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KAREN ELLISON, RECORDER

APN: 1420-29-612-019  
WHEN RECORDED RETURN TO:  
DAWN ELLERBROCK, ESQ.  
ALLISON MacKENZIE, LTD.  
P.O. Box 646  
Carson City, NV 89702

MAILING ADDRESS FOR TAX STATEMENTS:  
ROBERT J. LATZY, Trustee  
1136 San Marcos Circle  
Minden, NV 89423

The person executing this document hereby affirms that this document submitted for recording does contain the social security number of deceased person as required pursuant to NRS 440.380.

**AFFIDAVIT OF DEATH OF TRUSTEE**

ROBERT J. LATZY, whose mailing address is 1136 San Marcos Circle, Minden, Nevada 89423, being first duly sworn, deposes and says:

1. That PHYLLIS M. GONI-LATZY died on January 1, 2017, and a Certificate of Death is attached hereto and incorporated herein by this reference.
2. That PHYLLIS M. GONI-LATZY was one of the Grantors and original Trustees of THE LATZY FAMILY TRUST, created on January 22, 2014.
3. That pursuant to that certain Grant, Bargain and Sale Deed recorded with the Douglas County Recorder on January 27, 2014, as Document No. 0837400, THE LATZY FAMILY TRUST is the owner of all that certain parcel of real property located in Douglas County, State of Nevada, Assessor's Parcel Number being 1420-29-612-019, and more particularly described as follows:

Lot 296 in Block C, as shown on the Final Map #PD99-02-08 of SARATOGA SPRINGS ESTATES UNIT 8, a Planned Development, filed in the Office of the Douglas County Recorder on October 18, 2004, as Docket No. 626992.

4. That due to the passing of PHYLLIS M. GONI-LATZY, ROBERT J. LATZY is the currently acting sole Trustee of THE LATZY FAMILY TRUST.

5. That Affiants certify and declare under penalty of perjury that the foregoing is true and correct.

Further Affiants sayeth naught.

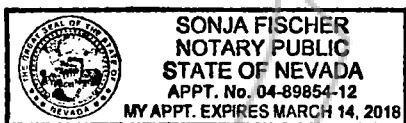
This document may be signed in counterparts.

Dated: 2-10-17

  
\_\_\_\_\_  
ROBERT J. LATZY, Trustee

STATE OF NEVADA        )  
                                  : ss.  
CARSON CITY            )

On Feb 10, 2017, personally appeared before me, a notary public, ROBERT J. LATZY, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that he executed the foregoing instrument.



  
\_\_\_\_\_  
NOTARY PUBLIC

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 3933599

**CERTIFICATE OF DEATH**

2017000541

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Phyllis Marie LATZY</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 01, 2017</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and inpatient)(Specify) <b>1136 San Marcos Circle Home</b>		4. SEX <b>Female</b>	
DECEDENT	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>67</b>	
	7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS</b>		7d. UNDER 1 DAY <b>MINS</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF REQUIREMENT ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>	
	11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Robert LATZY</b>			
PARENTS	13. SOCIAL SECURITY NUMBER <b>9680</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Medical Transcript And Secretary</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>State Of Nevada</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
DISPOSITION	15d. STREET AND NUMBER <b>1136 San Marcos Circle</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Manuel Edward GONI</b>	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Dorothy Lee CARPENTER</b>		18a. INFORMANT - NAME (Type or Print) <b>Robert LATZY</b>			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1136 San Marcos Circle Minden, Nevada 89423</b>				19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>	
	19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>MONICA GIESE</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>880</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno 969 West Moana Lane Reno NV 89509</b>	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>DENVER J MILLER M.D.</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) stated. (Signature & Title)			
	21b. DATE SIGNED (Mo/Day/Yr) <b>January 17, 2017</b>		21c. HOUR OF DEATH <b>17:34</b>		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) <b>Denver J Miller M.D. 5538 Longley Lane Reno, NV 89511</b>			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER <b>7330</b>		24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b>			
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 17, 2017</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>			
STATE REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Amyotrophic Lateral Sclerosis</b>				Interval between onset and death <b>Months</b>	
	DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
STATE REGISTRAR	(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	
(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.				26. AUTOPSY (Specify Yes or No) <b>No</b>		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</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. 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

VRS-Rev-20120523a



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: 1/19/2017

*Cody Hiney*  
**SIGNATURE AUTHENTICATED**

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

