

DOUGLAS COUNTY, NV

2016-881570

Rec:\$17.00

\$17.00 Pgs=4

06/01/2016 10:38 AM

TICOR TITLE - CARSON

KAREN ELLISON, RECORDER


APN # 1420-26-401-026
ORDER NO.: 01602146DC1

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

Recording Requested by and Return to:

Ticor Title of Nevada, Inc.
307 W. Winnie Lane Suite #1
Carson City, NV 89703

Affidavit - Death of Trustee – Succession of Successor Trustee
(Title on Document)

By: 
Print Name/Title: Tabitha Creon / Escrow Assistant

This page added to provide additional information required by NRS 111.312 Sections 1-2
(Additional recording fee applies).

WHEN RECORDED MAIL TO:
**Robyn E. Thorne, Successor Trustee of
the William R. and Robyn E. Thorne
Family Trust**
1400 Stephanie Way
Minden, NV 89423

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 01602146DC1

APN No.: 1420-26-401-026

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of **Douglas** }

Robyn E. Thorne, being duly sworn, deposes and says:

1. William E. Thorne, the decedent mentioned in attached copy of Certificate of Death, is the same person as William R. Thorne named as one of the trustee(s) in that certain Deed dated July 19, 2012, executed by William R. Thorne and Robyn E. Throne to William R. Thorne and Robyn E. Throne Trustees of the William R. and Robyn E. Thorne Family Trust, recorded on July 19, 2012 as instrument number 805889, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

2. That I, Robyn E. Thorne, am named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

Dated: May 24, 2016

Robyn E. Thorne
Robyn E. Thorne

STATE OF NEVADA }
COUNTY OF DOUGLAS } SS:

This instrument was acknowledged before me on 5/26/16,
by Robyn E. Thorne

[Signature]
NOTARY PUBLIC

 DAWN CUELLAR
Notary Public - State of Nevada
Appointment Recorded in Carson City
No: 14-15385-3 - Expires October 22, 2018

COPY

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

2015017466
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) William Roy THORNE		2. DATE OF DEATH (Mo/Day/Year) September 29, 2015		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 No. if Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient)(Specify) 2820 Esaw St.		4. SEX Male	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 58	
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) Robyn BESADE		8. DATE OF BIRTH (Mo/Day/Yr) March 14, 1957	
13. SOCIAL SECURITY NUMBER ██████████4339		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Mechanic		14b. KIND OF BUSINESS OR INDUSTRY Automotive	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2820 Esaw St.		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Robert William THORNE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Patsy PARKER		
18a. INFORMANT - NAME (Type or Print) Robyn THORNE		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 2820 Esaw St. Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Watton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 823		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703	
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) CARA-LOUISE FOX MD 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) October 01, 2015		21c. HOUR OF DEATH 05:30		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) CARA-LOUISE FOX MD, 1200 Mountain Street Carson City, NV, 89703			
23b. LICENSE NUMBER 149127		24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 13, 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) Recurrent Pleural Effusions Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Deep Vein Thrombosis Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Metastatic Adenocarcinoma Of The Lung Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) 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: Tobacco Usage					
26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED		26. AUTOPSY (Specify Yes or No) No			
26e. INJURY AT WORK (Specify Yes or No)		26f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
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

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: **10/13/2015**

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

[Signature]
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

3855390

