

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  
COUNTY OF Ada

} ss:

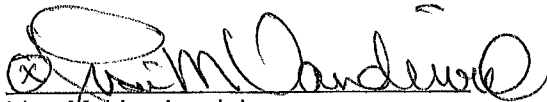
Lisa M. Vanderwiell, Assistant Vice President of U.S. Bank National Association, of legal age, being duly sworn, deposes and says

That Mary Alice Hornady the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Mary A. 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.

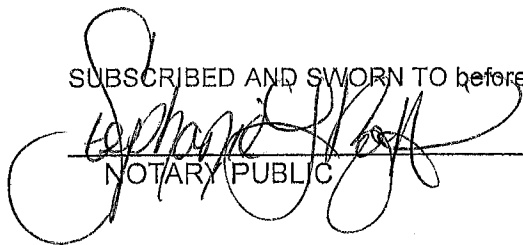
SPACE BELOW FOR RECORDER

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**

**2014017326**  
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) <b>Mary Alice HORNADY</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 20, 2014</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 number) <b>Evergreen at CC Health and Rehab Ctr</b>		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) <b>Residential Care Facility</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) <b>85</b>	
7b. UNDER 1 YEAR MOS:    DAYS		7c. UNDER 1 DAY HOURS:    MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>April 13, 1929</b>	
9a. STATE OF BIRTH (If not U.S.A., name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Kenneth Melvin HORNADY</b>			
13. SOCIAL SECURITY NUMBER <b>██████████ 3569</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life; Even if Retired) <b>Office Worker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>California Dept Of Motor Vehicles</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
15d. STREET AND NUMBER <b>3525 N Sunridge Dr</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Ralph Bachant COOPER</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Louise BURMANN</b>		
18a. INFORMANT - NAME (Type or Print) <b>Kenneth M HORNADY</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>3525 N Sunridge Dr Carson City, Nevada 89705</b>			
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 (Or Person Acting as Such) <b>CURT KOESTLER</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE <b>823</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Chapel of the Valley</b> <b>1281 N Roop Carson City NV 89706</b>	
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) <b>VIJAY MAIYA MD</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>October 24, 2014</b>		21c. HOUR OF DEATH <b>14:21</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) <b>Vijay Maiya MD 1600 Medical Parkway Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>11909</b>	
24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 24, 2014</b>		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).) <b>Esophageal cancer</b>				Interval between onset and death	
(a) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(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.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
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

3797498

551710

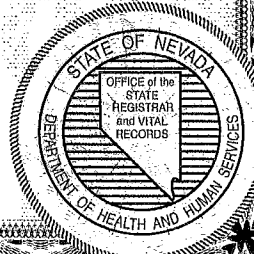
CERTIFIED COPY OF VITAL RECORDS

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: 10/28/2014

*R. J. White*  
SIGNATURE AUTHENTICATED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a