**DOUGLAS COUNTY, NV** Rec:\$17.00

2017-895732

\$17.00 Pgs=4 **ETRCO** 

03/08/2017 01:32 PM

KAREN ELLISON, RECORDER

**APN#**: 1420-07-111-005

085834-TEA

Recording Requ	ested By:	
Western Title Cor	npany	
		***************************************
When Recorded	Mail To:	
Connie I Ronning		

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**

Connie J. Ronning, of legal age, being first duly sworn, deposes and says:

That Richard R. Ronning, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Richard R. Ronning named as one of the parties in that certain Grant, Bargain, Sale Deed dated 8/11/2005 executed by Richard R. Ronning and Connie J. Ronning, husband and wife as joint tenants to Richard R. Ronning and Connie J. Ronning, Trustees of the Ronning Family Trust, recorded as instrument No. 0654008, on 9/1/2005, in Book0905, Page 00043, 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 13 as shown on the map of VALLEY VIEW SUBDIVISION NO. 3, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 28, 1964, in Book 27, Page 47, as Document No. 26188.

Dated 2/1/17

# The Ronning Family Trust }SS STATE OF NEVADA COUNTY OF DOUGLAS This instrument was acknowledged before me on by Connie J. Ronning TRACI ADAMS Notary Public - State of Nevada Appointment Recorded in Douglas County No: 85-1891-5 - Expires January 5, 2018

## STATE OF NEVADADA

#### CERTIFICATION OF VITAL RECORD

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CA	SE FIL	E NO.	. 3922	758

# CERTIFICATE OF DEATH

2016019845

TYPE OR					STAYE FILE NUMBER		
PRINT IN PERMANENT	18 DECEASED-NAME (FIRST, MIDDLE Richard Ray)	4.4	RONNING	2. DATE OF DEATH (Mo/Day/Year)	3a. COUNTY OF DEATH		
BLACK INK	4 man			October 27, 2016 give street art3e.if Hosp, or Inst. indicate	Carson City DOA OP/Emer. Rm. Ja. SEX		
DECEDENT	Carson City	358	5 Green Acres Drive	Inpatient(Specify)	me Male		
DECEDENT	5. RACE (Specify) White	6. Hispanic Origi No - Nori	Hispanic (Years)	62	NS April 06, 1954		
IF DEATH OCCURRED IN INSTITUTION SEE	98. STATE OF BIRTH (If not US/CA, name country) New York	9b. CITIZEN OF WHAT COUNT United States	RY 10 EDUCATION 11 MARITAL ST Married	(ATUS (Specify) 12. SURVIVING SPOUSES CON I	NAME (Leet name prior to first mertlege) e Jo FREEMAN		
HANDSOOK REGARDING COMPLETION OF	13. SOCIAL SECURITY NUMBER	14a, USUAL OCCUPATION (GI	e Kind of Work Done During Most				
RESIDENCE ITEMS	15a. RESIDENCE - STATE 15b. C		avy Equipment Operator Y, TOWN OR LOCATION 15d.	Construction STREET AND NUMBER	Forces? No		
حـــا		Carson City	Carson City 35:	55 Green Acres Drive	LINETTS (Specify Yes or No) Yes		
PARENTS	16. FATHER/PARENT - NAME (First N	Middle Lant Suffix) and C RONNING	17. MOTHE	R/PARENT - NAME (First Middle Lust  Joan M NAKE	5045 (1.50 A) A (1.50 A) A (1.50 A)		
	18a. INFORMANT- NAME (Type or Prin	() ((San 2) (Was 1) (Am 1) (1) 18		r R.F.D. No, City or Town, State, Zip)			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Connie RON 194: BURIAL, CREMATION, REMOVAL	- 1 1960 His . 10 6 7 7 100 .		en Acres Drive Carson City, Ne	vada 89705 DN ::: City or Town State		
DISPOSITION	Cremation		Fitzhenry's Cremate	ony Ca	son City Nevada 89701		
	20a. FUNERAL DIRECTOR - SIGNATU MONICA		20b. FUNERAL DIRECTOF 20c. LICENSE NUMBER	NAME AND ADDRESS OF FACILITY Neptune Socie	tv of Reno		
	SIGNATURE AT TRADE CALL - NAME AND ADDRESS	AUTHENTICATED	086	969 West Moana Lane			
TRADE CALL	늦 중 21a. To the best of my knowledg	s, death occurred at the time, date	and place and due 22a. On	the basis of examination and/or investigation	, in my opinion death occurred		
	to the cause(s) stated (Signature	A Title) SIGNATURE AL SCHWARTZ M.D.		me, date and place and due to the cause(s) s	afed: (Signature & Title)		
CERTIFIER	21b. DATE SIGNED (Mo/Day/Yr	21c. HOUR OF DEAT		DATE SIGNED (MorDay/Yr)	2c. HOUR OF DEATH		
	21d NAME OF ATTENDING PL	IYSICIAN IF OTHER THAN CERT		PRONOUNCED DEAD (Mo/Day/Yr)	2e. PRONOUNCED DEAD AT (Hour)		
77. CTV 77. STO 20. STO	25 (Type or Print) 23a: NAME AND ADDRESS OF CERTI	FIER IPHYSICIAN, ATTENDING F	HYSICIAN MEDICAL EXAMINER	OR CORONER) (Type or Print)	23b. LICENSE NUMBER		
945 AT		hwartz M.D. 710 W. Was	shington St. Carson City, N	V 89703	9114 66 66		
REGISTRAR	1	VERALYNN A BOYAC	Moderno	A COLUMN TO A COLU	HOUE TO COMMUNICABLE DISEASE		
CAUSE OF	25 IMMEDIATE CAUSE (ENT PART I (a) End Stage Re	ER ONLY ONE CAUSE PER LINE	FOR (a), (b), AND (c).)		Interval between onset and death.		
DEATH	DUE TO, OR AS A CO				Interval between onset and death		
CONDITIONS IF	(b) Diabetes Mel	1.77 1.78 1.77 1.77 1.77 1.77 1.77 1.77					
GAVE RISE TO IMMEDIATE CAUSE	DUE TO, OR AS A CO	INSEQUENCE OF:			Interval between coset and death		
STATING THE UNDERLYING CAUSE LAST	DUE TO, OR AS A CO	INSEQUENCE OF:	A Towns of the Control of the Contro		Interval between onset and death		
	(d) PART II OTHER SIGNIFICANT COND	ITIONS Conditions contribution in	leath but not passifing in the surrend	Note integer stage in Dart 4	TOTOM (Compared Williams)		
	TABLE H. WILLIAM SALES TO SALE	A STATE OF THE STA	and the tourist is no assets	yang cause governin Pair 1. 28 AU Yes or	TOPSY (Specif 27, WAS CASE NO) REFERRED TO CORONER (Specify Yes of No) Yes		
West And	28s. ACC., SUICIDE, HOM., UNDET. 28b. C OR PENDING INVEST. (Specify)	DAYE OF INJURY (Mo/Day/Y/)	Be. HOUR OF INJURY 284. DESCR	BE HOW INJURY OCCUPRED			
	28e INJURY AT WORK (Specify 28f. F Yes or No) pulki	LACE OF INJURY- At home, farming, etc. (Specify)	, street, factory, office 28g, LOCA	TION STREET OR R.F.D. No.	CITY OR TOWN STATE		
WAR	we was a second	San See Case W. C. Berry	STATE REGISTRAF				

VRS-Rev-20120523



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.

11/7/2016

SIGNATURE AUTHENTICATED

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

