

16-

RECORDING REQUESTED BY:

DOUGLAS COUNTY, NV 2016-878168

Rec:\$16.00

Total:\$16.00

03/15/2016 03:54 PM

WAYNE M WOODS

Pgs=3

AND WHEN RECORDED MAIL TO:

CHRISTOPHER BLAKE
1580 MONRO AVENUE
MINDEN, NV 89423



00032070201608781680030038

KAREN ELLISON, RECORDER

Order No.:

Escrow No.:

APN:

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA)

COUNTY OF DOUGLAS)

) SS.

WAYNE M WOODS TRUSTEE of legal age, being first duly sworn, deposes and says:

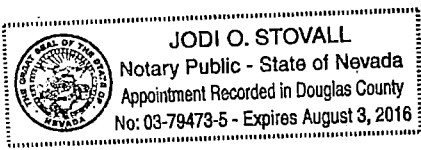
- SUZANNE W WOODS TRUSTEE is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person named as Trustee in that certain Declaration of Trust dated JANUARY 18, 2011, executed by WAYNE M WOODS AND SUZANNE W WOODS as trustor(s).
- At the time of decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on 02/02/2011, as Instrument No. 0778036, in Official Records of DOUGLAS County, Nevada, describing the following real property: SEE LEGAL DESCRIPTION ATTACHED
- I am the surviving or successor Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Dated: MARCH 15, 2016

Wayne M. Woods
WAYNE M. WOODS

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.

Subscribed and sworn to (or affirmed) before me on this 15th day of MARCH, 2016, by Wayne M Woods, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Signature Jodi O. Stovall

(This area for notary stamp)

ATTACH CERTIFIED COPY OF DEATH CERTIFICATE

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2014021496
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) Suzanne W. WOODS		2. DATE OF DEATH (Mo/Day/Year) December 18, 2014		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and 1428 Orchard Rd		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) 81		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) June 01, 1933		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) Married		12. SURVIVING SPOUSE (Maiden name) Marvin Wayne WOODS	
13. SOCIAL SECURITY NUMBER 6437		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Bookkeeper		14b. KIND OF BUSINESS OR INDUSTRY Lumber Store	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1428 Orchard Rd.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT- NAME (First, Middle, Last, Suffix) Cecil WALLACE			17. MOTHER/PARENT- NAME (First Middle Last Suffix) Alethea BINGHAM		
18a. INFORMANT- NAME (Type or Print) Janet BLAKE			18b. MAILING ADDRESS (Street or R.F.D. No; City or Town, State, Zip) 1559 Wildrose Dr. Minden, Nevada 89423		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		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 Funerals and Cremations 1521 Church Street Gardnerville, NV 89410	
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) NITA SCHWARTZ 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) December 24, 2014		21c. HOUR OF DEATH 21:39		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) Nita Schwartz, M.D., 710 W. Washington St. Carson City, NV 89703				23b. LICENSE NUMBER 9114	
24a. REGISTRAR (Signature) RHONDA PENA		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 02, 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				Interval between onset and death	
(a) Cerebral Atherosclerosis					
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)					
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) Yes					
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

571733

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.

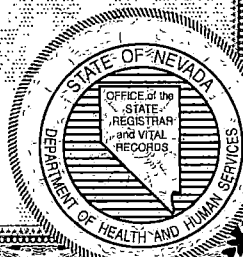
DATE ISSUED:

MAR 19 2015

Rhonda Whelan
STATE REGISTRAR

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

EXHIBIT A

LEGAL DESCRIPTION

APN: 1320-32-111-075

DOC # 0778036
02/02/2011 03:39 PM Deputy: GB

OFFICIAL RECORD

Requested By:
RACHELLE J NICOLLE

RECORDING REQUESTED BY and
AFTER RECORDING MAIL THIS DOCUMENT TO:

Rachelle J. Nicolle Ltd.
Attorney at Law
1662 Highway 395, Suite 214
Minden, NV 89423

Douglas County - NV
Karen Ellison - Recorder

Page: 1 of 2 Fee: 15.00
BK-0211 PG-0559 RPTT: # 7



MAIL TAX STATEMENTS TO GRANTEE:

Wayne M. Woods and
Suzanne W. Woods, Co-Trustees
PO Box 1333
Minden, NV 89423

We the undersigned hereby affirm that this document submitted for recording does not contain the social security number of any person or persons.
(Per NRS 239B.030)

GRANT DEED

For no consideration, WAYNE M. WOODS and SUZANNE WOODS, also known as SUZANNE W. WOODS, his wife, as joint tenants

Hereby GRANT to WAYNE M. WOODS and SUZANNE W. WOODS, Co-Trustees of the WOODS FAMILY TRUST U/D/T January 18, 2011

the following real property situated in the County of Douglas, State of Nevada:

Lots 1 and 2, Block "P" according to the official map of the Town of Minden, filed in the office of the County Recorder of Douglas County, State of Nevada.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues, and profits thereof.

2011-778036
The undersigned Grantors declare:

Documentary transfer tax is \$0.00. No consideration given. This conveyance transfers the Grantors' interest into Grantors' revocable living trust. Grantors are the same persons as the Trustees of the Grantors' revocable Living Trust.