

APN # 1420-08-311-001

Escrow # 00215581 -002-16

Recording Requested By:  
First Centennial Title Company  
1450 Ridgeview Dr. #100  
Reno, NV 89509

When Recorded Return to:  
First Centennial Title Company  
321 W. Winnie Lane  
Carson City, NV 89703

Mail Tax Statements to:  
Patrick A. Scullen and Virginia M. Alexander  
3525 N. Sunridge Drive  
Carson City, NV 89705

SPACE ABOVE FOR RECORDERS USE

**Affidavit-Death Of Trustee**

(Title of Document)

**Please complete Affirmation Statement below:**

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

**-OR-**

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 as required by law: NRS 440.380 (state specific law).

  
SIGNATURE

Escrow Assistant  
TITLE

Paige McGinley  
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

**This cover page must be typed or printed in black ink.**

(Additional recording fee applies)

SPACE BELOW FOR RECORDER

APN: 1420-08-311-001  
Escrow No. 00215581 - 002 -16

When Recorded Return to:  
First Centennial Title  
321 W. Winnie Ln., Ste 102  
Carson City, NV 89703

SPACE ABOVE FOR RECORDERS USE

**AFFIDAVIT - DEATH OF TRUSTEE**

STATE OF   *Idaho*   } ss:

COUNTY OF   *Ada*  

Lisa M. Vanderwiel, Assistant Vice President of U.S. Bank National Association, of legal age, being duly sworn, deposes and says

That Kenneth M. Hornady the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Kenneth M. Hornady named as one of the parties in that certain Grant, Bargain, Sale Deed dated February 24, 1999 executed by Kenneth M. Hornady and Mary A. Hornady, husband and wife to Kenneth M. Hornady and Mary A. Hornady, Trustee of the Kenneth M. Hornady Agreement dated November 23, 1993, and Mary A. Hornady and Kenneth M. Hornady, Trustee of the Mary A. Hornady Trust Agreement Dated November 23, 1993, as Tenants in Common, recorded as Instrument No. 0461806, on February 24, 1999 in Book 0299 Page 4815 of Official Records of Douglas County, Nevada, covering the following described property.

Lot 16, in Block L, of SUNRIDGE HEIGHTS, PHASES 4 & 5A, a Planned Unit Development, according to the Map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on July 1, 1994, in Book 794, Page 1, as Document No. 340968.

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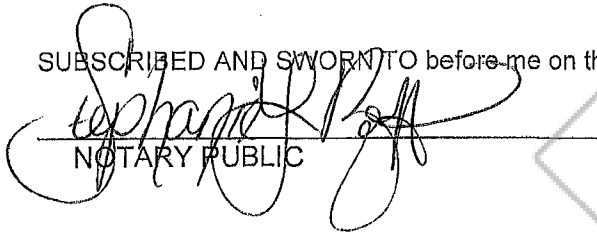
Dated: 12/3/15



Lisa M. Vanderwiel  
Assistant Vice President  
U.S. Bank National Association, Successor Trustee

SUBSCRIBED AND SWORN TO before me on this

3<sup>rd</sup> day of December, 2015



NOTARY PUBLIC

STEPHANIE BOTT  
Notary Public  
State of Idaho

SPACE BELOW FOR RECORDER

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**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

**CERTIFICATE OF DEATH**

2015011906

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Kenneth M HORNADY</b>		2. DATE OF DEATH (Mo/Day/Year) <b>July 05, 2015</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and inpatient)(Specify) <b>Carson Nursing and Rehabilitation Center Nursing Home</b>		3d. SEX <b>Male</b>	
DECEDENT	5. RACE: <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>86</b>	
	7b. UNDER 1 YEAR <b>MOS</b> <b>DAYS</b> <b>HOURS</b> <b>MINS</b>		7c. UNDER 1 DAY		8. DATE OF BIRTH (Mo/Day/Yr) <b>June 27, 1929</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A.) <b>Alberta</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE (Maiden name)		13. SOCIAL SECURITY NUMBER <b>██████████-8727</b>	
PARENTS	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY		15. Ever in US Armed Forces? <b>Yes</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Carson City</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
POSITION	15d. STREET AND NUMBER <b>3525 N. Sunridge Dr</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Herman Arthur HORNADY</b>	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Edna GLEIM</b>		18a. INFORMANT- NAME (Type or Print) <b>James YOUNG</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>3531 N. Sunridge Dr Carson City, Nevada 89705</b>	
GRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Northern Nevada Veterans Cemetery</b>		19c. LOCATION City or Town State <b>Fernley Nevada 89408</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) <b>JAMES SMOLENSKI</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenrys Funeral Home</b> <b>3945 Fairview Dr Carson City NV 89701</b>	
CERTIFIER	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> <b>SIGNATURE AUTHENTICATED</b>		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>July 13, 2015</b>		21c. HOUR OF DEATH <b>06:40</b>		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):	
REGISTRAR	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>RHONDA PENA</b> <b>SIGNATURE AUTHENTICATED</b>	
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 15, 2015</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>			
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORNER (Specify Yes or No) <b>No</b>	
	PART I (a) <b>Metastatic Prostate Cancer</b> DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death <b>Months</b>		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		Interval between onset and death		
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		Interval between onset and death		
(d) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		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.						
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

588927

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:

7/27/2015

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

STATE REGISTRAR  
*Rhonda Pena*  
**SIGNATURE AUTHENTICATED**

VRS-Rev-20120523d

