

DOUGLAS COUNTY, NV

2016-884781

Rec:\$25.00

\$25.00 Pgs=12

07/22/2016 08:20 AM

ETRCO, LLC

KAREN ELLISON, RECORDER

APN#: 1318-16-810-050
ESCROW NO 81614-PAH
Recording Requested By:
Western Title Company, Inc.
Escrow No.: 081614-PAH

When Recorded Mail To:
John B. Galvin
McDonald Carano Wilson, LLP
PO BOX 2670
Reno, Nevada 89505

This document is being
recorded as an
accommodation only.

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

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)

Signature


P HANSON

ESCROW OFFICER

AFFIDAVIT OF DEATH OF TRUSTEE

This page added to provide additional information required by NRS 111.312
(additional recording fee applies)

APN: 1318-16-810-050

ESCROW 81614PAH

Recording Requested by:

John B. Galvin
McDonald Carano Wilson, LLP
Post Office Box 2670
Reno, Nevada 89505

The undersigned hereby affirms that this document, including any exhibits, hereby submitted for recording **DOES** contain the personal information of a person or persons per N.R.S. 239B.030(2)(a). See SSN on death certificate to be redacted.

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA)
 : ss.
COUNTY OF WASHOE)

PATRICK JOSEPH GROVE DEMING, JOHN DAVID DEMING and JOHN J. FRANKOVICH aka JOHN FRANKOVICH, being first duly sworn, upon oath deposes and says:

1. Affiants are over the age of twenty-one years, legally competent and possessed of their rights.
2. MARSHA LEE FRANKOVICH DEMING, the decedent, named in the certified copy of the Certificate of Death attached hereto as Exhibit "A" and incorporated herein and made a part hereof by this reference, was the same person as MARSHA LEE FRANKOVICH DEMING, Co-Trustee of THE DEMING FAMILY TRUST established the 14th day of October, 1986 (the "Trust"), named as a party in that certain Quitclaim Deed (the "Deed") recorded on or about June 29, 1987, as Document No. 157338, with the Douglas County Recorder, State of Nevada, Official Records, executed by DAVID BIGELOW DEMING and MARSHA LEE FRANKOVICH DEMING.
3. DAVID BIGELOW DEMING, the surviving trustee of the Trust, now deceased, is the decedent named in the certified copy of the Certificate of Death attached hereto as Exhibit

“B” and incorporated herein and made a part hereof by this reference, was the same person as DAVID BIGELOW DEMING, Co-Trustee of THE DEMING FAMILY TRUST established the 14th day of October, 1986 (the “Trust”), named as a party in that certain Quitclaim Deed (the “Deed”) recorded on or about June 29, 1987, as Document No. 157338, with the Douglas County Recorder, State of Nevada, Official Records, executed by DAVID BIGELOW DEMING and MARSHA LEE FRANKOVICH DEMING.

4. Said MARSHA LEE FRANKOVICH DEMING and DAVID BIGELOW DEMING are referred to herein as Decedents and were the Grantees under said Deed relating to that certain real property situate in the County of Douglas, State of Nevada, commonly known as 465 Elks Avenue, Zephyr Cove, Douglas County, Nevada, and more fully described on Exhibit “C” attached hereto and made a part hereof by this reference.

5. Affiants, PATRICK JOSEPH GROVE DEMING, JOHN DAVID DEMING and JOHN J. FRANKOVICH aka JOHN FRANKOVICH, know of their own knowledge, and hereby state the facts to be that said MARSHA LEE FRANKOVICH DEMING died in Reno, Washoe County, State of Nevada, on December 11, 2010, and, said DAVID BIGELOW DEMING died in Reno, Washoe County, State of Nevada, on November 27, 2014, and, that as a result of their deaths, PATRICK JOSEPH GROVE DEMING, JOHN DAVID DEMING and JOHN J. FRANKOVICH aka JOHN FRANKOVICH became the Successor Co-Trustees of THE DEMING FAMILY TRUST established the 14th day of October, 1986, pursuant to the terms of the Trust.

6. Upon the recording of this Affidavit, title to the property will be held as follows:

PATRICK JOSEPH GROVE DEMING, JOHN DAVID DEMING and JOHN FRANKOVICH, Successor Co-Trustees of THE DEMING FAMILY TRUST established the 14th day of October, 1986

Further your affiant sayeth naught.

DATED: This 14 day of July, 2016.


PATRICK JOSEPH GROVE DEMING
Co-Trustee


JOHN DAVID DEMING, Co-Trustee


JOHN FRANKOVICH, Co-Trustee

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

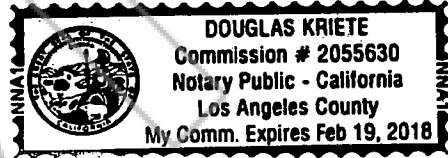
STATE OF CALIFORNIA)
 : ss.
COUNTY OF LOS ANGELES)

On July 14, 2016, before me, Douglas Kriete Notary Public, personally appeared PATRICK JOSEPH GROVE DEMING, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Douglas Kriete
Notary Public



STATE OF NEVADA)
 : ss.
COUNTY OF WASHOE)

On this 15th day of July, 2016, personally appeared before me, a notary public, JOHN DAVID DEMING, personally known (or proved) to me to be the person whose name is subscribed to the above instrument, who acknowledged that he executed the instrument in the capacity indicated at the signature point.



[Signature]
Notary Public

STATE OF NEVADA)
 : ss.
COUNTY OF WASHOE)

On this 15th day of July, 2016, personally appeared before me, a notary public, JOHN FRANKOVICH, personally known (or proved) to me to be the person whose name is subscribed to the above instrument, who acknowledged that he executed the instrument in the capacity indicated at the signature point.

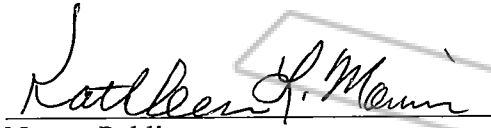

Notary Public



Exhibit "A"

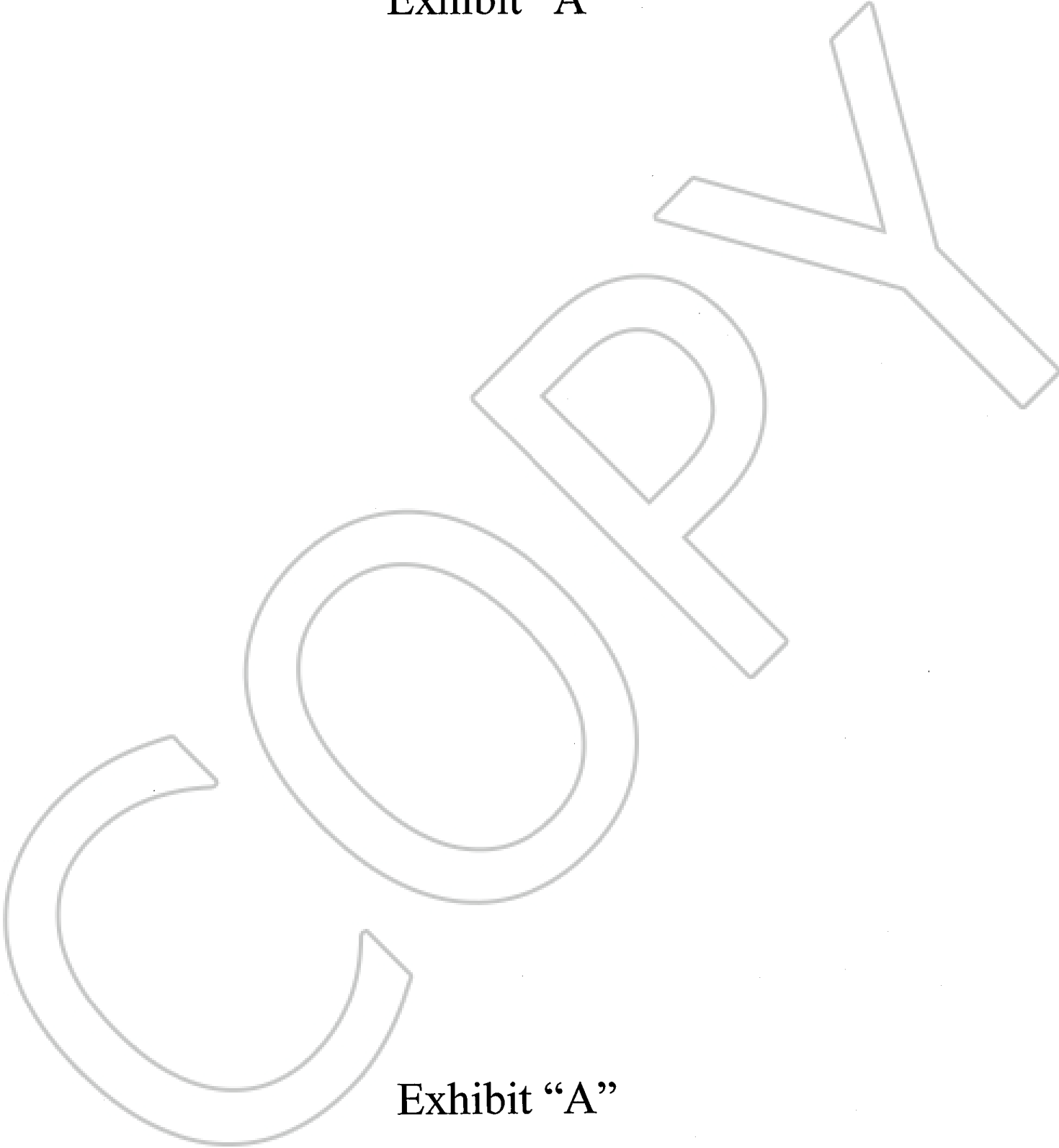


Exhibit "A"

CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2010018839

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) Marsha Frankovich DEMING		2. DATE OF DEATH (Mo/Day/Year) December 11, 2010		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH (Name (If not either, give street and number)) Reno 50 N Sierra Street #1104		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number)		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 68		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 02, 1942		9a. STATE OF BIRTH (If not U.S.A. name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) David B DEMING	
13. SOCIAL SECURITY NUMBER 4558		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Real Estate Realtor		14b. KIND OF BUSINESS OR INDUSTRY Real Estate	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Reno	
15d. STREET AND NUMBER 50 N Sierra Street #1104		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last, Suffix) Lee FRANKOVICH	
17. MOTHER - NAME (First Middle Last Suffix) Dorothy SHIPP		18a. INFORMANT - NAME (Type or Print) David B DEMING		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 550 W. Plumb Lane Suite B Box 518 Reno, Nevada 89509	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION (City or Town - State) Reno Nevada 89501	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JUDITH KIMPTON <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 877		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 390 E. Moana Ln. Suite D1 Reno, NV 89502	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) KELLE BROGAN M.D. <i>SIGNATURE AUTHENTICATED</i>		21b. DATE SIGNED (Mo/Day/Yr) December 14, 2010		21c. HOUR OF DEATH 17:00	
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)	
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) Kelle Brogan M.D. 429 Elm Street Reno, NV 89503		23b. LICENSE NUMBER 6000		24a. REGISTRAR (Signature) BRIDGES SANDI <i>SIGNATURE AUTHENTICATED</i>	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 16, 2010		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) Metastatic Pancreatic Carcinoma DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____	
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) 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		28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		28i. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

3570709

VRS-Rev. 20100218

000165774

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.

OCT 28 2014

DEPUTY REGISTRAR

Mary Clason

DATE ISSUED:

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

PRNCO (Rev) 03/12



Exhibit "B"

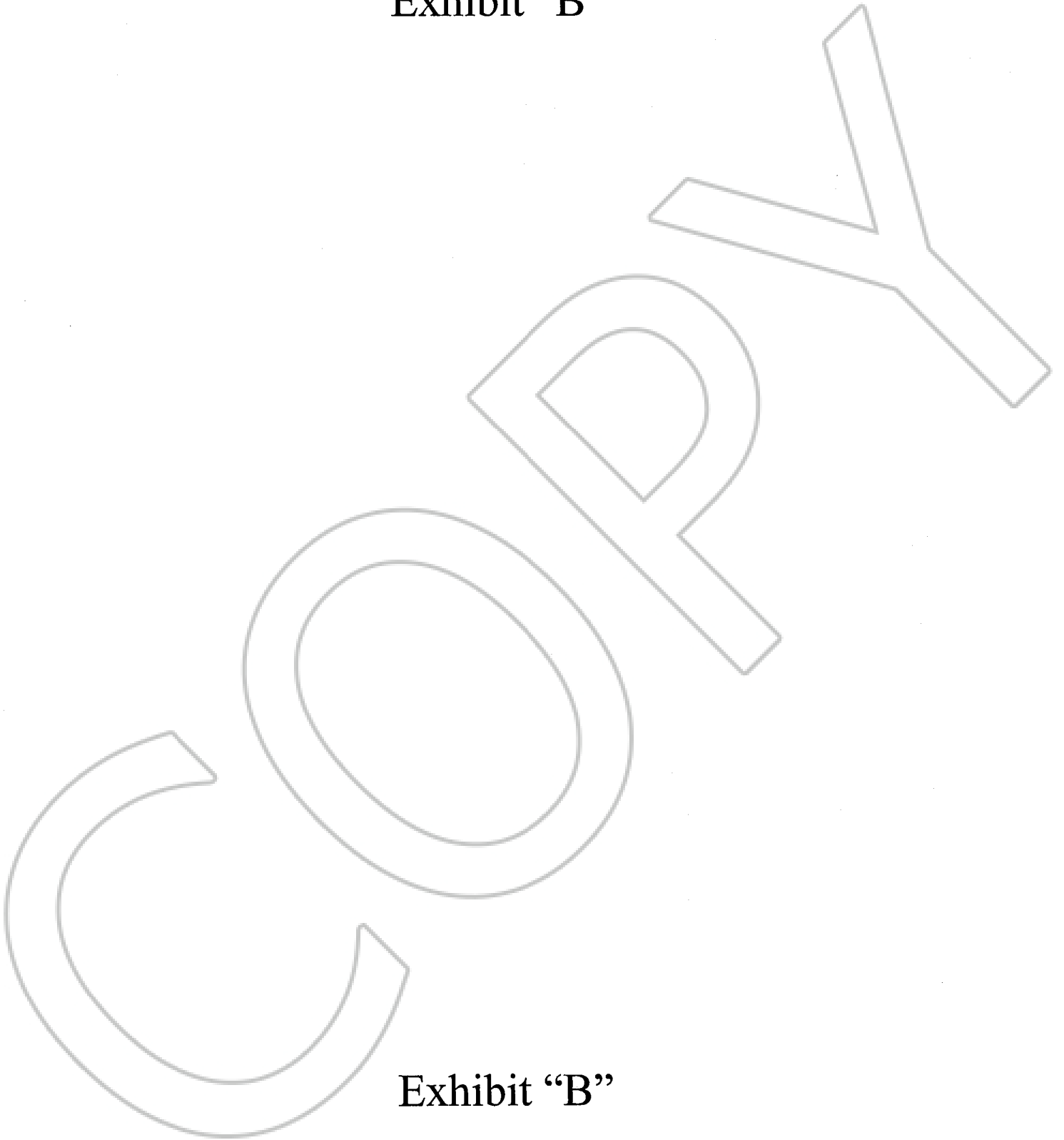


Exhibit "B"

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2014019923
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) David Bjelow DEMING		2. DATE OF DEATH (Mo/Day/Year) November 27, 2014		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION (Name if not author, give street or 3d. If Hosp. or Inst. indicate DOA OP/Emer. Rm. (Inpatient) (Specify) 50 N. Sierra St #1104 Home		4. SEX Male	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 72	
	9a. STATE OF BIRTH (If not U.S.A.) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	11. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (If wife, give maiden name) December 22, 1941		13. SOCIAL SECURITY NUMBER ██████████-6362	
	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Stockbroker		14b. KIND OF BUSINESS OR INDUSTRY Finance		Ever in US Armed Forces? No	
PARENTS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Reno	
	15d. STREET AND NUMBER 50 N. Sierra St #1104 #1104		15e. INSIDE CITY LIMITS? (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) Joseph Grove DEMING	
DISPOSITION	17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Sarah PAIGE		18a. INFORMANT - NAME (Type or Print) John David DEMING		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 4320 Slide Mountain Circle Reno, Nevada 89511	
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION - City or Town - State Reno Nevada 89503	
TRADE CALL	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 217		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 999 West Moana Lane Reno NV 89509	
	21. To the best of my knowledge, death occurred at the time, date and place and due to: SIGNATURE AUTHENTICATED DENVER JOEL MILLER JR. M.D.					
CERTIFIER	21b. DATE SIGNED (Mo/Day/Yr) December 02, 2014		21c. HOUR OF DEATH 15:04		22a. On the basis of examination and/or investigation, in my opinion, death occurred at the date and place and due to the cause(s) stated. (Signature & Title)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
REGISTRAR	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) Denver Joel Miller Jr. M.D. 5538 Longley Lane Ste B Reno, NV 89511	
	23b. LICENSE NUMBER 7330		24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 05, 2014	
CAUSE OF DEATH	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) Metastatic laryngeal cancer		Interval between onset and death Months	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART II (b) DUE TO, OR AS A CONSEQUENCE OF:		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART II (c) 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	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART II (d) DUE TO, OR AS A CONSEQUENCE OF:		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
	28a. ACC. SUICIDE, HOMICIDE, 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				

3904190

557349

CERTIFIED COPY OF VITAL RECORDS

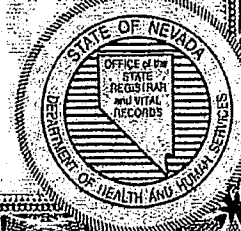
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

12/17/2014

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

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED



VR8-Rev-20120523a

Exhibit "C"

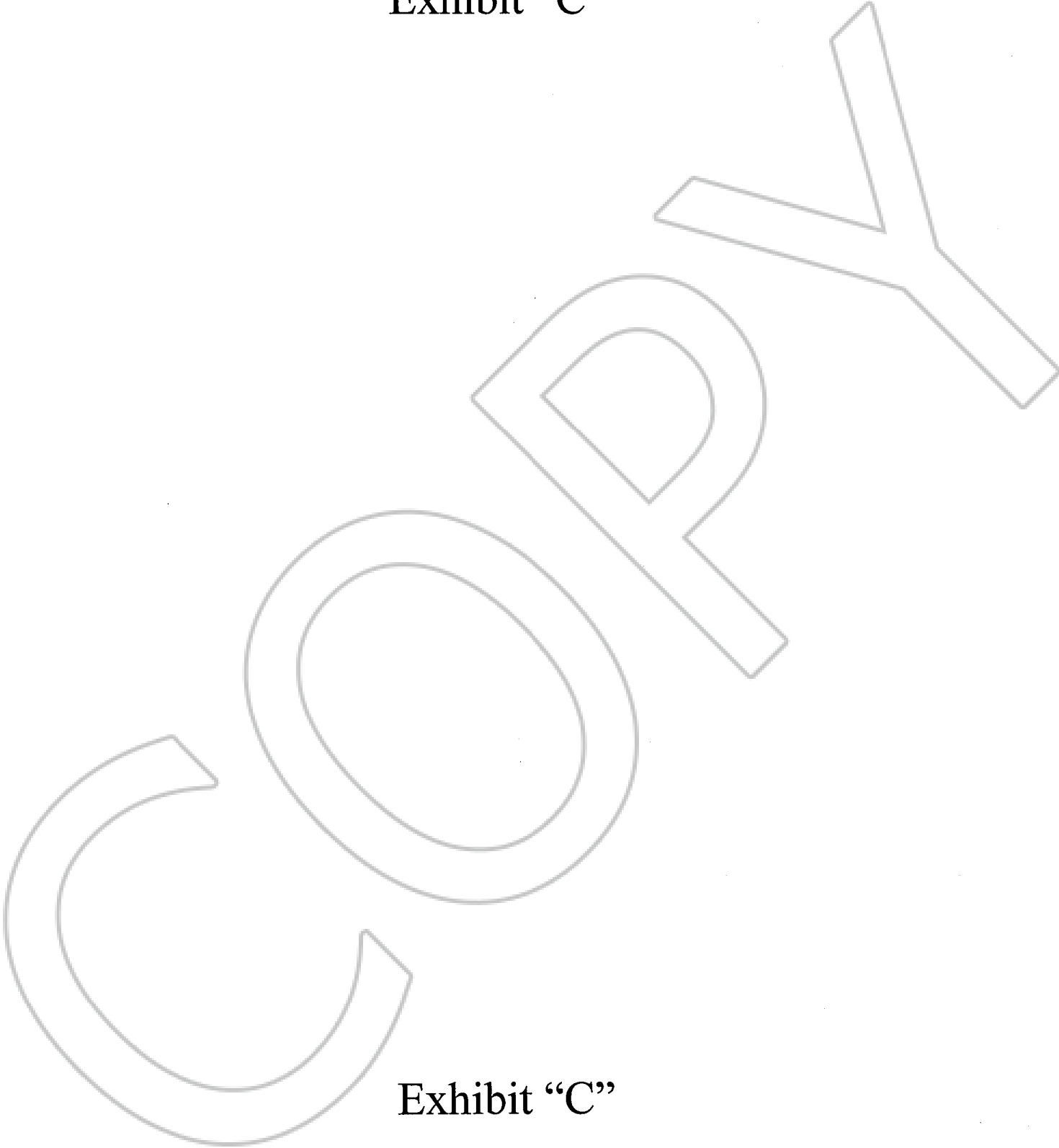


Exhibit "C"

EXHIBIT "C"
LEGAL DESCRIPTION
465 Elks Avenue, Zephyr Cove
Douglas County, Nevada

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

Lot 121, of the **ELKS SUBDIVISION PLAT**, according to the official map thereof, filed in the office of the County Recorder of Douglas County, Nevada, on **May 5, 1927** and as shown on the Amended Plat of the Elks Subdivision, on **January 5, 1928** and as shown on the **Second Amended Plat** of the Elks Subdivision, on **June 5, 1952**, as Document No. **8537**.