

APN# : 1320-11-001-003

**Recording Requested By:**  
Western Title Company, Inc.

**Escrow No.:** 087065-WLD

**When Recorded Mail To:**

Lisa A. Minter  
500 Hwy 88  
Gardnerville, NV 89460

**Mail Tax Statements to: (deeds only)**

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\_\_\_\_\_  
\_\_\_\_\_  
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(space above for Recorder's use only)

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)

**Signature**

Wendy Dunbar

Escrow Officer

**Affidavit of Death of Trustee**

This page added to provide additional information required by NRS 111.312  
(additional recording fee applies)

## AFFIDAVIT – DEATH OF TRUSTEE

Lisa A. Minter, of legal age, being first duly sworn, deposes and says:

1. Gary Duane Minter, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Gary D. Minter named as Trustee in the Declaration of Trust dated 8/18/2016 and executed by Gary D. Minter and Lisa A. Minter 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 2309 Fremont Ave., Minden, NV 89423, which property is described in a Deed which was executed by Gary D. Minter as Grantor(s) on August 18, 2016 and recorded as Instrument No. 2016-886742, 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:

A parcel of land located in the E1/2 of the NW1/4 of Section 11, T. 13 N., R. 20 E., M.D.B.&M., Douglas County, Nevada, more particularly described as follows:

Commencing at the northwest corner of said Section 11, proceed S 89°59'11" E., 1,317.70 feet, to a point; thence S 0°07'27" E., 2,646.50 feet, to a point; thence S 89°52'52" E., 50.00 feet, to the Southwest corner and Trust Point of Beginning of this parcel; thence N 0°07'27" W., 577.59 feet, to the Northwest corner; thence S 89°59'11" E., 384.25 feet, to the Northeast corner; thence S 0°07'27" E., 578.30 feet, to the Southeast corner; thence N 89°52'52" W., 384.25 feet, to the Trust Point of Beginning.

Said Parcel is also shown as Parcel No. 1D on that Record of Survey for DAVID G. PUMPHREY recorded November 7, 1980, in Book 1180 of Official Records at Page 342, Douglas County, Nevada, as Document No. 50428, being a Survey Map of portions of Parcel No. 1 on that certain Parcel No. 1 on that certain Parcel Map filed for record on September 3, 1976, Official Records, Douglas County, State of Nevada, as Document No. 02981.

Together with all that portion described in that certain Abandonment of Public Right of Way, recorded March 6, 2017, Official Records, Douglas County, Nevada, as Document No. 2017-895601.

NOTE: The above metes and bounds description appeared previously in that certain Deed recorded in the office of the County Recorder of Douglas County, Nevada on August 29, 2016, as Document No. 2016-886742 and Abandonment of Public Right of Way, recorded March 06, 2017, as Document No. 2017-895601, 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 *Lisa A. Minter*  
Lisa A. Minter,

STATE OF NEVADA }SS

COUNTY OF *Douglas*

This instrument was acknowledged before me on *7.2.17*  
By *Lisa A. Minter.*

*[Signature]*  
Notary Public



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 3855111 **CERTIFICATE OF DEATH** 2017008736  
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) <b>Gary Duane MINTER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>May 03, 2017</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and no.) <b>500 Hwy 88</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>64</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>December 24, 1952</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>16</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Lisa Ann GEHRING</b>	
13. SOCIAL SECURITY NUMBER <b>9579</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>500 Hwy 88</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Otto MINTER</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Elizabeth TAYLOR</b>		
18a. INFORMANT- NAME (Type or Print) <b>Lisa MINTER</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>PO Box 695 Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION; REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CURT KOESTLER</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD823</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410</b>	
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) <b>NITA SCHWARTZ MD</b>			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) <b>May 10, 2017</b>		21c. HOUR OF DEATH <b>21:22</b>		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) <b>Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>9114</b>	
24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 11, 2017</b>		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) <b>Malignant Neoplasm Of Temporal Lobe With Metastasis</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c) 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.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>					
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

000673177



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: **5/12/2017**

*Cody A. Hines*  
SIGNATURE AUTHENTICATED

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

