

APN# 1300-21-111-039

Recording Requested by:
Name: TICOR TITLE

Address: 1483 Hwy 395 N.

City/State/Zip: Gardnerville, NV 89410

Order Number: 1602419-KT

Affidavit Death/Justice
(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:

NRS 440380
(State specific law)

R. Thomas Recorder
Signature Title

R. Thomas
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)

WHEN RECORDED MAIL TO:
**Michael Farnon, Successor Trustee of the
Dorothy Farnon Revocable Trust dated
August 5, 1999
842 Clement
South Lake Tahoe, CA 96150**

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. 01602419RLT

APN No.: 1320-29-111-039

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

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

Michael Farnon, being duly sworn, deposes and says:

1. Dorothy Farnon, the decedent mentioned in attached copy of Certificate of Death, is the same person as Dorothy Farnon named as one of the trustee(s) in that certain Grant Bargain and Sale Deed dated October 4, 1999, executed by Mildred L. Fontana Trustee of the Mildred L. Fontana Revocable Trust dated April 2, 1992 and First Amendment dated June 16, 1998 and further second amendment dated January 13, 1999 to Dorothy Farnon, Trustee of the Dorothy Farnon Revocable Trust dated August 5, 1999, recorded on 10-7-99 as instrument number 478270, 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, Michael Farnon, 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 27, 2016

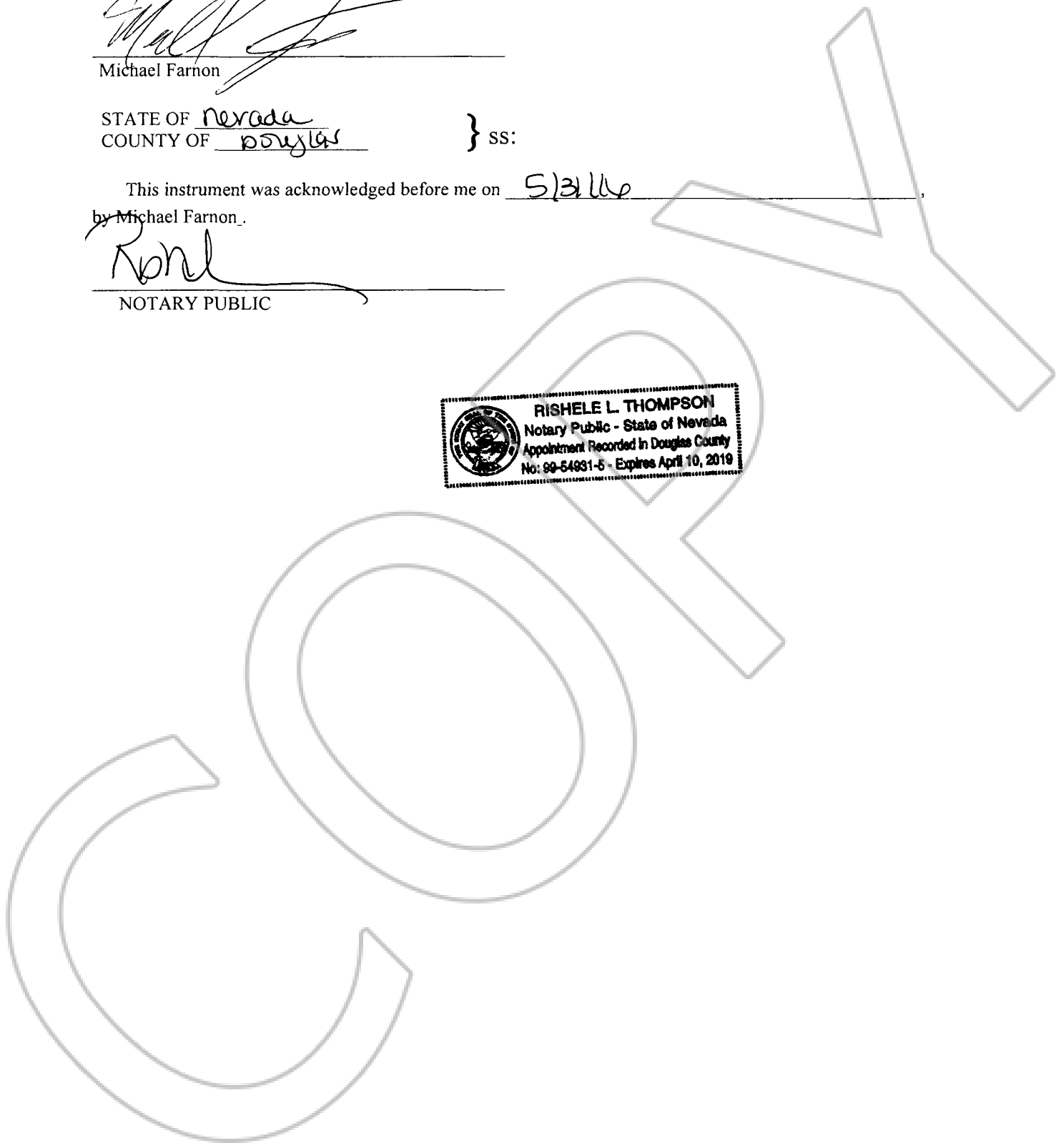

Michael Farnon

STATE OF Nevada }
COUNTY OF Douglas } SS:

This instrument was acknowledged before me on 5/31/16,
by ~~Michael Farnon~~.


NOTARY PUBLIC

**RISHELE L. THOMPSON**
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 90-54931-5 - Expires April 10, 2019



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2014000175
STATE FILE NUMBER

| | | | | | | | |
|--|---|--|---|--|---|--|---|
| TYPE OR PRINT IN PERMANENT BLACK INK | 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Dorothy May FARNON | | | 2. DATE OF DEATH (Mo/Day/Year) January 03, 2014 | | 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 number) 1107 Cedar Crest Dr | | 3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. (inpatient)(Specify) Home | | 4. SEX Female |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS | 5. RACE White (Specify) White | | 6. Hispanic Origin? Specify No - Non-Hispanic | 7a. AGE-Last birthday (Years) 87 | 7b. UNDER 1 YEAR MOS DAYS HOURS MINS | 7c. UNDER 1 DAY HOURS MINS | 8. DATE OF BIRTH (Mo/Day/Yr) August 26, 1926 |
| | 9a. STATE OF BIRTH (if not U.S.A. name country) Pennsylvania | | 9b. CITIZEN OF WHAT COUNTRY United States | 10. EDUCATION 16 | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced | | 12. SURVIVING SPOUSE (if wife, give maiden name) |
| PARENTS | 13. SOCIAL SECURITY NUMBER 7743 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Dance Instructor | | 14b. KIND OF BUSINESS OR INDUSTRY Dance | | Ever in US Armed Forces? No |
| | 15a. RESIDENCE - STATE Nevada | 15b. COUNTY Douglas | 15c. CITY, TOWN OR LOCATION Minden | | 15d. STREET AND NUMBER 1107 Cedar Crest Dr | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes |
| DISPOSITION | 16. FATHER/PARENT - NAME (First Middle Last Suffix) Ralph REGAN | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Savena MITCHELL | | | |
| | 18a. INFORMANT - NAME (Type or Print) Michael FARNON | | 18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 398 Crystal Court South Lake Tahoe, California 96150 | | | | |
| TRADE CALL | 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME Green Valley Crematory | | 19c. LOCATION City or Town State Rescue California 95672 | | |
| | 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE 217 | 20c. NAME AND ADDRESS OF FACILITY Fitz-Henry's Carson Valley Funeral Home 1300 Highway 395 N Gardnerville NV 89410 | | | |
| CERTIFIER | 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JESSE MCKONE 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) JESSE MCKONE SIGNATURE AUTHENTICATED |
| | 21b. DATE SIGNED (Mo/Day/Yr) January 07, 2014 | | 21c. HOUR OF DEATH 11:30 | | 22b. DATE SIGNED (Mo/Day/Yr) January 07, 2014 | | 22c. HOUR OF DEATH 11:30 |
| REGISTRAR | 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) 11:30 | |
| | 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner JESSE MCKONE PO Box 218 Minden, NV 89423 | | | | | 23b. LICENSE NUMBER 301 | |
| CAUSE OF DEATH | 24a. REGISTRAR (Signature): BIANCA GALEANO SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 10, 2014 | | 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 |
| CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST | PART I | | | | | | |
| | (a) Arteriosclerotic Cardiovascular Disease | | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | Interval between onset and death | | |
| (b) Myocardial Infarction | | | | | | | |
| 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 | | |
| 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

CERTIFIED COPY OF VITAL RECORDS

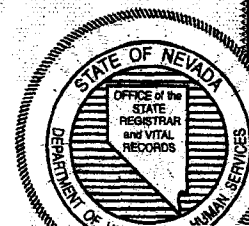
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **01/15/2014**

Rand White
SIGNATURE AUTHENTICATED

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

VR8-Rev-20120523a



3750854

Order No.: 01602419-RLT

EXHIBIT A

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Unit 360 as shown on the Final Map No. 1008-7A for WINHAVEN UNIT NO. 7, PHASE A, A PLANNED UNIT DEVELOPMENT, filed for record in the office of the County Recorder of Douglas County, Nevada on November 17, 1995 in Book 1195 at Page 2675, as Document No. 374950, of Official Records.

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