

APN# : 1219-24-002-008

Recording Requested By:

When Recorded Mail To:

Eileen P. Hollaway

5521 Huntingdon St.

Milton, FL 32570-7765

(space above for Recorder's use only)

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 _____

Wendy Dunbar

Escrow Officer

Affidavit Death

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT – DEATH OF TRUSTEE

Eileen P. Hollaway, of legal age, being first duly sworn, deposes and says:

1. James Donovan Hollaway, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as James D. Hollaway named as Trustee in the Declaration of Trust dated 8/25/2015 and executed by James D. Hollaway and Eileen P. Hollaway as Trustor(s).
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 659 Green Acres Drive Gardnerville, NV 89460, which property is described in a Deed which was executed by James Donovan Hollaway and Eileen Patricia Hollaway, husband and wife as joint tenants as Grantor(s) on September 3, 2015 and recorded as Instrument No. 2015-869145, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:
3. The legal description of said property is as follows:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

All that certain real property situate in the Southwest 1/4 of Section 24, T.12 North, Range 19 East, M.D.M., further described as a portion of Lot 11, as shown on that final map of GREEN ACRES, filed for record September 19, 1966, Official Records of Douglas County, State of Nevada, Document No. 34001, being more particularly described as follows;

Beginning at the Northeast corner of said Lot 11; thence along the Easterly line of Lot 11, S. 18°34'36" E., 359.87 feet to a point on the Southerly line of said Lot 11; thence along the Southerly line of Lot 11, S. 71°23'50" W., 316.35 feet; thence leaving said Southerly line of Lot 11, N. 18°34'36" W., 358.88 feet to a point on the Northerly line of said Lot 11; thence along said Northerly line of lot 11, N. 71°13'07" E., 316.35 feet to the point of beginning.

Reference is made to record of survey supporting a Boundary Line Adjustment and filed for record with the douglas county recorder on June 14, 2000, in Book 600, Page 3112, as Document No. 494085, Official Records.

NOTE: The above metes and bounds description appeared previously in that certain Grant, Bargain and Sale Deed recorded in the office of the County Recorder of Douglas County, Nevada on September 3, 2015, as Document No. 2015-869145 of Official Records.

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.

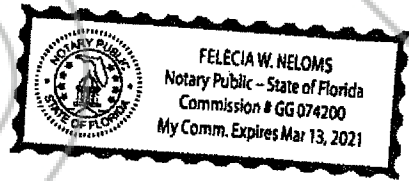
Dated 28 JUNE 2017 Eileen P. Hollaway
Eileen P. Hollaway

STATE OF Florida }SS

COUNTY OF Santa Rosa

This instrument was acknowledged before me on 28th June, 2017
By Eileen P. Hollaway.

Felecia W. Neloms
Notary Public
Felecia W. Neloms



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

CASE FILE NO. 3935838

2017001029
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) James Donovan HOLLOWAY			2. DATE OF DEATH (Mo/Day/Year) January 14, 2017		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street or apt. no.) Carson Valley Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. (Inpatient/Specify) Emergency Room / Outpatient		4. SEX Male
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 67	7b. UNDER 1 YEAR MOS: _____ DAYS: _____	7c. UNDER 1 DAY HOURS: _____ MINIS: _____	8. DATE OF BIRTH (Mo/Day/Yr) November 21, 1949
	9a. STATE OF BIRTH (if not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	11. MARITAL STATUS (Specify) Married	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER 6692		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Life) Aviation Surveillance		14b. KIND OF BUSINESS OR INDUSTRY Aero Space		Ever in US Armed Forces? Yes
	15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville	15d. STREET AND NUMBER 659 Green Acres Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No	
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) James HOLLOWAY			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Margaret PIERCE			
	18a. INFORMANT- NAME (Type or Print) Eileen HOLLOWAY			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 659 Green Acres Drive Gardnerville, Nevada 89460			
DISPOSITION	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	TRADE CALL - NAME AND ADDRESS						
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) EVAN W EASLEY 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 20, 2017		21c. HOUR OF DEATH 16:36		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH
REGISTRAR	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) Evan W Easley M.D. 1520 Virginia Ranch Rd Gardnerville, NV 89410					23b. LICENSE NUMBER 7446	
CAUSE OF DEATH	24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 23, 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).)						
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART I						Interval between onset and death
	(a) Cardiac Arrest						Interval between onset and death
(b) Coronary Artery Disease						Interval between onset and death	
(c) Hypertension						Interval between onset and death	
(d) Chronic Obstructive Pulmonary Disease						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

000658339



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: 1/24/2017

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

Cody Phinney
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

