

APN: 1420-08-212-008

Affidavit – Death of Trustee

[] I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain personal information of any person or persons. (NRS 239B.030)

[X] I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain personal information of a person or persons as required by law. State Specific law: NRS 440.380



Jodi Ferrell, Escrow Officer

When Recorded Mail To:

Nancy Haynie
63 State Route 208
Yerington, NV 89447

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
Nancy Haynie
63 State Route 208
Yerington, NV 89447

Space Above This Line for
Recorder's Use Only

A.P.N. 1420-08-212-008

File No.: 12142-2507629 (JF)

Affidavit - Death of Trustee

State of California)
County of NAPA)ss.
)

Nancy D. Haynie ("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. **Frank Albert Haynie** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **8/17/2014** at **Fairfield, CA** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **May 12, 2008** executed by **Frank A. Haynie and Nancy D. Haynie** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Deed** dated **May 12, 2008** which was recorded as Instrument No. **0723099** in Book **0508**, Page **2735**, of Official Records of **Douglas** County, Nevada as legally described as follows:

**LOT 9, IN BLOCK I, AS SHOWN ON THE AMENDED MAP OF SUNRIDGE HEIGHTS,
PHASE 5B, A PLANNED UNIT DEVELOPMENT, FILED FOR RECORD IN THE OFFICE OF
THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON FEBRUARY
22, 1995, IN BOOK 295, PAGE 3219, AS DOCUMENT NO. 356642.**

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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: August 19, 2016

DECLARANT:

Nancy D. Haynie
Nancy D. Haynie

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

County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____,
by Nancy D. Haynie, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(Seal)

Signature _____

SEE ATTACHED

State of California)

County of Napa)

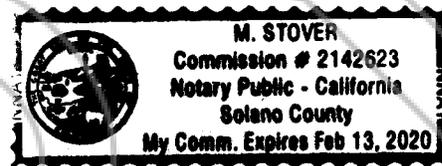
CALIFORNIA JURAT

Subscribed and sworn to (or affirmed) before me on this 19th day

of August, 2016, by _____

Nancy D. Haynie

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Signature [Handwritten Signature]

(Seal)

OPTIONAL INFORMATION

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this jurat to an unauthorized document and may prove useful to persons relying on the attached document.

Description of Attached Document

This certificate is attached to a document titled/for the purpose of

containing _____ pages, and dated _____.

Additional Information	
Method of Affiant Identification	
Proved to me on the basis of satisfactory evidence:	
<input type="checkbox"/> form(s) of identification	<input type="checkbox"/> credible witness(es)
Notarial event is detailed in notary journal on:	
Page # _____	Entry # _____
Notary contact: _____	
Other	
<input type="checkbox"/> Affiant(s) Thumbprint(s)	<input type="checkbox"/> Describe: _____

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of SOLANO
HEALTH AND SOCIAL SERVICES DEPARTMENT

3052014153444

CERTIFICATE OF DEATH

3201448001847

STATE FILE NUMBER 3052014153444		CERTIFICATE OF DEATH HEALTH AND SOCIAL SERVICES DEPARTMENT		LOCAL REGISTRATION NUMBER 3201448001847	
1 NAME OF DECEASED - FIRST, MIDDLE, LAST FRANK		2 MIDDLE ALBERT		3 LAST (Family) HAYNIE	
4 DATE OF BIRTH (Month/Day/Year) 5 AGE Yrs. 6 SEX 06/20/1929 85 M					
6 BIRTH STATE/COUNTRY UT		10 SOCIAL SECURITY NUMBER 9966		11 EVER IN U.S. ARMED FORCES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12 OCCASION - Highest Level Reached HS GRADUATE		14 WAS DECEASED EMPLOYED OR UNEMPLOYED (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		18 DECEASED'S RACE - List in 3 places may be listed (see worksheet on back) CAUCASIAN	
17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED SUPERVISOR			18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road contractor, employment agency, etc.) UTILITIES		
19 YEARS IN OCCUPATION 40					
20 DECEASED'S RESIDENCE (Street and number, or location) 1036 HAYSTACK DR					
21 CITY CARSON CITY		22 COUNTY (where deceased) DOUGLAS		23 ZIP CODE 89705	
24 YEARS IN COUNTY 12		25 STATE/COUNTRY NV			
26 INFORMANT'S NAME, RELATIONSHIP NANCY HAYNIE, WIFE					
27 INFORMANT'S ADDRESS (Street and number, or location, city or town, state and zip) 1036 HAYSTACK DR, CARSON CITY NV 89705					
28 NAME OF SURVIVING SPOUSE NANCY		29 MIDDLE DEAN		30 LAST BIRTH NAME HICKS	
31 NAME OF FATHER/PARENT-IN-LAW FRANK		32 MIDDLE ALBERT		33 LAST BIRTH NAME HAYNIE	
34 NAME OF MOTHER/PARENT-IN-LAW ANNIE		35 MIDDLE MARGARET		36 LAST BIRTH NAME MALTMAN	
37 BIRTH STATE MO		38 BIRTH STATE CA			
39 DECEASED'S DATE OF DEATH 08/21/2014		40 PLACE OF FINAL DEPOSIT SACRAMENTO VALLEY NATIONAL CEMETERY 5810 MIDWAY RD, DIXON, CA 95620			
41 PRECISE TIME OF DEATH CR/BU		42 SIGNATURE OF EMBALMER NOT EMBALMED		43 LICENSE NUMBER	
44 NAME OF FUNERAL HOME BRYAN-BRAKER FUNERAL HOME		45 DECEASED'S REGULARLY USED CARRIER OF LOCAL DELIVERY FD988		46 DATE OF DEATH 08/21/2014	
47 NAME OF FUNERAL HOME		48 DECEASED'S REGULARLY USED CARRIER OF LOCAL DELIVERY		49 DATE OF DEATH	
50 PLACE OF DEATH NORTHBAY MEDICAL CENTER SOLANO 1200 B GALE WILSON BLVD FAIRFIELD					
51 CAUSE OF DEATH CARDIOPULMONARY ARREST ATHEROSCLEROSIS CARDIOVASCULAR DISEASE HYPERTENSION HYPERLIPIDEMIA					
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CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF SOLANO

Bela Matyas
Bela Matyas, M.D., M.P.H.
HEALTH OFFICER - HEALTH AND LOCAL AUTHORITY

HEALTH AND SOCIAL SERVICES DEPARTMENT PUBLIC HEALTH DIVISION

