

DOUGLAS COUNTY, NV

2016-876168

Rec:\$16.00

\$16.00 Pgs=3

02/01/2016 03:14 PM

FIRST CENTENNIAL - RENO

KAREN ELLISON, RECORDER

APN # 1420-34-501-017

Escrow # HECKMAN4 -002-13

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

When Recorded Return to:
Jean Tomlinson
2751 Fuller Avenue
Minden, NV 89423

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: (state specific law).



SIGNATURE

Escrow Assistant

TITLE

Jessica Stalnaker

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)

THIS INSTRUMENT IS BEING RECORDED AS AN ACCOMMODATION ONLY. NO LIABILITY EXPRESSED OR IMPLIED IS ASSUMED AS TO ITS REGULARITY OR VALIDITY OR AS TO ITS EFFECT, IF ANY, RELATIVE TO ANY REAL PROPERTY DESCRIBED THEREIN.

FIRST CENTENNIAL TITLE COMPANY

SPACE BELOW FOR RECORDER

APN: 1420-34-501-017
Escrow No. HECKMAN4

When Recorded Return to:
Jean Tomlinson
2751 Fuller Ave
Minden, NV 89423

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA } ss:
COUNTY OF CARSON CITY

Jean Tomlinson, of legal age, being duly sworn, deposes and says

That Jay E. Tomlinson, Jr. the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Jay E. Tomlinson, Jr. named as one of the parties in that certain Grant, Bargain and Sale Deed dated January 26, 2010 executed by Jay E. Tomlinson, Jr. and Jean M. Tomlinson, husband and wife as community property with right of survivorship to Jay E. Tomlinson Jr. and Jean M. Tomlinson, trustees of the J & J Tomlinson Trust, recorded as Instrument No. 0758044, on February 1, 2010 of Official Records of Carson City County, Nevada, covering the following described property.

That portion of the Northwest ¼ of the Northeast ¼ of Section 34, Township 14 North, Range 20 East, M.D.B. & M. in the County of Douglas, State of Nevada, being more particularly described as follows:


The Westerly 236.77 feet of Parcel 4 of the Certain Parcel Map for Michael and Judith Bray, Recorded in Book 1098 at Page 1895 as Document No. 451403 in the Official Records of said Douglas County

Dated: 2/1/16

Jean M. Tomlinson
Jean M. Tomlinson

SUBSCRIBED AND SWORN TO before me on this 1 day of February 2016

Jessica Stalaker
NOTARY PUBLIC

 JESSICA STALAKER
Notary Public - State of Nevada
Appointment Recorded in Carson City
No: 15-2540-3 - Expires July 9, 2019

SPACE BELOW FOR RECORDER

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2011002998
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Jay E TOMLINSON			2. DATE OF DEATH (Mo/Day/Year) February 26, 2011		3a. COUNTY OF DEATH Douglas		
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden			3c. HOSPITAL OR OTHER INSTITUTION-Name (if not either, give street and number) 2751 Fuller Avenue		3e. If Hosp. or Inst. indicate DOA, OP/ Emer. Rm. Inpatient (Specify) Home		
DECEDENT	5. RACE White (Specify)			6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 73		
	7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) March 14, 1937			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A., name country) Texas		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16+		11. MARRIED; NEVER MARRIED; WIDOWED; DIVORCED (Specify) Married	
	13. SOCIAL SECURITY NUMBER ██████-5915			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Financial Planner			14b. KIND OF BUSINESS OR INDUSTRY Finances	
PARENTS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden		15d. STREET AND NUMBER 2751 Fuller Avenue	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) J. E. TOMLINSON				17. MOTHER/PARENT - NAME (First Middle Last Suffix) Alma ALDRIGE			
DISPOSITION	18a. INFORMANT-NAME (Type or Print) Jean M TOMLINSON			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 2751 Fuller Avenue Minden, Nevada 89423				
	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		
TRADE CALL	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI <i>SIGNATURE AUTHENTICATED</i>			20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701		
	TRADE CALL - NAME AND ADDRESS							
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) <i>SIGNATURE AUTHENTICATED</i> KELLE BROGAN 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) March 02, 2011		21c. HOUR OF DEATH 18:45		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Kelle Brogan M.D. 429 Elm Street Reno, NV 89503						23b. LICENSE NUMBER 6000	
CAUSE OF DEATH	24a. REGISTRAR (Signature) JENELLE ENGLISH <i>SIGNATURE AUTHENTICATED</i>			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 03, 2011		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 Natural Killer Cell Lymphoma							
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST	(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		
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.						26. AUTOPSY (Specify Yes or No) No		
28a. ACC., SUICIDE, HOMICIDE, 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

RAISED SEAL

375512

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: 03/03/2011

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

VRS-Rev-20110104

