

APN# 1420-18-214-044

Recording Requested by:

Name: First American Title Insurance Company

Address: 1663 US Highway 395, Suite 101

City/State/Zip: Minden, NV 89423

Order Number: 143-2499652

Affidavit Death of Trustee
(Title of Document)

(for Recorder's use only)

Recorder Affirmation Statement

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: 239B.030

(State specific law)

Suzanne Cheechow, Escrow officer
Signature Title

SUZANNE CHEECHOW
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
Robin Ynacay-Nye
3319 Coloma Drive
Carson City, Nevada 89705

Space Above This Line for
Recorder's Use Only

A.P.N. 1420-18-214-044

File No.: 143-2499652 (SC)

Affidavit - Death of Trustee

State of Nevada)
County of Douglas)ss.
)

Robin Ynacay-Nye ("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. **Nanette Tracy** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **September 6, 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 **October 20, 2005** executed by **Nanette Tracy** 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 **October 26, 2010** which was recorded as Instrument No. **773053** in Book **1010**, Page **6316**, of Official Records of **Douglas** County, Nevada as legally described as follows:

LOT 23, IN BLOCK A, OF SILVERADO HEIGHTS SUBDIVISION, ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON SEPTEMBER 18, 1978 AS DOCUMENT NO. 25326, AND CERTIFICATE OF AMENDMENT OF THE FINAL PLAT OF SAID SUBDIVISION, RECORDED AUGUST 23, 1979 IN BOOK 879, PAGE 1725 AS DOCUMENT NO. 35885, OFFICIAL RECORDS, DOUGLAS COUNTY, NEVADA, AND CERTIFICATE OF AMENDMENT OF THE FINAL PLAT OF SAID SUBDIVISION, RECORDED OCTOBER 12, 1979 IN BOOK 1079, OF OFFICIAL RECORDS AT PAGE 1039, DOUGLAS COUNTY, NEVADA, AS DOCUMENT NO. 37638.

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.

Dated: March 11, 2016

DECLARANT:

Robin Ynacay Nye
Robin Ynacay-Nye

State of Nevada)
)ss
County of Douglas)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State NV this 29th day of March, 2016 by Robin Ynacay-Nye, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

This area for official notarial seal

Signature: Suzanne Cheechov

My Commission Expires: 5/12/2019

Notary Name: Suzanne Cheechov Notary Phone: 775-782-5411

Notary Registration Number: 99-36456-5 County of Principal Place of Business Douglas



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2015015558

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) Nanette TRACY		2. DATE OF DEATH (Mo/Day/Year) September 06, 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 and Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 61		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) April 10, 1954		9a. STATE OF BIRTH (if not U.S.A.) New Jersey		9b. CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		12. SURVIVING SPOUSE (Maiden name)	
13. SOCIAL SECURITY NUMBER 0101		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Rn		14b. KIND OF BUSINESS OR INDUSTRY Nursing	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 853 Coloma Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Thomas TRACY	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Rhoda Eileen GOLDSMITH		18a. INFORMANT- NAME (Type or Print) Robin YNACAY-NYE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3319 Coloma Dr Carson City, Nevada 89705	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 217		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 989 West Moana Lane Reno NV 89509	
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) RICARDO ALMAGUER M.D. SIGNATURE AUTHENTICATED			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) September 10, 2015		21c. HOUR OF DEATH 16:25		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) Ricardo Almaguer M.D. 1600 Medical Parkway Carson City, NV, 89703				23b. LICENSE NUMBER 925	
24a. REGISTRAR (Signature) RHONDA PENA SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 11, 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). Interval between onset and death					
PART I: (a) Cardiopulmonary Arrest Interval between onset and death					
(b) Aspiration Pneumonia Interval between onset and death					
(c) Chronic Small Bowel Obstruction Interval between onset and death					
(d) Hyponatremia 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: Metastatic Ovarian Cancer				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

597942

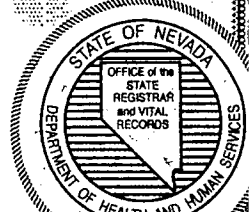
CERTIFIED COPY OF VITAL RECORDS

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: 9/25/2015

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

Rhonda Pena
STATE REGISTRAR
SIGNATURE AUTHENTICATED



VRS-Rev-20120523a