No) No			
STATE REGISTRAR	(a) Pulmonary event - pulmonary embolism		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No			
	(b) Cardiac event - cardiac arrest		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)			
(c) Unknown etiology		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		
(d) DUE TO, OR AS A CONSEQUENCE OF		28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)		
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.		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



435910

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: **05/17/2012**

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

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev-20110325

