

APN# 1320-33-712-016



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KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Laurie Neilan

Address: 1302 Windsor Ct

City/State/Zip: Gardnerville, NV 89410

Mail Tax Statements to:

Name: Laurie Neilan

Address: 1302 Windsor Ct.

City/State/Zip: Gardnerville, NV 89410

Affidavit- Death of Trustee

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Signature

Laurie Neilan

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

Recording requested by:

Laurie Neilan

And when recorded, mail to:

Laurie Neilan
1302 Windsor Ct.
Gardnerville, NV 89410

APN: 1320-33-712-016

For recorder's use

AFFIDAVIT OF DEATH OF TRUSTEE

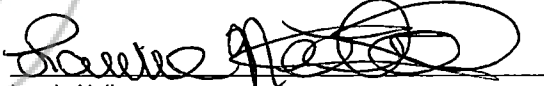
State of Nevada)
) ss.
County of Douglas)

Laurie Neilan, of legal age, being first duly sworn, deposes and says:

1. Jeanne Marie Keating, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Jeanne M. Keating named as Trustee in the Declaration of Trust dated June 10, 2005, and executed by Jeanne M. Keating as Settlor and Trustee.
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known 1302 Windsor Court, Gardnerville, NV 89410, which property is described in a Deed which was executed by Jeanne M. Keating, an unmarried woman as Grantor on October 25, 2016, and recorded as Instrument No. 2016-890330, of Official Records of Douglas County, Nevada.
3. The legal description of said property is as follows:
SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF
4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

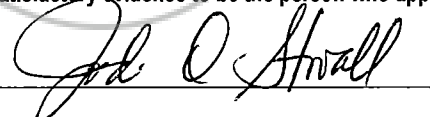
I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Dated 06-13-17


Laurie Neilan

State of Nevada
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 13th day of June, 2017, by LAURIE NEILAN, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature 

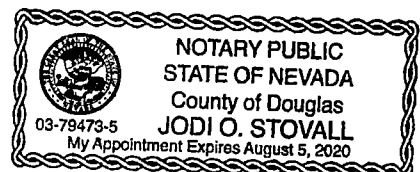


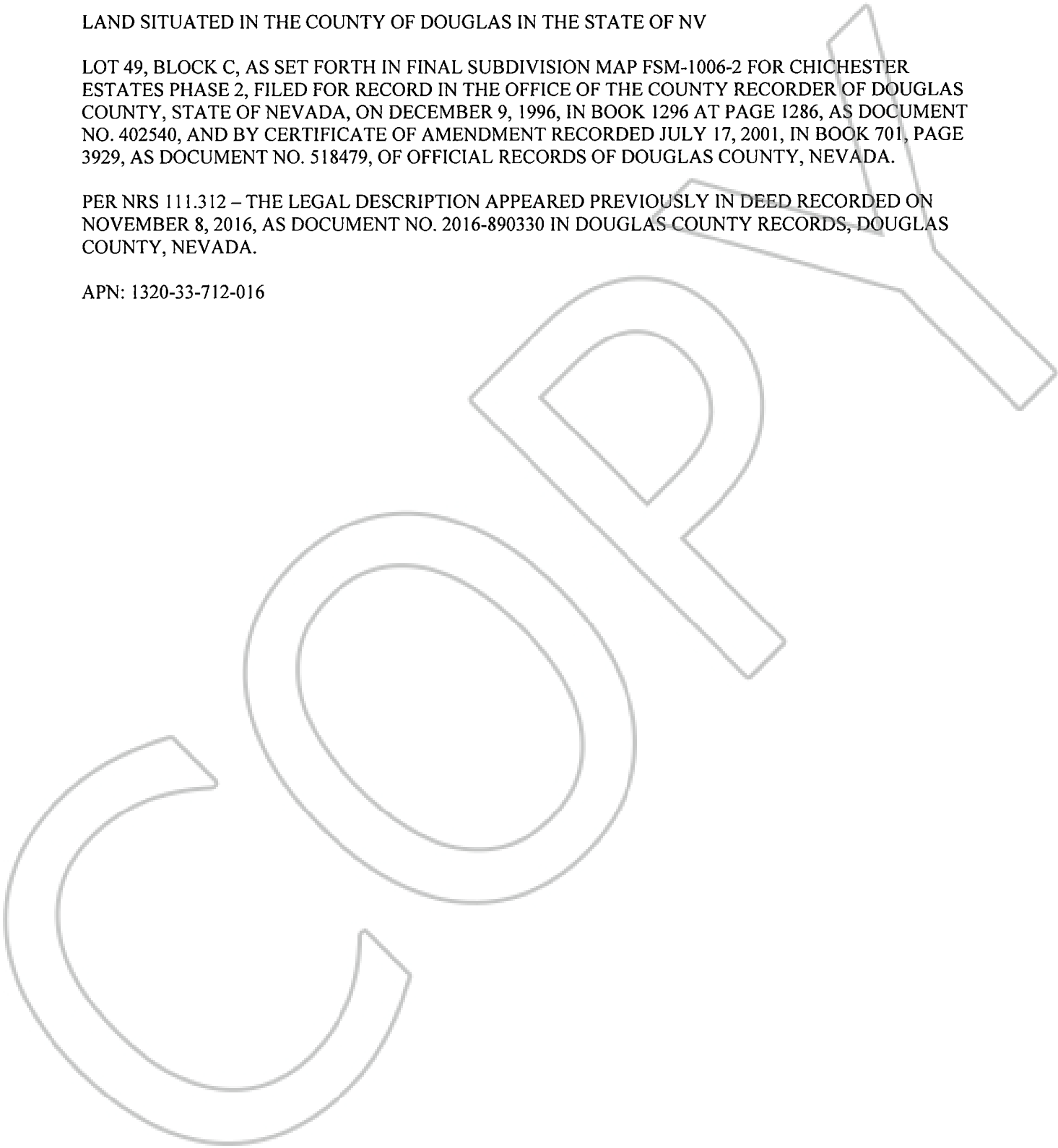
EXHIBIT "A"

LAND SITUATED IN THE COUNTY OF DOUGLAS IN THE STATE OF NV

LOT 49, BLOCK C, AS SET FORTH IN FINAL SUBDIVISION MAP FSM-1006-2 FOR CHICHESTER ESTATES PHASE 2, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON DECEMBER 9, 1996, IN BOOK 1296 AT PAGE 1286, AS DOCUMENT NO. 402540, AND BY CERTIFICATE OF AMENDMENT RECORDED JULY 17, 2001, IN BOOK 701, PAGE 3929, AS DOCUMENT NO. 518479, OF OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA.

PER NRS 111.312 – THE LEGAL DESCRIPTION APPEARED PREVIOUSLY IN DEED RECORDED ON NOVEMBER 8, 2016, AS DOCUMENT NO. 2016-890330 IN DOUGLAS COUNTY RECORDS, DOUGLAS COUNTY, NEVADA.

APN: 1320-33-712-016



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3925167

CERTIFICATE OF DEATH

2016021116
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE 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) Jeanne Marie KEATING		2. DATE OF DEATH (Mo/Day/Year) November 10, 2016		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and Inpatient(Specify) Carson Tahoe Regional Medical Center Inpatient		4. SEX Female	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 68	
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
11. MARITAL STATUS (Specify) Never Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		8. DATE OF BIRTH (Mo/Day/Yr) September 12, 1948	
13. SOCIAL SECURITY NUMBER 6277		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Real Estate	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1302 Windsor Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Ed KEATING			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Gerry		
18a. INFORMANT- NAME (Type or Print) Laurie NEILAN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 766 Hornet Dr Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DARREN K HILL		20b. FUNERAL DIRECTOR LICENSE NUMBER 848		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street 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) ANTHONY C FIELD M.D.			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) November 22, 2016		21c. HOUR OF DEATH 20:06		22b. DATE SIGNED (Mo/Day/Yr)	
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) Anthony C Field M.D. 1470 Medical Pkwy Carson City, NV 89703			
23b. LICENSE NUMBER 3339		24a. REGISTRAR (Signature) SHANNON JANE MCGUINNESS		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 22, 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			
(a) Ventricular Tachycardia		Interval between onset and death Minutes			
(b) Acute Myocardial Infarction		Interval between onset and death 2 Hours			
(c) Coronary Artery Disease		Interval between onset and death Years			
(d)		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or 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

VRS-Rev-20120523a



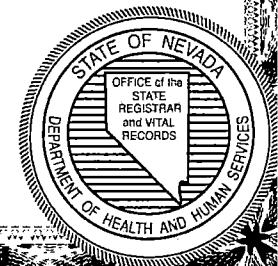
CERTIFIED COPY OF VITAL RECORDS

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: 11/28/2016

Cody D. Higgins
STATE REGISTRAR
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