

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: 1420-07-112-019

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:

Gloria J. Duncan
889 Valley Crest Drive
Carson City, NV 89705

AFFIDAVIT OF DEATH OF TRUSTEE

I, GLORIA J. DUNCAN, 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 October 25, 2004, L. G. DUNCAN and I executed the DUNCAN LIVING TRUST (the "Trust").

(2) Said trust appointed me to serve as sole Trustee upon the death or incapacity of L. G. DUNCAN.

(3) L. G. DUNCAN deceased on September 17, 2015, at Reno, Nevada, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said L. G. DUNCAN.

(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 October 21, 2015.



GLORIA J. DUNCAN, Trustee

STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

Signed and sworn to (or affirmed) before me on October 21, 2015, by GLORIA J. DUNCAN, Trustee.



Notary Public



EXHIBIT "A"

Legal Description:

Lot C-10, in Block C, as shown on the Final Map #1007-3 of VALLEY VISTA ESTATES, PHASE 2 recorded in the office of the Douglas County Recorder, State of Nevada, on August 29, 1997, in Book 897, at Page 6072, as Document No. 420670, Official Records.

APN: 1420-07-112-019

Property Address: 889 Valley Crest Drive, Carson City, Nevada 89705

COPY

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2015016488

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) Louis Gordon DUNCAN		2. DATE OF DEATH (Mo/Day/Year) September 17, 2015		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 Renown Regional Medical Center		3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No. - Non-Hispanic	
7a. AGE-Last birthday (Years) 81		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) March 15, 1934		9a. STATE OF BIRTH (If not U.S.A.) Alabama		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) Gloria Julia MCCAIN	
13. SOCIAL SECURITY NUMBER [REDACTED]-0449		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Chemical Engineer		14b. KIND OF BUSINESS OR INDUSTRY Phosphate Processing Plant	
15a. RESIDENCE- STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 889 Valley Crest Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) Louis Gordon DUNCAN SR	
17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Leverne PRESTON		18a. INFORMANT- NAME (Type or Print) Gloria J DUNCAN		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 889 Valley Crest Drive Carson City, Nevada 89705	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BLAKE HOWE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 622		20c. NAME AND ADDRESS OF FACILITY Walton's Funeral Home, Reno 875 West Second St Reno, NV 89503	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) ELLEN G.I. CLARK M.D. SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) September 23, 2015		21c. HOUR OF DEATH 13:24	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) ELLEN G.I. CLARK M.D. SIGNATURE AUTHENTICATED		22b. DATE SIGNED (Mo/Day/Yr) September 23, 2015	
22c. PRONOUNCED DEAD (Mo/Day/Yr) September 17, 2015		22d. PRONOUNCED DEAD AT (Hour) 13:24		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Ellen G.I. Clark M.D. PO Box 11130 Reno, NV 89520	
23b. LICENSE NUMBER 5850		24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 25, 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) Subdural Hematomas And Other Brain Hemorrhages DUE TO, OR AS A CONSEQUENCE OF (b) Blunt Force Trauma DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d) 		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. Chronic Anticoagulation (Plavix) Therapy; Heart Murmur; Diabetes Mellitus		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) ACCIDENT		28b. DATE OF INJURY (Mo/Day/Yr) September 15, 2015		28c. HOUR OF INJURY 0900	
28d. DESCRIBE HOW INJURY OCCURRED Ground Level Fall And Tree Limb Impacts With Co-Morbidities		28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Walkway	
28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE Valley Crest Drive Carson City Nevada		28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE Valley Crest Drive Carson City Nevada		28i. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE Valley Crest Drive Carson City Nevada	

STATE REGISTRAR

3809646

VRS-Rev-20120523a

000200057

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.

9/28/2015

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED: PBNCO (REV) 03/12

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

