DOUGLAS COUNTY, NV
Rec:$17.00
$17.00 Pgs=4
ANDERSON, DORN, & RADER, LTD.
KAREN ELLISON, RECORDER

2017-899032
05/24/2017 11:25 AM

This document includes a certified death certificate as required by NRS 40.525(5) which contains a social security number as required by NRS 440.380(1)(a).

ANDERSON, DORN & RADER, LTD.

APN: 1320-33-810-021

RECORDING REQUESTED BY:
Bryce L. Rader, Esq.
Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

AFTER RECORDING MAIL TO:
Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

MAIL TAX STATEMENT TO:
William Scott Monroy, Trustee
1352 Petar Drive
Gardnerville, NV 89410

AFFIDAVIT OF DEATH OF TRUSTEE

I, WILLIAM SCOTT MONROY, Trustee of the MONROY LIVING TRUST dated April 3, 2000, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated April 3, 2000, WILLIAM M. MONROY and LEONA M. MONROY executed the MONROY LIVING TRUST (the "Trust").

(2) WILLIAM M. MONROY deceased on April 13, 2017 in Gardnerville, Douglas County, Nevada, a resident of Douglas County, Nevada. LEONA M. MONROY deceased on May 11, 2010.

(3) Said trust appointed WILLIAM SCOTT MONROY to serve as sole Trustee upon the death of WILLIAM M. MONROE.

(4) Pursuant to the terms of the Trust, I have assumed the responsibilities of Trustee.

COPY

(5) The following described real property is part of the Trust estate: See Exhibit "A" attached.

(6) We are authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as Trustee with respect to the Trust's interest in the described property.

(7) No other person has a right to the interest of the Trust in the described property.

(8) The described property shall be transferred to me as Trustee.

Executed in the County of Washoe, State of Nevada, on May 18, 2017.

Wm Scott Monroy
WILLIAM SCOTT MONROY, Trustee

STATE OF NEVADA)
) ss:
COUNTY OF Washoe)

Signed and sworn to (or affirmed) before me on May 18, 2017, by WILLIAM SCOTT MONROY, Trustee.

Julie Schield
Notary Public

JULIE SCHIELD
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 99-4151-2 - Expires June 1, 2019

COPY

EXHIBIT "A"

Legal Description:

Lot 71, Block L of Final Subdivision Map FSM-1006 of CHICHESTER ESTATES PHASE 1, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on September 12, 1995, in Book 995 at Page 1407 as Document No. 370215 and by Certification of Amendment recorded March 5, 1997 in Book 397, Page 654 as Document No. 407852, Douglas County, Nevada records, and further amended by Certification of Amendment recorded July 17, 2001, as Document No. 518480, Official Records.

APN: 1320-33-810-021
Property Address: 1403 Alders Gate Court, Gardnerville, Nevada

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3951438

CERTIFICATE OF DEATH

2017007111
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX)		2. DATE OF DEATH (Mo/Day/Year)	3a. COUNTY OF DEATH
William Moreno	MONROY	April 13, 2017	Douglas

3b. CITY, TOWN, OR LOCATION OF DEATH	3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and	3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify)	4. SEX
Gardnerville	1403 Alders Gate Ct	Home	Male

5. RACE (Specify)	6. Hispanic Origin? Specify	7a. AGE-Last birthday (Years)	7b. UNDER 1 YEAR MOS / DAYS	7c. UNDER 1 DAY HOURS / MINS	8. DATE OF BIRTH (Mo/Day/Yr)
White	Yes - Mexican	84			May 21, 1932

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

9a. STATE OF BIRTH (If not US/CA, name country)	9b. CITIZEN OF WHAT COUNTRY	10.EDUCATION	11. MARITAL STATUS (Specify)	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)
California	United States	12	Widowed	

13. SOCIAL SECURITY NUMBER	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of	14b. KIND OF BUSINESS OR INDUSTRY	Ever in US Armed Forces?
[redacted]-3741	Sales	Bicycle	Yes

15a. RESIDENCE - STATE	15b. COUNTY	15c. CITY, TOWN OR LOCATION	15d. STREET AND NUMBER	15e. INSIDE CITY LIMITS (Specify Yes or No)
Nevada	Douglas	Gardnerville	1403 Alders Gate Ct	Yes

PARENTS

16. FATHER/PARENT - NAME (First Middle Last Suffix)	17. MOTHER/PARENT - NAME (First Middle Last Suffix)
William P MONROY	Bertha MORENO

18a. INFORMANT- NAME (Type or Print)	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)
Scott MONROY	1352 Petar Dr Gardnerville, Nevada 89410

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	19b. CEMETERY OR CREMATORY - NAME	19c. LOCATION City or Town State
Cremation	Walton's Sierra Crematory	Carson City Nevada 89706

20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)	20b. FUNERAL DIRECTOR LICENSE NUMBER	20c. NAME AND ADDRESS OF FACILITY
DARREN K HILL SIGNATURE AUTHENTICATED	884	Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410

TRADE CALL

TRADE CALL - NAME AND ADDRESS

CERTIFIER

To Be Completed by CERTIFYING PHYSICIAN

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title) SIGNATURE AUTHENTICATED
GLENN R THORP MD

21b. DATE SIGNED (Mo/Day/Yr)	21c. HOUR OF DEATH
April 18, 2017	06:25

21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To Be Completed by CORONER'S OFFICE

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)	23b. LICENSE NUMBER
Glenn R Thorp MD 1516 Virginia Ranch Rd Gardnerville, NV 89410	15607

REGISTRAR

24a. REGISTRAR (Signature)	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)	24c. DEATH DUE TO COMMUNICABLE DISEASE
VERALYNN A BOYACK SIGNATURE AUTHENTICATED	April 19, 2017	YES ☐ NO ☒

CAUSE OF 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 I

		Interval between onset and death
(a)	Cardiopulmonary Arrest	5 Minutes
	DUE TO, OR AS A CONSEQUENCE OF:	
(b)	Cardiac Dysrhythmia	5 Minutes
	DUE TO, OR AS A CONSEQUENCE OF:	
(c)	Myocardial Infarction	30 Minutes
	DUE TO, OR AS A CONSEQUENCE OF:	
(d)	Coronary Artery Disease	Years

PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.
Diabetes Mellitus Type II

26. AUTOPSY (Specify Yes or No)	27. WAS CASE REFERRED TO CORONER (Specify Yes or No)
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

STATE REGISTRAR

0006708 69

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: 4/24/2017

Cody L Phinney
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

THE GREAT SEAL OF THE STATE OF NEVADA — ALL FOR OUR COUNTRY

STATE OF NEVADA — DEPARTMENT OF HEALTH AND HUMAN SERVICES — OFFICE of the STATE REGISTRAR and VITAL RECORDS

Cert Death 2017007111

VOID VOID VOID VOID