

APN# : 1220-16-113-018

**Recording Requested By:**

Western Title Company

**When Recorded Mail To:**

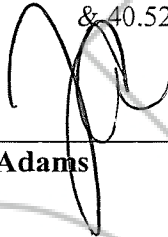
Donna Lynn Jones

Bonnie Lee Koontz

1987 Hiko Court

Gardnerville, NV 89410

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. (Per NRS 440.380 (1)(5) & 40.525 (5))



Signature \_\_\_\_\_

**Traci Adams**

**Escrow Officer**

\_\_\_\_\_  
**Affidavit Death of Trustee**

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

## AFFIDAVIT - DEATH OF TRUSTEE

Donna Lynn Jones and Bonnie Lee Koontz, Successor Trustees, of legal age, being first duly sworn, deposes and says:

That Robert Hartley, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Robert Luke Hartley named as one of the parties in that certain Grant, Bargain, Sale Deed executed by Robert Hartley and Marjorie Hartley, husband and wife as joint tenants with right of survivorship to Robert Luke Hartley and Marjorie Hartley, Trustees of the Robert Luke Hartley and Marjorie Hartley Trust dated May 31, 2000, recorded as instrument No. 0494321, on 6/19/2000, in Book0600, Page 3836, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

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

Lot 57 in Block C of the Final Map of PLEASANTVIEW PHASE III, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on December 04, 1992, in Book 1292, Page 815, as Document No. 294729.

Dated \_\_\_\_\_

5/27/16

Robert Luke Hartley and Marjorie Hartley Trust dated May 31, 2000

*Donna Lynn Jones*  
Donna Lynn Jones, Successor Trustee

*Bonnie Lee Koontz*  
Bonnie Lee Koontz, Successor Trustee

STATE OF NEVADA

}SS

COUNTY OF *Douglas*

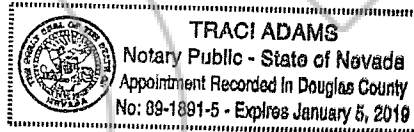
This instrument was acknowledged before me on

*May 27, 2016*

by

Donna Lynn Jones and Bonnie Lee Koontz.

*[Signature]*  
Notary Public



# WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

## VITAL STATISTICS

Reno, Nevada

### STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

ROLL 109 IMAGE 513

LOCAL FILE NUMBER

3311

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

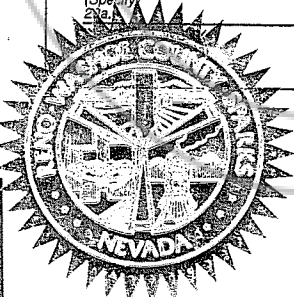
DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

1. DECEASED—NAME First Middle Last <b>Robert Luke HARTLEY</b>		2. DATE OF DEATH (Month, Day, Year) <b>December 24, 2002</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>Washoe Medical Center</b>		3e. If Hosp. or inst. indicate DOA, OPI/Emer. Rm. Inpatient (Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) <b>White</b>		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	
7a. AGE—Last Birthday (Years) <b>81</b>		7b. UNDER 1 YEAR MOS : DAYS		7c. UNDER 1 DAY HOURS : MINS	
8. DATE OF BIRTH (Mo., Day, Yr.) <b>July 28, 1921</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
10. Decedent's Education. Specify highest grade completed. <b>16</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (If wife, give maiden name) <b>Marjorie Simpson</b>	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]-3121</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Division Chief</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>County Power</b>	
15a. RESIDENCE—STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN, OR LOCATION <b>Gardnerville</b>	
16. FATHER—NAME First Middle Last <b>Andrew T. Hartley</b>		17. MOTHER—MAIDEN NAME First Middle Last <b>Loretta Scott</b>			
18a. INFORMANT—NAME (Type or Print) <b>Marjorie Hartley - wife</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>1222 Wintergreen Court, Gardnerville, NV 89410</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY—NAME <b>Eastside Memorial Park</b>		19c. LOCATION City or Town State <b>Minden, Nevada</b>	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home, 1380 Hwy 395, Gardnerville, NV 89410</b>	
21a. DATE SIGNED (Mo., Day, Yr.) <b>1/3/03</b>		21c. HOUR OF DEATH <b>1430</b>		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) and manner stated. (Signature and Title) <i>[Signature]</i>	
21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>[REDACTED]</b>		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) <b>Evan W. Easley, M.D., 1107 Hwy 395, Gardnerville, NV 89410</b>		22d. ON		22e. AT	
23a. REGISTRAR <i>[Signature]</i>		23b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>January 8, 2003</b>		23c. LICENSE NUMBER <b>7446</b>	
24a. (Signature)		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		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) <b>Cardiac arrest</b>		DUE TO, OR AS A CONSEQUENCE OF:			
PART I (b) <b>Coronary artery disease</b>		DUE TO, OR AS A CONSEQUENCE OF:			
PART II		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.			
26. AUTOPSY (Specify Yes or No) <b>NO</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>NO</b>			
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. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28f. LOCATION	
28g. STREET OR R.F.D. No.		28h. CITY OR TOWN		28i. STATE	



STATE REGISTRAR

No.231076

This is to certify that the above is a true and legal copy of the certificate on file in this office.

Deputy Registrar: *[Signature]*

Date: **JAN 9 2003**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT