

APN# 1320-29-117-043

Recording Requested by:

Name: First American Title Insurance Company
Address: 1663 US Highway 395, Suite 101
City/State/Zip: Minden, NV 89423
Order Number: 143-2505004

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 Cheechov

ESCROW OFFICER

Signature

Title

SUZANNE CHEECHOV

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:**
Jean A. Potter
1530 Independence Way
Vista, CA. 92084

Space Above This Line for
Recorder's Use Only

A.P.N. 1320-29-117-043

File No.: 143-2505004 (SC)

Affidavit - Death of Trustee

State of Nevada)
County of Douglas)ss.
)

Jean A. Potter ("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. **Barbara Jeanne Gill** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **November 3, 2015** at **Gardnerville Nevada** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **March 8, 1989** executed by **Barbara J. Gill** 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 **3/26/2001** which was recorded as Instrument No. **0511337** in Book **0301**, Page **7918**, of Official Records of **Douglas** County, Nevada as legally described as follows:

LOT 171, AS SHOWN ON THE OFFICIAL PLAT OF WINHAVEN, UNIT NO. 5, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON FEBRUARY 10, 1994, IN BOOK 294 OF OFFICIAL RECORDS PAGE 1845, AS DOCUMENT NO. 329790.

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: June 8, 2016

DECLARANT:

Jean A Potter
Jean A. Potter

State of CALIFORNIA)
)ss
County of SAN DIEGO)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County SAN DIEGO and State CALIFORNIA, this 10th day of JUNE, 2016 by JEAN ANNE POTTER, 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.

Signature [Signature]
My Commission Expires: 08/09/2019

This area for official notarial seal



Notary Name: BHARGAV KISHOR MADHANI Notary Phone: 760-630-7225
Notary Registration Number: 2122739 County of Principal Place of Business SAN DIEGO

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2015019847
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME* (FIRST,MIDDLE,LAST,SUFFIX) Barbara Jeanne GILL		2. DATE OF DEATH (Mo/Day/Year) November 03, 2015		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION-Name (if not either, give street or apt. #) Carson Valley Senior Living Residential Care Facility		4. SEX Female	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 82	
	7b. UNDER 1 YEAR MOS. DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) October 26, 1933	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not U.S.A.) Michigan		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (Maiden name)			
TRADE CALL	13. SOCIAL SECURITY NUMBER -1911		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Aerospace	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
PARENTS	15d. STREET AND NUMBER 1095 Daphne Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Perry WATSON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ethal May VADER		
DISPOSITION	18a. INFORMANT - NAME (Type or Print) Jean POTTER		18b. MAILING ADDRESS (Street or R.F.D. No.; City or Town, State, Zip) 1530 Independence Vista, California 92083			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Reno		19c. LOCATION City or Town State Reno Nevada	
TRADE CALL	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE MEYER		20b. FUNERAL DIRECTOR LICENSE NUMBER 854		20c. NAME AND ADDRESS OF FACILITY Nevada Funeral Services 3094 Research Way #83 Carson City NV 89706	
	20d. SIGNATURE AUTHENTICATED					
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) NITA SCHWARTZ M.D.		21b. DATE SIGNED (Mo/Day/Yr) November 18, 2015		21c. HOUR OF DEATH 23:15	
	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)	
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703		23b. LICENSE NUMBER 9114			
	24a. REGISTRAR (Signature) RHONDA PENA		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 19, 2015		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Parkinson's Disease		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
	PART I: (a) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(b) 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			
PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.		(d) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death		
28a. ACC. SUICIDE, MOM., 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		28h. LOCATION		28i. LOCATION		

STATE REGISTRAR

3861280

604110

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: 11/19/2015

R. White
SIGNATURE AUTHENTICATED

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



VR-Rev-20120523a