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APN # 1220-22-410-205
RECORDING REQUESTED AND RETURN TO:
✓ Larry E. Warren
1351-C El Dorado Ave.
Gardnerville, Nevada 89410-5362



KAREN ELLISON, RECORDER

MAIL TAX STATEMENT TO:
Larry E. Warren
1351-C El Dorado Ave.
Gardnerville, Nevada 89410-5362

**AFFIDAVIT REGARDING DEATH OF TRUSTEE
AND ASSUMPTION OF TRUSTEESHIP BY SUCCESSOR CO-TRUSTEES**

Description of property: Lot 813, as shown on the map of GARDNERVILLE RANCHOS UNIT NO.7, FILED FOR RECORD IN THE office of the County Recorder of Douglas County, Nevada, on March , in Book 384, Page 676, as File No. 72456, SUBJECT TO AND TOGETHER WITH rights of way, reservations, restrictions, exceptions, easements, covenants, conditions of record, encumbrances and current taxes.
APN: 1220-22-410-205

The undersigned, ROBERT E. WARREN and LARRY E. WARREN, hereby declare that, DORIS E. WARREN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as DORIS E. WARREN, named as the Trustee in that certain Declaration of Trust titled the WARREN FAMILY TRUST dated DECEMBER 4, 1996 and the FIRST AMENDMENT TO AND COMPLETE RESTATEMENT OF DECLARATION OF TRUST dated JULY 13, 2011.

Declarants further declare that I/WE are the Co-Successor Trustees named in the Declaration of Trust and that I/WE hereby assume the position of Co-Trustees.

The undersigned declare under penalty of perjury that the foregoing is true and correct, and that this declaration is executed on the date and place indicated below.

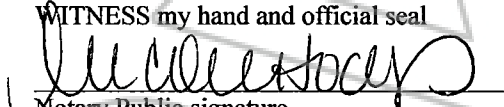
Executed on this 2nd day of Aug, 2016, in the city of Minden, County of Douglas, Nevada.

ROBERT E. WARREN, Co-Trustee

LARRY E. WARREN, Co-Trustee

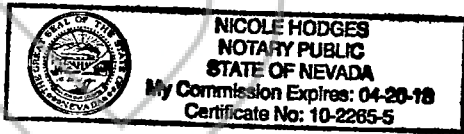
STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

On this 2 day of August, 2016, before me, Nicole Hodges a Notary Public in and for said County and State, personally appeared ROBERT E. WARREN and LARRY E. WARREN, personally known to me (or proved to me on the basis of satisfactory evidence), to be the persons whose names are subscribed to the same in their authorized capacity, and that by their signatures on the instrument the persons, or the entity on behalf of which the persons acted, executed the instrument.

WITNESS my hand and official seal


Notary Public signature

Douglas County, Nevada
My commission expires 04.20.2018



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3898723

CERTIFICATE OF DEATH

2016010646
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION SEE
HANDBOOK
REGARDING
COMPLETION OF
REQUIREMENT
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) Doris Elaine WARREN		2. DATE OF DEATH (Mo/Day/Year) June 08, 2016		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and 1401 Patricia Dr		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 91	
5. RACE (Specify) White		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) October 28, 1924		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER ██████████6859		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Nurses Aide		14b. KIND OF BUSINESS OR INDUSTRY Medical	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1401 Patricia Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Alvy Adelbert BROWN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ruby Louise JOHNSON		
18a. INFORMANT- NAME (Type or Print) Larry E WARREN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1351-C El Dorado Ave, Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Northern Nevada Veterans Cemetery		19c. LOCATION City or Town State Fernley Nevada 89408	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMAR R ROBINSON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 870		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JEFFREY N GINGOLD M.D. 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)		
21b. DATE SIGNED (Mo/Day/Yr) June 13, 2016		21c. HOUR OF DEATH 08:12		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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) Jeffrey N Gingold M.D. 1625 E Prater Way Sparks, NV 89434				23b. LICENSE NUMBER 5867	
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 14, 2016		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				Interval between onset and death	
(a) Congestive Heart Failure				Interval between onset and death	
(b) Hypertensive Cardiovascular Disease				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) 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. Atrial Fibrillation				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (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:

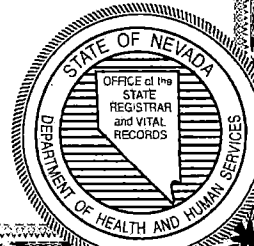
6/20/2016

This copy is not valid unless prepared on a pre-printed border displaying date, seal and signature of Registrar.

Cody A. Phinney
STATE REGISTRAR

SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE