

RECORDING REQUESTED BY:

DOUGLAS COUNTY, NV 2016-874997

Rec:\$18.00

Total:\$18.00

01/07/2016 11:07 AM

MARTORANA & BEVIER

Pgs=5

AND WHEN RECORDED RETURN TO:

MARTORANA & BEVIER
A PROFESSIONAL LAW CORPORATION
2479 SUNRISE BLVD.
GOLD RIVER, CALIFORNIA 95670



00028373201608749970050059

KAREN ELLISON, RECORDER

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF CALIFORNIA)
) ss
COUNTY OF Sacramento)

I, GERALD K. FUHRMAN, of legal age, being first duly sworn, deposes and says:

That ROBERT LEROY IRELAN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ROBERT IRELAN, named as Trustee in that certain Grant Deed dated October 28, 2011, executed by ROBERT L. IRELAN to ROBERT IRELAN and GERALD K. FUHRMAN, as Co-Trustees, or the Successor Trustee, of the ROBERT IRELAN REVOCABLE TRUST dated August 26, 2011, recorded as Doc No. 0792622 on November 15, 2011, of Official Records of Douglas County, Nevada, covering the following described property situated in the said County, State of Nevada:

"SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF BY REFERENCE"

APN:1318-10-301-007
653 HWY 50
Douglas County, Nevada
Lake Tahoe Lot

GERALD K. FUHRMAN

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

CERTIFICATE OF ACKNOWLEDGMENT

STATE OF CALIFORNIA)
) ss
COUNTY OF Sacramento)

Subscribed and sworn to (or affirmed) before me on this 9 day of November, 2015, by GERALD K. FUHRMAN, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Public in and for said State



VERIFICATION (UNSWORN STATEMENT - CODE OF CIVIL PROCEDURE 2015.5)

I declare under penalty of perjury under the laws of the State of California [that I am the declarant in the foregoing notice,] that I have read the foregoing notice and know the contents thereof, and that the facts stated therein are true.

Dated: 11/9/15

Signed: 
GERALD K. FUHRMAN

COPY

EXHIBIT "A"

Portion of the NORTHWEST QUARTER of the SOUTHWEST QUARTER (NW 1/4 SW 1/4) of Section 10, Township 13 North, Range 18 East, M.D.B. & M., more particularly described as follows:

Commencing at the Southeast corner of Lot 8 of Zephyr Knolls Subdivision as shown on the map thereof filed in the office of the County Recorder of Douglas County, Nevada, on July 17, 1956; thence along Easterly line of said Lot 8 North 20° 42' 00" East 126.62 feet to the true point of beginning; thence

North 20° 42' 00" East 69.23 feet along the Easterly line of said Lot 8 to the Southerly right of way of U.S. Route 50; thence South 84° 24' 40" East 148.24 feet along the Southerly right of way of U. S. Route 50; thence South 20° 42' 00" West 107.87 feet; thence North 69° 18' 00" West 143.11 feet to the true point of beginning.

TOGETHER with the tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

RESERVING unto the Seller herein and subsequent grantees a right of way across the above described property for the purpose of a private road to serve property contiguous to the hereinabove described property.

**APN:1318-10-301-007
653 HWY 50
Douglas County, Nevada
Lake Tahoe Lot**

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2015016103

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) Robert Leroy IRELAN		2. DATE OF DEATH (Mo/Day/Year) September 14, 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 or street name) 4500 Mira Loma Dr		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. or Inpatient (Specify) Home	
3d. SEX Male		7a. AGE - Last birthday (Years) 82		8. DATE OF BIRTH (Mo/Day/Yr) December 23, 1932	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOS DAYS	
9a. STATE OF BIRTH (If not U.S.A.) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARRIED; NEVER MARRIED, WIDOWED; DIVORCED (Specify) Never Married		12. SURVIVING SPOUSE (Maiden name)		13. SOCIAL SECURITY NUMBER [REDACTED] 6442	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Bar		Ever in US Armed Forces? Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Reno	
15d. STREET AND NUMBER 4500 Mira Loma Dr #72		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) John Leroy IRELAN	
17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Virginia DAKAN		18a. INFORMANT - NAME (Type or Print) Jerry FUHRMAN		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 707 Shasta St Roseville, California 95678	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloria Reno		19c. LOCATION City or Town State Reno Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DUSTIN OLSON		20b. FUNERAL DIRECTOR LICENSE NUMBER 779		20c. NAME AND ADDRESS OF FACILITY Simple Cremation Reno 4600 Kietzke Lane, Ste. G-173 Reno NV 89503	
20d. SIGNATURE AUTHENTICATED		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) Laura D Knight		21b. DATE SIGNED (Mo/Day/Yr) September 18, 2015		21c. HOUR OF DEATH 18:10	
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) Laura D Knight		22b. DATE SIGNED (Mo/Day/Yr) September 18, 2015	
22c. PRONOUNCED DEAD (Mo/Day/Yr) September 14, 2015		22d. PRONOUNCED DEAD AT (Hour) 18:10		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Laura D Knight 10 Kirman Ave Reno, NV 89523	
23b. LICENSE NUMBER 15930		24a. REGISTRAR (Signature) BRIDGES SANDI		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 21, 2015	
24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Hypertensive And Atherosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF (b) _____ DUE TO, OR AS A CONSEQUENCE OF (c) _____ DUE TO, OR AS A CONSEQUENCE OF (d) _____			
PART II Dementia		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

8953545

000200218

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.

9/29/2015

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE