

17

Joseph Tilson
589 Tahoe Keys Blvd
Suite E4
SLT, CA 96150

DOUGLAS COUNTY, NV 2016-878461
Rec:\$17.00
Total:\$17.00
JOSEPH TILSON
03/23/2016 09:31 AM
Pgs=4

Document Transfer Tax \$0
Assessor's Parcel No. 1320-29-401-008



KAREN ELLISON, RECORDER

WHEN RECORDED AND
MAIL TAX STATEMENTS TO:
Beatrice Ann Carr, Trustee
P.O. BOX 9106
South Lake Tahoe, CA 96158

The grantor declares:
Documentary transfer tax is \$ -0-
 computed on full value of property conveyed,

AFFIDAVIT--DEATH OF SETTLOR, TRUSTEE AND BENEFICIARY

BEATRICE ANNE CARR, surviving trustee of the CHARLES & BEATRICE ANNE CARR 2001 TRUST, as amended, of legal age, being first duly sworn, deposes and says:

That CHARLES W. CARR, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as is named as the party in that certain Grant Deed dated July 1, 2003 executed by CHARLES W. CARR AND BEA ANNE CARR, husband and wife, wherein the decedent and BEATRICE ANNE CARR are the settlors of the CHARLES & BEATRICE ANNE CARR 2001 TRUST, as amended, as well as the beneficiaries and co-trustees under said trust; it being further acknowledged that BEATRICE ANNE CARR is the surviving trustee under said declaration of trust on the death of CHARLES W. CARR.

The original Grant Deed aforementioned is recorded as Document No. 0588064 at Book 0803 Page 15738 on August 28, 2003, in the Official Records of Douglas County, State of Nevada, covering the following described property situate in the County of Douglas, State of Nevada:

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

Dated: 1-26-2016

Beatrice Anne Carr
BEATRICE ANNE CARR

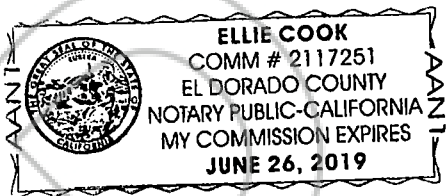
JURAT

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.

STATE OF CALIFORNIA
COUNTY OF EL DORADO

Subscribed and sworn to (or affirmed) before me on this 26 day of January 2016.
by BEATRICE ANNE CARR, proved to me on the basis of satisfactory evidence to be the
person who appeared before me.

Signature Ellie Cook



AFFIDAVIT-DEATH OF SETTLOR, TRUSTEE AND BENEFICIARY
APN: 1320-29-401-008

EXHIBIT "A"
DESCRIPTION

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

A parcel of land in the TOWN OF MINDEN, NEVADA, lying in the South ½ of the Southwest 1/4 of Section 29, Township 13 North, Range 20 East, M.D.B.&M., being further described as follows:

BEGINNING on the Northerly right-of-way line of Highway 395, at the Southwesterly corner of that certain parcel as described to U. S. BUREAU OF LAND MANAGEMENT, in Book Y of Deeds, Page 463, and recorded August 16, 1948, Official Records of Douglas County, Nevada; thence along the right-of-way line of U. S. Highway 395, North 63°25'00" West, a distance of 44.00 feet to the Easterly line of Seventh Street extended; thence along said extension North 26°35'00" East, a distance of 125.00 feet; thence parallel to U. S. Highway 395 South 63°25'00" East, a distance of 44.00 feet to the Westerly line of the aforesaid Bureau of Land Management parcel extended; thence along said extension South 26°35'00" West, a distance of 125.00 feet to the POINT OF BEGINNING.

Per NRS 111.312, this legal description was previously recorded in Book 0403 Page 1756, Doc. No. 572347, on April 13, 2003.

AFFIDAVIT - DEATH OF SETTLOR, TRUSTEE AND BENEFICIARY
APN: 1320-29-401-008

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

2013020794
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK
DECEDENT
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX)
2. DATE OF DEATH (Mo/Day/Year)
3a. COUNTY OF DEATH
3b. CITY, TOWN, OR LOCATION OF DEATH
3c. HOSPITAL OR OTHER INSTITUTION-Name (if not either, give street and number)
3d. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)
4. SEX
5. RACE (Specify)
6. Hispanic Origin? Specify No - Non-Hispanic
7a. AGE-Last birthday (Years)
7b. UNDER 1 YEAR
7c. UNDER 1 DAY
8. DATE OF BIRTH (Mo/Day/Yr)
9a. STATE OF BIRTH (If not U.S.A., name country)
9b. CITIZEN OF WHAT COUNTRY
10. EDUCATION
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
12. SURVIVING SPOUSE (if wife, give maiden name)
13. SOCIAL SECURITY NUMBER
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)
14b. KIND OF BUSINESS OR INDUSTRY
15a. RESIDENCE - STATE
15b. COUNTY
15c. CITY, TOWN OR LOCATION
15d. STREET AND NUMBER
16. FATHER/PARENT - NAME (First Middle Last Suffix)
17. MOTHER/PARENT - NAME (First Middle Last Suffix)
18a. INFORMANT- NAME (Type or Print)
18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)
19b. CEMETERY OR CREMATORY - NAME
19c. LOCATION City or Town State
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)
20b. FUNERAL DIRECTOR LICENSE
20c. NAME AND ADDRESS OF FACILITY
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)
21b. DATE SIGNED (Mo/Day/Yr)
21c. HOUR OF DEATH
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)
22b. DATE SIGNED (Mo/Day/Yr)
22c. HOUR OF DEATH
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)
23b. LICENSE NUMBER
24a. REGISTRAR (Signature)
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)
24c. DEATH DUE TO COMMUNICABLE DISEASE YES NO
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I
(a) Dementia Probable of Alzheimers Type with Behaviors
(b) Unknown Etiology
(c) Respiratory Failure
(d) Aspiration
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.
25. AUTOPSY (Specify Yes or No)
27. WAS CASE REFERRED TO CORONER (Specify Yes or 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

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE -> STATING THE UNDERLYING CAUSE LAST

STATE REGISTRAR



511330

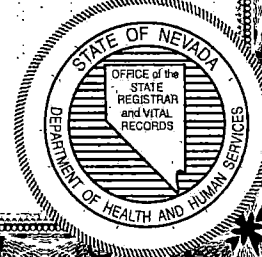
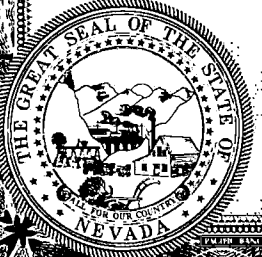
CERTIFIED COPY OF VITAL RECORDS

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: 01/02/2014

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

Rud Whitt
STATE REGISTRAR
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE