

18

APNs: 1220-17-311-010  
1320-33-718-019  
1420-18-110-001



KAREN ELLISON, RECORDER

WHEN RECORDED RETURN TO:  
DAWN ELLERBROCK, ESQ.  
ALLISON MacKENZIE, LTD.  
P.O. Box 646  
Carson City, NV 89701

MAIL TAX STATEMENTS TO:  
LOUISE STILES, Trustee  
1085 Amarillo Drive  
Gardnerville, NV 89460

The party executing this document hereby affirms that this document submitted for recording does contain the social security number of a deceased person as required pursuant to NRS 440.380.

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA )  
 : ss.  
CARSON CITY )

LOUISE STILES, being first duly sworn, deposes and says:

1. That JAMES R. STILES, also known as JAMES RAY STILES, died on December 26, 2014, and a Certificate of Death is attached hereto and incorporated herein by this reference.
2. That JAMES R. STILES was one of the Trustees under that certain revocable Declaration of Trust dated March 27, 1991, and as amended on July 12, 1998, known as the STILES FAMILY TRUST.

3. That the STILES FAMILY TRUST is the owner of all that certain real property situate in the County of Douglas, State of Nevada, commonly known as **1085 Amarillo Drive, Douglas County, Nevada, being Assessor's Parcel Number 1220-17-311-010**, as more particularly described in that certain Grant, Bargain, Sale Deed, dated December 19, 2000, recorded in the Official Records of the County of Douglas, State of Nevada, on December 27, 2000, as Document No. 505781, and being more particularly described as follows:

Lot 3, Block D, as shown on the Official Map of CHAMBERS FIELD SUBDIVISION, filed in the office of the County Recorder, of Douglas County, State of Nevada, on January 9, 1979, as Document No. 28862.

4. That the STILES FAMILY TRUST is the owner of all that certain real property situate in the County of Douglas, State of Nevada, commonly known as **1371 Hastings Lane, Douglas County, Nevada, being Assessor's Parcel Number 1320-33-718-019**, as more particularly described in that certain Grant, Bargain and Sale Deed, dated July 30, 2009, recorded in the Official Records of the County of Douglas, State of Nevada, on August 21, 2009, as Document No. 749329, and being more particularly described as follows:

Lot 20 in Block C, as set forth on Final Subdivision Map No. 1006-10 for CHICHESTER ESTATES, PHASE 10, filed in the office of the County Recorder of Douglas County, Nevada, on April 25, 2002 in Book 403 of Official Records, Page 7623, as Document No. 540511.

5. That the STILES FAMILY TRUST is the owner of all that certain real property situate in the County of Douglas, State of Nevada, commonly known as **818 Amador Court, Douglas County, Nevada, being Assessor's Parcel Number 1420-18-110-001**, as more

particularly described in that certain Grant, Bargain and Sale Deed, dated July 30, 2009, recorded in the Official Records of the County of Douglas, State of Nevada, on August 20, 2009, as Document No. 749205, and being more particularly described as follows:

Lot 29 in Block D as set forth on Final Map No. 1011-2B entitled VALLEY VISTA ESTATES 2, PHASE 2 B, filed for record in the office of the Douglas County Recorder on December 15, 2000, Book 1200, Page 3005, Document No. 505139, Official Records, and by Certificate of Amendment filed for record on May 21, 2001, in Book 501, Page 5657, as Document No. 514509, Official Records.

6. That due to the passing of JAMES R. STILES, LOUISE STILES is the currently acting sole Trustee of the STILES FAMILY TRUST.

7. That the STILES FAMILY TRUST has not been revoked or amended and Affiant is the sole Trustee thereof.

8. That Affiant certifies and declares under penalty of perjury that the foregoing is true and correct.

Further Affiant sayeth naught.

DATED 8/27, 2015.

  
\_\_\_\_\_  
LOUISE STILES, Trustee

On August 27, 2015, personally appeared before me, a notary public, LOUISE STILES, personally known (or proved) to me to be the person whose name is

subscribed to the foregoing Affidavit of Death of Trustee, who acknowledged to me that she executed the foregoing document.



*Karen A Rinacz*  
NOTARY PUBLIC

COPY

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY OF AMADOR

JACKSON, CALIFORNIA 95642

3052014239926

### CERTIFICATE OF DEATH

3201403000392

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITOUTS OR ALTERATIONS VS-1 (REV. 7/09)				LOCAL REGISTRATION NUMBER				
1. NAME OF DECEDENT - FIRST, (Last name) <b>JAMES</b>		2. MIDDLE <b>RAY</b>		3. LAST (Family) <b>STILES</b>						
4. AKA, ALSO KNOWN AS - (Include full AKA (FIRST, MIDDLE, LAST))		4. DATE OF BIRTH mm/dd/yyyy <b>03/11/1939</b>		5. AGE Yrs. <b>75</b>		IF UNDER ONE YEAR Months Days	IF UNDER 24 HOURS Hours Minutes	6. SEX <b>M</b>		
9. BIRTH STATE/FOREIGN COUNTRY <b>MI</b>		10. SOCIAL SECURITY NUMBER <b>9568</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SDP* (at time of death) <b>MARRIED</b>		7. DATE OF DEATH mm/dd/yyyy <b>12/26/2014</b>	8. HOUR (24 Hour) <b>END</b>	1656
13. EDUCATION - Highest Level/Degree <b>HS GRADUATE</b>		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - (Up to 3 races may be listed (see worksheet on back)) <b>WHITE</b>						
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>ROUTE SALESMAN</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>GROCERY INDUSTRY</b>				19. YEARS IN OCCUPATION <b>50</b>				
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>1085 AMARILLO DRIVE</b>										
21. CITY <b>GARDNERVILLE</b>		22. COUNTY/PROVINCE <b>DOUGLAS</b>		23. ZIP CODE <b>89460</b>		24. YEARS IN COUNTY <b>12</b>		25. STATE/FOREIGN COUNTRY <b>NV</b>		
26. INFORMANT'S NAME, RELATIONSHIP <b>RUTH STILES, WIFE</b>				27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>1085 AMARILLO DRIVE, GARDNERVILLE, NV 89460</b>						
28. NAME OF SURVIVING SPOUSE/SDP - FIRST <b>RUTH</b>		29. MIDDLE <b>LOUISE</b>		30. LAST (BIRTH NAME) <b>HOFFER</b>						
31. NAME OF FATHER/PARENT - FIRST <b>RAY</b>		32. MIDDLE <b>CLINTON</b>		33. LAST <b>STILES</b>		34. BIRTH STATE <b>MI</b>				
35. NAME OF MOTHER/PARENT - FIRST <b>IRIS</b>		36. MIDDLE <b>ESPERITA</b>		37. LAST (BIRTH NAME) <b>JOHNSON</b>		38. BIRTH STATE <b>MI</b>				
39. DISPOSITION DATE mm/dd/yyyy <b>12/31/2014</b>		40. PLACE OF FINAL DISPOSITION <b>RES RUTH STILES 1085 AMARILLO DRIVE, GARDNERVILLE, NV 89460</b>								
41. TYPE OF DISPOSITION <b>CR/TR/RES</b>		42. SIGNATURE OF EMBALMER <b>▶ NOT EMBALMED</b>				43. LICENSE NUMBER				
44. NAME OF FUNERAL ESTABLISHMENT <b>DANERI MORTUARY</b>		45. LICENSE NUMBER <b>FD1636</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>▶ KIMBERLY L. GRADY</b>		47. DATE mm/dd/yyyy <b>12/31/2014</b>				
101. PLACE OF DEATH <b>HWY 88, MORMON IMMIGRANT TRAIL</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/ICU <input type="checkbox"/> OCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE Hosice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other						
104. COUNTY <b>AMADOR</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>HWY 88, MORMON IMMIGRANT TRAIL</b>				106. CITY <b>PIONEER</b>				
107. CAUSE OF DEATH Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. <b>A SUDDEN CARDIAC DEATH</b>		108. DEATH REPORTED TO CORONER? (A) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		109. REFERENCE NUMBER <b>C2014-113</b>						
110. IMMEDIATE CAUSE (Final) disease or condition resulting in death <b>ASYSTOLE</b>		108. BIOPSY PERFORMED? (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		110. AUTOPSY PERFORMED? (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
111. UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST <b>CORONARY ARTERY DISEASE</b>		111. USED IN DETERMINING CAUSE? (D) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>DIABETES; CHRONIC KIDNEY DISEASE</b>										
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>NO</b>		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK								
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive (A) mm/dd/yyyy (B) mm/dd/yyyy <b>11/09/2010 12/26/2014</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>▶ MARK T. BRUNE MD</b>		116. LICENSE NUMBER <b>STATE NV</b>		117. DATE: mm/dd/yyyy <b>12/31/2014</b>				
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>MARK T. BRUNE MD 925 IRONWOOD DRIVE, MINDEN, NV 89423</b>										
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED: MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)				
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)										
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)										
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)										
126. SIGNATURE OF CORONER / DEPUTY CORONER <b>CHRIS STONE</b>		127. DATE mm/dd/yyyy <b>12/30/2014</b>		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>CHRIS STONE, DEPUTY CORONER</b>						
STATE REGISTRAR		A B C D E		FAX AUTH. #		CENSUS TRACT				

### CERTIFIED COPY OF VITAL RECORDS STATE OF CALIFORNIA, COUNTY OF AMADOR

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Amador County Clerk-Recorder.

DATE ISSUED **01/02/2015**



\* 000071414 \*

*Kimberly L. Grady*  
Kimberly L. Grady  
Amador County Clerk-Recorder

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Clerk-Recorder.  
PBCDC (Rev.) 1/12

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

