



KAREN ELLISON, RECORDER

16 ✓
APN: 1320-31-513-005
WHEN RECORDED RETURN TO:
JOEL W. LOCKE, ESQ.
ALLISON MacKENZIE, LTD.
P.O. Box 646
Carson City, NV 89702

AFFIANT'S MAILING ADDRESS:
Cynthia A. Peak, Trustee
P.O. Box 2422
Minden, Nevada 89423

The person executing this document hereby affirms that this document submitted for recording does contain the social security number of a deceased person as required pursuant to NRS 440.380.

AFFIDAVIT OF DEATH OF TRUSTEE

CYNTHIA A. PEAK, whose mailing address is P.O. Box 2422 Minden, Nevada 89423, being first duly sworn, deposes and says:

1. That JAMES MICHAEL PEAK died on December 2, 2015, and a Certificate of Death of JAMES MICHAEL PEAK is attached hereto and incorporated herein by this reference.
2. That JAMES MICHAEL PEAK was a Grantor and an original Trustee of the PEAK FAMILY TRUST, dated September 18, 2002.
3. That due to the passing of JAMES MICHAEL PEAK, CYNTHIA A. PEAK is the currently acting sole Trustee of the PEAK FAMILY TRUST, dated September 18, 2002.
4. That the PEAK FAMILY TRUST is the owner of that certain parcel of real property situated in Douglas County, State of Nevada, commonly known as 1631 Belarra Drive,

Minden, Nevada 89423, being Assessor's Parcel Number 1320-31-513-005, as more particularly described in that certain Grant, Bargain, Sale Deed, dated September 18, 2002, and recorded in the Office of the Douglas County Recorder as Document No. 0553203, on September 27, 2002, and being more particularly described as follows:

Lot 5, in Block B, as said Lot and Block are shown on the Map of BELARRA SUBDIVISION, UNIT No. 3, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 18, 1978, as Document No. 25373.

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(This legal description was previously recorded on September 27, 2002 in the Office of the Douglas County Recorder as Document No. 0553203.)

5. That Affiant certifies and declares under penalty of perjury that the foregoing is true and correct.

Further Affiant sayeth naught.

DATED April 29, 2016

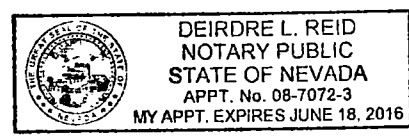
Cynthia A. Peak
CYNTHIA A. PEAK, Trustee

STATE OF NEVADA)
 : ss.
CARSON CITY)

On April 29, 2016, personally appeared before me, a notary public, CYNTHIA A. PEAK, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that she executed the foregoing instrument.

Deirdre L. Reid
NOTARY PUBLIC

ND: 4834-0965-6365, v. 1



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

CASE FILE NO. 3866398

2015020882
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) James Michael PEAK		2. DATE OF DEATH (Mo/Day/Year) December 02, 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 or Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient		
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 72		
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) July 26, 1943		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not U.S.A.) Missouri		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16		
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Cynthia Anne SHAW				
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-5716		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Security		14b. KIND OF BUSINESS OR INDUSTRY Law Enforcement		
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden		
DISPOSITION	15d. STREET AND NUMBER 1631 Belarra Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes				
	16. FATHER/PARENT - NAME (First Middle Last Suffix) James L PEAK			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Dora M KAUFFMAN			
TRADE CALL	18a. INFORMANT- NAME (Type or Print) Cynthia PEAK		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 2422 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		
CERTIFIER	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		
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED VIJAY MAIYA MD						
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) December 04, 2015		21c. HOUR OF DEATH 10:00		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)		
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		
CAUSE OF DEATH	21e. 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) Vijay Maiya MD 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 11909		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) VERALYNN A BOYACK		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 04, 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 (a) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Acute Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (c) Acute Cerebrovascular Accident DUE TO, OR AS A CONSEQUENCE OF: (d) Sepsis						
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Staphylococcus Bacteremia, Urinary Tract Infection, Unknown Etiology				26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
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

VRS-Rev-20120523#

607470

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: **12/11/2015**

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

Rud White
SIGNATURE AUTHENTICATED

