

APN# 1219-14-002-001

Recording Requested by:

Name: First American Title Insurance Company

Address: 4620 S. Carson Street, Suite 5

City/State/Zip: Carson City, NV 89701

Order Number: 12142-2522319

Affidavit of Death of Trustee

(for Recorder's use only)

(Title of Document)

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 440-380

(State specific law)

[Handwritten Signature]
Signature **Title**

M. Anderson
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:**

Sandra S. Gallagher
12653 Tierra Alzada Drive
El Paso, TX 79938

Space Above This Line for
Recorder's Use Only

A.P.N. 1219-14-002-001

File No.: 12142-2522319 (JF)

Affidavit - Death of Trustee

State of Nevada)
)ss.
County of Carson City)

Sandra S. Gallagher ("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. Robert Harold Gallagher ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on February 23, 2015 at Gardnerville, NV (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated May 27, 2014 executed by Robert Harold Gallagher and Sandra S. Gallagher as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain Grant Deed dated May 27, 2014 which was recorded as Instrument No. 0843280 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: 7/14, 2017

DECLARANT:

S. Gallagher
Sandra S. Gallagher

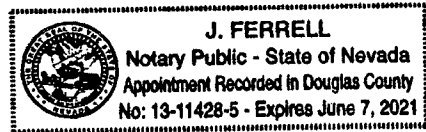
State of Nevada)
County of Carson City)ss)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Carson City and State Nevada, this 14 day of July, 2017 by Sandra S. Gallagher, 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 [Signature]
My Commission Expires: 6.7.21

This area for official notarial seal



Notary Name: _____ Notary Phone: _____
Notary Registration Number: _____ County of Principal Place of Business _____



EXHIBIT 'A'

PARCEL 1:

A PARCEL OF LAND SITUATED IN AND BEING A PORTION OF THE WEST 1/2 OF SECTION 14 AND THE EAST 1/2 OF SECTION 15, TOWNSHIP 12 NORTH, RANGE 19 EAST, M.D.B. AND M., MORE PARTICULARLY DESCRIBED AS FOLLOWS

PARCEL 4A, AS SET FORTH FOR STUART DRANGE/MOLINE FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON OCTOBER 09, 1991, IN BOOK 1091, PAGE 1333, AS DOCUMENT NO. 262161.

PARCEL 2

AN EASEMENT FOR INGRESS AND EGRESS ON CORIE COURT AS SET FORTH IN DOCUMENT RECORDED JANUARY 02, 1991, IN BOOK 191, PAGE 18, DOCUMENT NO. 242116.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3819687

CERTIFICATE OF DEATH

2015007934
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Robert Harold GALLAGHER			2. DATE OF DEATH (Mo/Day/Year) February 23, 2015		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 Inpatient)(Specify) 406 Corie Ct Home		4. SEX Male				
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 68		7b. UNDER 1 YEAR MOS DAYS HOURS MINS			
	7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) May 02, 1946		9a. STATE OF BIRTH (If not US/CA, name country) Ohio			9b. CITIZEN OF WHAT COUNTRY United States		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	10. EDUCATION 18		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Sandra Kay KNOPS			13. SOCIAL SECURITY NUMBER -1328		
	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Naval Aviator			14b. KIND OF BUSINESS OR INDUSTRY U. S. Navy		15. INSIDE CITY LIMITS (Specify Yes or No) Yes			15a. RESIDENCE - STATE Nevada	
PARENTS	15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 406 Corie Ct			16. FATHER/PARENT - NAME (First Middle Last Suffix) Harold GALLAGHER		
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ruth REASONER		18a. INFORMANT - NAME (Type or Print) Sandra Sutton GALLAGHER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 406 Corie Ct, Gardnerville, Nevada 89460				19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	
DISPOSITION	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) JAMES SMOLENSKI		20b. FUNERAL DIRECTOR LICENSE NUMBER 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
	20d. NAME AND ADDRESS OF FACILITY 1380 Highway 395 N Gardnerville NV 89410		21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) GEORGE SCHRAMM		21b. DATE SIGNED (Mo/Day/Yr) May 06, 2015		21c. HOUR OF DEATH 12:15		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
TRADE CALL	22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) GEORGE SCHRAMM		22b. DATE SIGNED (Mo/Day/Yr) May 06, 2015		22c. HOUR OF DEATH 12:15		22d. PRONOUNCED DEAD AT (Hour) 12:15		22e. PRONOUNCED DEAD AT (Hour) 12:15	
	22d. PRONOUNCED DEAD AT (Hour) 12:15		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner GEORGE SCHRAMM 1038 Buckeye Rd Minden, NV 89423		23b. LICENSE NUMBER 460		24a. REGISTRAR (Signature) RHONDA PENA		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 11, 2015	
CERTIFIER	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) Arteriosclerotic Cardiovascular Disease		26. AUTOPSY (Specify Yes or No) Yes		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	
	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)	
REGISTRAR	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)	
	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		28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		28i. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

000675964



CERTIFIED COPY OF VITAL RECORD

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: **JUN 07 2017**

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

Cody Phinney
STATE REGISTRAR

VRS-Rev-20120523a

