DOUGLAS COUNTY, NV

2016-876099

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FIRST AMERICANTITLE STATELINE

KAREN ELLISON, RECORDER

APN#	1220-10-4	110-002
Decording	Dogwootog	1 h
Recording Name:	Requested	First American Title Insurance
manic.	:	Company
Address:	,	P.O. Box 645
City/State	/Zip:	Zephyr Cove, NV 89448
Order Nun		141-2496929
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		Affidavit Death of Trustee (for Recorder's use only)
	*	(Title of Document)
		(The of Boothem)
		Recorder Affirmation Statement
		Please complete Affirmation Statement below:
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		d hereby affirm that the attached document, including any exhibits, hereby submitted
for recording	ng does not	contain the social security number of any person or persons. (Per NRS 239B.030)
	/	
. /	/	-OR-
Ltha	undergiane	d hereby affirm that the attached document, including any exhibits, hereby submitted
		tain the social security number of a person or persons as required by
law:		NZS 440 380
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This page a	added to pro	ovide additional information required by NRS 111.312 Sections 1-2
	39B.030 Se	
	*	(Additional recording fee applies)
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# RECORDING REQUESTED BY First American Title Insurance Company of Nevada AND WHEN RECORDED

AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:

Claudette Springmeyer

Space Above This Line for Recorder's Use Only

A.P.N. 1220-10-410-002

File No.: 141-2496929 (NMP)

### **Affidavit - Death of Trustee**

State of Nevada )

County of Douglas )

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

- Helen Joan Winn ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on December 4, 2015 at Gardnerville Nevada (city and state of death).
- 2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **October 22, 1991** executed by **Howard Leonard Winn and Helen Joan Winn** as trustor(s) (the "Trust").
- 3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant, Bargain and Sale Deed** dated **May 31, 1994** which was recorded as Instrument No. **338501** in Book **0594**, Page **4991**, of Official Records of **Douglas** County, Nevada as legally described as follows:

LOT 2, AS SAID LOT IS SHOWN ON THE MAP OF THE OFFICIAL PLAT OF GARDNERVILLE RANCHOS, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON NOVEMBER 30, 1964, IN BOOK 1 OF MAPS, PAGE 40, FILE NO. 26665.

	the death of the Decedent and h	as not been revoked. Declarant has consented to act as
•	trustee under the Trust.	\ \
_ ;	•	\ \
Dated:	January 21, 2016	\ \
	•	_ \ \
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DECLA	RANT: Claudette Springmen	yer, as Court Appointed Successor Trustee
•	of the Winn Family	Trust dated October 22, 1991
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Claude	Surcence Success	or Trustee
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State of	Neviada )  of Dufos )	
	)ss	
County o	of Charles	
county c	0.49	
SUBSCRI	IBED AND SWORN TO (or affirme	ed) before me the undersigned, a Notary Public in and
for said (	County Dry and	State Nucleary, this
28	day of	20 16 by
	edethe Spenny	personally know to me or proved to me on the
basis of	satisfactory evidence to be the pe	erson(s) who appeared before me
	\ . \	\ \ \ .
WITNESS	S my hand and official seal.	This area for official notarial seal
/	1	/ /
Signature		
My Comr	nission Expires: 3/19/18	
4		
Notary	· · · · · · · · · · · · · · · · · · ·	Notary Phone: <u>175-588-1944</u>
Name:	Moreliterar	
Notary R	egistration	County of Principal Place of Business Dww
Number:	<u>97-4131-5</u>	- 0
ï	/ /	Anna company and the company of the
V	/ /	NICOLE PETERSON
The Real Property lies and the Personal Property lies and the	/ /	Notary Public - State of Nevada
		Appointment Recorded in Douglas County No: 97-4131-5 - Expires March 19, 2018
No.		Annual manual ma

Declarant is the successor trustee under the Trust. The Trust was in effect at the date of

4.



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

# VITAL STATISTICS CERTIFICATE OF DEATH

2015021784

CASE FIL	E NO. 3866988	CI	ERTIFICATE OF	DEATH		2015021784					
TYPE OR		1 10 10 10 10 10 10 10 10 10 10 10 10 10	A STATE OF THE STA			STATE FILE NUMBER	SEATU				
PRINT IN	1a. DECEASED-NAME (FIRST, MID	DLE;LAST,SUFFIX)		2. D	ATE OF DEATH (Mo/Day/Ye	44 125 a	com.				
RMANENT LACK INK	Helen Joan		WINN		December 04, 2015		glas				
	3b. CITY, TOWN, OR LOCATION OF	E DEATH 136. HOSPITAL OF	1,00	71.4 14.	(Impatient(Specify)		4. SEX				
CEDENT	Gardnerville	wy a. Lan	Gardnerville Health &	· · · · · · · · · · · · · · · · · · ·	well well	patient	Female				
CEDEN	5. RACE: White (Specify)				UNDER 1 YEAR 7c. UNDER						
IF DEATH	9a. STATE OF BIRTH (If not U.S.A.,	96. CITIZEN OF WHAT	COUNTRY 10.EDUCATION		ecity) 12. SURVIVING SPOL	SE'S NAME (Last name prior to	·				
CCURRED IN	Ohio	United Sta		Married	Mar in		Howard WINN				
HANDBOOK REGARDING	13. SOCIAL SECURITY NUMBER	14a. USUAL OCCUPA	TION (Give Kind of Work Done	During Most of 1	4b. KIND OF BUSINESS OF	INDUSTRY Ever	in US Armed				
MPLETION OF RESIDENCE	0704	. 1	Homemake		Own Hor	and the second s	es? No				
TEMS	15a. RESIDENCE - STATE 15b	COUNTY	15c. CITY, TOWN OR LOCA	·	T AND NUMBER		INSIDE CITY TS (Specify Yes				
لا ا	Nevada	Douglas	Gardnerville	1573 Muller F	Parkway	or N	o) No				
ADENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix)										
PARENTS	Henry DEROSE Marie'S PORITA										
. 200	8a. INFORMANT- NAME (Type or Print) 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)										
	Howard				h Court Gardnerville, I						
POSITION	19a BURIAL, CREMATION, REMO		CEMETERY OR CREMATOR	Y - NAME ierra Crematory ≝		ATION City or Town	State				
PUSITION:	Cremation	: 125 table 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Eller Child Holes Child	in the Bergery Charles and Conference	A Marian And A Company	Carson City Nevada	89700				
· .	20a. FUNERAL DIRECTOR - SIGNA	ATURE (Or Person Acting as	Such) 206 FUNERAL DIF	RECTOR 206 NAME A	nd address of Facility pitol City Memorial Cr	emation and Burial S	ociety				
/ to to		RE AUTHENTICATED	823		1614 N Curry Street						
DE CALL	TRADE CALL - NAME AND ADDRE			100 Z Z 200 Z 3	in a right	W. W. M. A. Tallet	3 AWIN				
	≥ 21a. To the best of my knowl		me, date and place and due	22a. On the besi	s of exemination and/or investig	ation, in my opinion death oc					
10 1000 1000 0 10 1000 1000 0 10 10 10 1000 0	🛱 💆 to the cause(s) stated (Signa	ture & Title) 33 SIGNAT	TURE AUTHENTICATED	를 쓸 at the time, date	and place and due to the cause		,				
	19I ————	TA SCHWARTZ M.	OF DEATH	S C 22h DATE SI	GNED (Mo/Day/Yr)	22c HOUR OF DEATH	tata and with				
ERTIFIER	21b. DATE SIGNED (Mo/Da December 18, 201	1 Marie 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	18:40	E 220. DATE 31	GIVED (INCOMPTED)						
.35	<u>                                   </u>	PHYSICIAN IF OTHER THA		22d PRONOL	JNCED DEAD (Mo/Day/Yr)	22e. PRONOUNCED D	EAD AT (Hour)				
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7 100 . 100 - 110 100 - 110	23e. NAME AND ADDRESS OF CE					23b. LICENSE NUN					
pop 66 (6 98) 1911 1811 1911 1846 1911			W. Washington St. Car			911					
GISTRAR	24a. REGISTRAR (Signature) ्रू	1	BOYACK 24 (M	b. DATE RECEIVED B' lo/Day/Yr) Decemi	Y REGISTRAR : 124c D	EATH DUE TO COMMUNIC					
	25. IMMEDIATE CAUSE	SIGNATURE AUTHER	PER LINE FOR (a), (b), AND		of the second second		onset and death				
CAUSE OF		Heart Failure		(c)·)							
DEATH	19)	A CONSEQUENCE OF:	The second of th	Maria Carrello N		Interval between	onset and death				
ONDITIONS IF	Coronary	\therosclerosis \			Company of the compan	All lar	]				
ANY WHICH	DUE TO OR AS	A CONSEQUENCE OF:	and the state of the state of	te ange ang enant	TANTAL TA		onset and death				
IMMEDIATE CAUSE	302 10, 01110	TOOMOZEGE OF			100 mm 1						
TATING THE : /	DUE TO, OR AS	A CONSEQUENCE OF:		400,000	Section 124 Section 4	Interval between	n onset and death				
AUSE LAST		in we	the distance		1.50		- 1. 100 m				
	PART II OTHER SIGNIFICANT CO	ONDITIONS Conditions contr	ibuting to death but not resulting	ng in the underlying cau	use given in Part 1.	S. AUTOPSY (Specif 27. WA	S CASE				
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	28a, ACC., SUICIDE, HOM., UNDET.	28b. DATE OF INJURY (Mo/Day/Yr			VINJURY OCCURRED	a artist count in a	Yes				
y y san	OR PENDING INVEST. (Specify)	,	, XX. XX. XX.								
		2 244 a. A.			**************************************						
	28e. INJURY AT WORK (Specify				STREET OR R.F.D. No.	. CITY OR TOWN	STATE				
		building, etc. (Specify)				545 25 A W. 20	* ****				
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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:

12/18/2015

SIGNATURE AUTHENTICATED



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