


This document includes a certified death certificate as required by NRS 40.525(5) which contains a social security number as required by NRS 440.380(1)(a).



ANDERSON, DORN & RADER, LTD.

APN: 1420-28-215-011

RECORDING REQUESTED BY:

Bryce L. Rader, Esq.
Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

AFTER RECORDING MAIL TO:

Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

MAIL TAX STATEMENT TO:

Catherine H. Smith, Trustee
2933 La Cresta Circle
Minden, Nevada 89423

AFFIDAVIT OF DEATH OF TRUSTEE

I, CATHERINE H. SMITH, the undersigned Trustee, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated February 20, 1991, CURTIS D. SMITH and I executed the SMITH FAMILY TRUST (which Trust is also referred to as the "SMITH TRUST") (the "Trust").

(2) Said trust appointed me to serve as sole Trustee upon the death or incapacity of CURTIS D. SMITH.

(3) CURTIS D. SMITH deceased on August 7, 2015, at Carson City, Nevada, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said CURTIS D. SMITH.

(4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Trustee.

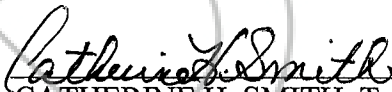
(5) The following described real property is part of the Trust estate: See Exhibit "A" attached.

(6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as sole Trustee with respect to the Trust's interest in the described property.

(7) No other person has a right to the interest of the Trust in the described property.

(8) The described property shall be transferred to me as sole Trustee.

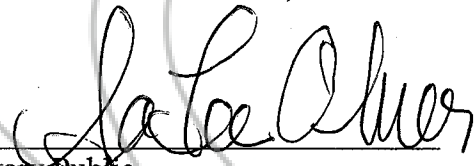
Executed in the County of Washoe, State of Nevada, on September 22, 2015.



CATHERINE H. SMITH, Trustee

STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

Signed and sworn to (or affirmed) before me on September 22, 2015, by
CATHERINE H. SMITH, Trustee.



Notary Public



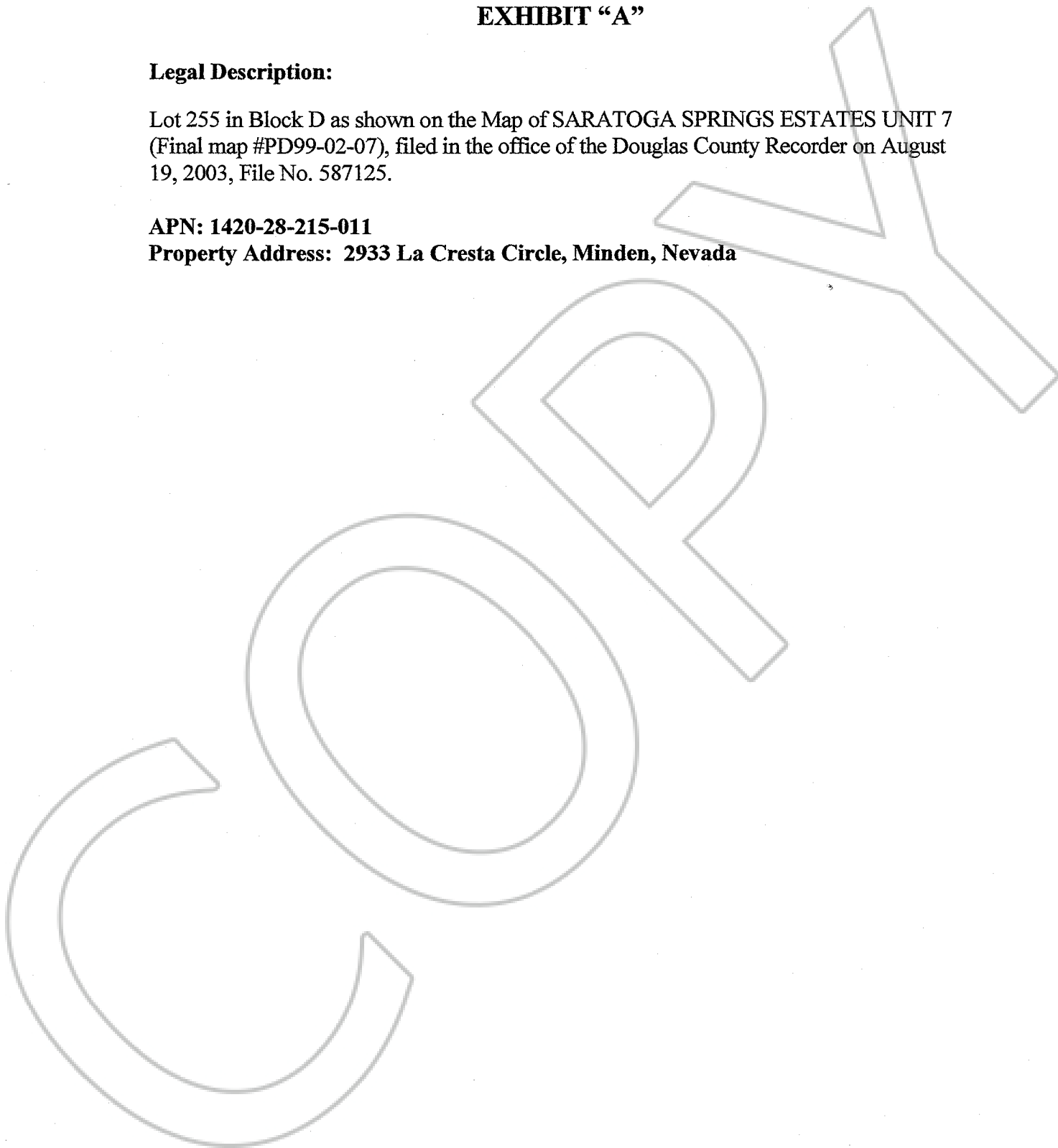
EXHIBIT "A"

Legal Description:

Lot 255 in Block D as shown on the Map of SARATOGA SPRINGS ESTATES UNIT 7 (Final map #PD99-02-07), filed in the office of the Douglas County Recorder on August 19, 2003, File No. 587125.

APN: 1420-28-215-011

Property Address: 2933 La Cresta Circle, Minden, Nevada



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2015013554

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) Curtis Dean SMITH		2. DATE OF DEATH (Mo/Day/Year) August 07, 2015		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION-Name(If not either, give street and city) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA OP/Emer. Rm. Inpatient(Specify) Inpatient	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 75	
9a. STATE OF BIRTH (If not U.S.A.) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
13. SOCIAL SECURITY NUMBER ██████████4396		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Production Control Manager		14b. KIND OF BUSINESS OR INDUSTRY Aerospace	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2933 La Cresta Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER/PARENT - NAME (First-Middle-Last-Suffix) Charles Myron SMITH			17. MOTHER/PARENT - NAME (First-Middle-Last-Suffix) Arlein Ann VIETHS		
18a. INFORMANT- NAME (Type or Print) Catherine H SMITH			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 2933 La Cresta Circle Minden, Nevada 89423		
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) CURT KOESTLER		20b. FUNERAL DIRECTOR LICENSE NUMBER 823		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N. Roop Carson City NV 89706	
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) CRAIG RAU M.D.			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) August 10, 2015		21c. HOUR OF DEATH 04:25		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)	
				22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Craig Rau M.D. 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 10991	
24a. REGISTRAR (Signature) VERALYNN A BOYACK		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 11, 2015		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 (a) Cardiopulmonary Arrest				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) Bacterial Pneumonia				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c) Sepsis				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(d) Acute Hypoxic Respiratory Failure				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Severe Protein Calorie Malnutrition				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
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

3846702

592253

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:

8/18/2015

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-20120523a

