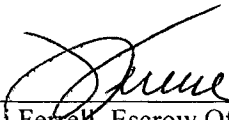


APN: 1420-07-115-001

AFFIDAVIT – Death of Trustee
Title of Document

[] I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain personal information of any person or persons. (NRS 239B.030)

[x] I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain personal information of a person or persons as required by law. State Specific law: NRS 440.380



Jodi Feagell, Escrow Officer

When Recorded Mail To:

Sara Lynn Carlson
4350 Meadow Wood Rd
Carson City, NV 89703

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
Sara Lynn Carlson
4350 Meadow Wood Rd
Carson City, NV 89703

Space Above This Line for
Recorder's Use Only

A.P.N. 1420-07-115-001

File No.: 12142-2497421 (JF)

Affidavit - Death of Trustee

State of Nevada)
County of Carson City)ss.
)

Sara Lynn Carlson ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Robin M. Ross** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **November 8, 2015** at **Carson City, Nevada** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **January 4, 2010** executed by **Robin M. Ross** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Quit-Claim Deed** dated **January 21, 2011** which was recorded as Instrument No. **0777350** in Book **0111**, Page **4817**, of Official Records of **Douglas** County, Nevada as legally described as follows:

LOT H-10, IN BLOCK H, AS SHOWN ON THE FINAL MAP 1007-4 OF VALLEY VISTA ESTATES, PHASE 3 RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS, COUNTY RECORDER, STATE OF NEVADA, ON JULY 28, 1998, IN BOOK 798, AT PAGE 5872, AS DOCUMENT NO. 445464, OFFICIAL RECORDS.

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

2015019353

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) Robin Mae ROSS			2. DATE OF DEATH (Mo/Day/Year) November 08, 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 or 1076 Gold Meadow Court		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home		4. SEX Female
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 67	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) October 25, 1948
9a. STATE OF BIRTH (if not U.S.A., California		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 18	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify Divorced)		12. SURVIVING SPOUSE (Maiden name)
13. SOCIAL SECURITY NUMBER ██████████-2963		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Teacher		14b. KIND OF BUSINESS OR INDUSTRY Education		Ever in US Armed Forces? No
15a. RESIDENCE - STATE Nevada	15b. COUNTY Carson City	15c. CITY, TOWN OR LOCATION Carson City		15d. STREET AND NUMBER 1076 Gold Meadow Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First Middle Last Suffix) Donald Henry ROSS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ruth Lorene KITCHING			
18a. INFORMANT - NAME (Type or Print) Sara CARLSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 4350 Meadow Wood Road Carson City, Nevada 89703				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Lone Mountain Cemetery		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) SIGNATURE AUTHENTICATED REED DOPF 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) November 11, 2015		21c. HOUR OF DEATH 15:05		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH
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) Reed Dopf M.D. 18653 Wedge Pkwy Reno, NV 89511					23b. LICENSE NUMBER 13920	
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 12, 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) Terminal Complications Of Malignant Serious Adenocarcinoma Of The Endometrium					Interval between onset and death Years	
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) DUE TO, OR AS A CONSEQUENCE OF:					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) No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No
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

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:

11/23/2015

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

R. D. What
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

