

DOUGLAS COUNTY, NV

2017-900157

Rec:\$18.00

\$18.00 Pgs=5

06/16/2017 10:26 AM

FIRST AMERICAN TITLE MINDEN

KAREN ELLISON, RECORDER

APN# 1320-02-002-056

Recording Requested by:

Name: First American Title Insurance Company

Address: 1663 US Highway 395, Suite 101

City/State/Zip: Minden, NV 89423

Order Number: 143-2522788

Affidavit - Death of Trustee
(Title of Document)

(for Recorder's use only)

Recorder Affirmation Statement

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted

for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

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 as required by law:

NRS 239B.020 SECTION 4

(State specific law)

Natalie Frey ESCROW OFFICER
Signature Title

Natalie Frey
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
Karen L. Meredith
6125 Andersen Ct
Stagecoach, NV 89429

Space Above This Line for
Recorder's Use Only

A.P.N. 1320-02-002-056

File No.: 143-2522788 (NF)

Affidavit - Death of Trustee

State of Nevada)
County of Douglas) ss.
)

Karen L. Meredith ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Maxie Loyal Meredith** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **September 12, 2009** at **Minden, NV** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **February 10, 2009** executed by **Maxie L. Meredith (aka Maxie Loyal Meredith) and Kaye I. Meredith (aka Kathleen I. Meredith)** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Trust Transfer Deed** dated **February 10, 2009** which was recorded as Instrument No. **1737496** in Book **0209**, Page **2536**, of Official Records of **Douglas** County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: June 15, 2017

DECLARANT:

[Handwritten Signature]
Karen L Meredith, Successor Trustee

State of Nevada)
)ss
County of Douglas)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State NV, this 16th day of June, 20 17 by Karen L. Meredith Successor Trustee, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

This area for official notarial seal

Signature Mary Kelsh
My Commission Expires: 11-6-18



Notary Name: Mary Kelsh Notary Phone: 775-782-5411
Notary Registration Number: 98495675 County of Principal Place of Business Douglas

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2009013505
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) Maxie Loyal MEREDITH		2. DATE OF DEATH (Mo/Day/Year) September 12, 2009		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1666 Sunrise Pass Rd		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 79		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 05, 1930		9a. STATE OF BIRTH (if not U.S.A., name country) Oklahoma		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 10		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Kaye I SHANNON	
13. SOCIAL SECURITY NUMBER 5550		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Owner/operator		14b. KIND OF BUSINESS OR INDUSTRY Painting	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1666 Sunrise Pass Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER - NAME (First Middle Last Suffix) Ollie MEREDITH			17. MOTHER - NAME (First Middle Last Suffix) Hazel CEARLEY		
18a. INFORMANT - NAME (Type or Print) Kaye I MEREDITH		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O.Box 1925,Minden, Nevada 89423			
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) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Cury Street Carson City NV 89703	
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) SIGNATURE AUTHENTICATED KELLE LYNN BROGAN 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) September 16, 2009		21c. HOUR OF DEATH 06:40		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) Kelle Lynn Brogan M.D. 18653 Wedge Pkwy Reno, NV 89511		23b. LICENSE NUMBER 6000	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 18, 2009		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) Lung Cancer DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d)				Interval between onset and death	
PART II				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

1002801



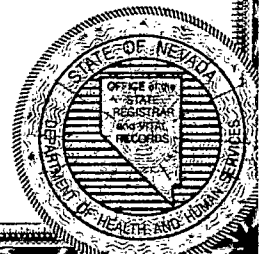
292870 CERTIFIED COPY OF VITAL RECORDS

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: 09/18/2009

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

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED



VRS-Rev-20090602

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT 'A'

PARCEL D, AS SHOWN ON THE PARCEL MAP FOR MAXIE L. AND KATHLIEN I. MEREDITH, RECORDED APRIL 22, 1977, AS DOCUMENT NO. 08631, LOCATED IN THE SOUTHWEST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 2, TOWNSHIP 13 NORTH, RANGE 20 EAST, M.D.B. AND M., DOUGLAS COUNTY, NEVADA.

