

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.030 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. **Kathleen Isabel Meredith** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **January 23, 2017** 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:

Karen L. Meredith
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.

Signature

Mary Kelsh

My Commission Expires:

11-6-18

This area for official notarial seal



MARY KELSH
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 98-49567-5 - Expires November 6, 2018

Notary Name: MARY Kelsh Notary Phone: 775-782-5411
Notary Registration Number: 98-49567-5 County of Principal Place of Business Douglas

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3937398

CERTIFICATE OF DEATH

2017001276
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) Kathleen Isabel MEREDITH		2. DATE OF DEATH (Mo/Day/Year) January 23, 2017		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 apt. No. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient)(Specify) 1666 Sunrise Pass Road Home		4. SEX Female	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 86	
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. UNDER 1 HOUR HOURS	
7e. UNDER 1 MIN MINS		8. DATE OF BIRTH (Mo/Day/Yr) September 20, 1930			
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER 6115		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1666 Sunrise Pass Road		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
18. FATHER/PARENT - NAME (First Middle Last Suffix) Glenn SHANNON SR			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Josephine GRACE		
18a. INFORMANT - NAME (Type or Print) Karen MEREDITH		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 6125 Anderson Court Stagecoach, Nevada 89429			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME FitzHenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTIE D WILDE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N 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) JOSE AGUIRRE M.D. SIGNATURE AUTHENTICATED			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) January 25, 2017		21c. HOUR OF DEATH 09:50		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Jose Aguirre M.D. 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 11479	
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 26, 2017		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) Cardiopulmonary Arrest Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Respiratory Failure Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Gastrointestinal Hemorrhage Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Chronic Kidney Disease, Stage III; Severe Protein Calorie Malnutrition; Unknown Etiology				26. AUTOPSY (Specify Yes or No)	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
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

000658912



CERTIFIED COPY OF VITAL RECORDS

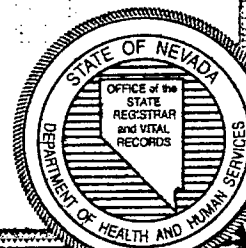
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

1/31/2017

DATE ISSUED:

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

Cody D. Hines
SIGNATURE AUTHENTICATED
STATE REGISTRAR



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.