	APN#1420-29-612-039	Rec:\$18.00 \$18.00 Pgs=5 RELIANT TITLE - RENO	08/24/2017 01:41 P	
	Recording Requested by: Name: Reliant Title Co Address: 5485 Fietzke Ln City/State/Zip: Reno, W 89511	KAREN ELLISON, RECORD	DER	
	When Recorded Mail to: Name: Linda OsmondWith Address: P.O. 130x 248 City/State/Zip: Glnoa, W89411	(for Record	der's use only)	
	Mail Tax Statement to: Name: Linda Usmond Wirth Address: For Sox 248 City/State/Zip: Genoa, W89411			
	Affidau: +-Death of Tru (Title of Document)	18 1c e		
	Please complete Affirmation Statemen	thelow		
	I the undersigned hereby affirm that the attached document, in submitted for recording does not contain the personal information of an (Per NRS 239B.030)	ochiding any exhibite hara	eby	
	I the undersigned hereby affirm that the attached document, in submitted for recording does contain the personal information of a personal informati	cluding any exhibits, here on or persons as required	eby by	
S	Signature Robert Con Control Con Control Contr	wow		
Ī	rinted Name			
T a:	his page added to provide additional information required by NRS 111.312 Send NRS 239B.030 Section 4.	ections 1-2		
Т	his cover page must be typed or printed in black ink. (Addit	ional recording fee applies)		

DOUGLAS COUNTY, NV

2017-903107

WHEN RECORDED MAIL TO:

Linda Osmond Wirth, Trustee

P.O. Box 248

Genoa, NV 89411

MAIL TAX STATEMENTS TO:

Linda Osmaond Wirth, Trustee

P.O. Box 248

Genoa, NV 89411

The undersigned hereby affirms that this document submitted for recording does not contain the social security number of any person or persons.

(Pursuant to NRS 239b.030)

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No.: 202-1700933 LS APN No.: 1420-29-612-039

AFFIDAVIT DEATH OF TRUSTEE

STATE OF NEVADA

} ss:

COUNTY OF WASHOE

Linda Osmond Wirth, The Successor Trustee, of legal age and competent, to be a witness as to the matters stated herein, being duly sworn, deposes and says

That Frederick Harold Wirth Jr., the decedent mentioned in the attached copy of the Certificate of Death, is the same person as Federick Harold Wirth Jr., named as one of the Grantees in that certain Deed from FrederickH. Wirth and Linda O. Wirth on deed to Frederick Harold Wirth, Jr. and Linda Osmond Wirth, Trustees, or their successors in trust, under the Wirth Living Trust, dated March 23,2007, and any amendments thereto, recorded in Book number 0709, page 3365 as Instrument Number 0747164, on July 15, 2009 recorded of Official Records of Douglas County, Nevada, covering the following described property.

Lot 316 in Block B, as shown on the Final Map #PD99-02-08 of SARATOGA SPRINGS ESTATES UNIT 8, A Planned Unit Development, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on October 18, 2004, as Document No. 636992.

APN: 1420-29-612-039

Dated: 629-11	
Linda Osmond Wirth, as successor trustee of the under The Wirth Living Trust Dated Marc amendments thereto BY: MUMA Linda Osmond Wirth, Successor Trustee	ch 23, 2007 and any
STATE OF N	
This instrument was acknowledged before me on	
NOTARY PUBLIC	

L. SILVA

Notary Public - State of Nevada

Appointment Recorded in Weshoe County

No: 10-3702-2- Expires April 26, 2021

STATE OF NEVADA

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2	ስወ	เดก	4	4522
_	100	200		457/

TYPE OR	K- DEGELOPE NAME (FIRST MISS)	A A ST ALL HARRY		<u> </u>	STATE FILE NUMBER
PRINT IN PERMANENT	1a, DECEASED-NAME (FIRST,MIDDLE			2. DATE OF DEATH (Mo/Da	
BLACK INK	Frederick Harold 3b. CITY, TOWN, OR LOCATION OF DI	WIRTH JR \	OTHER PROPERTY.	October 05, 200	- Outdoll Oily
		(and number)		Inpatient(Specify)	Indicate DOA, OP/Emer, Rm. 4, SEX
DECEDENT	Carson City 5. RACE White		e Regional Medical Cente Specify 17s AGE-Last		Inpatient Male
	(Specify)	6, H spanic Origin? No - Non-Hispani	c birthday (Years)	MOS DAYS HOUR	DER 1 DAY 8. DATE OF BIRTH (Mo/Day/Yr)
	G_ 0747F OF SIRW G		68		February 15, 1941
IF DEATH OCCURRED IN	9a. STATE OF BIRTH (If not U.S.A., name country) Louisiana	9b. CITIZEN OF WHAT COUNTRY United States	10.EDUCATION 11. MARRIED, 22; DIVORCED (Sp	NEVER MARRIED, WIDOWED, peolfy) Married	
INSTITUTION SEE HANDBOOK	13. SOCIAL SECURITY NUMBER	14a, USUAL OCCUPATION (Give I			, Elited Coal) Colifo(1D
REGARDING COMPLETION OF	:-6089	Working Life, Even if Retired)	Physician	Med	I myor at oo (athor
RESIDENCE ITEMS	15a, RESIDENCE - STATE 15b, CO	UNTY 15c, CITY,		STREET AND NUMBER	15e. INSIDE CITY
حــــا	Nevada	Douglas	Minden 11	71 San Marcos Circle	LIMITS (Specify Yes on No. Yes
PARENTS	16. FATHER - NAME (First, Middle Las	f Suffix)		- NAME (First Middle Last	
LAKENIO		Harold WIRTH SR		Sybil SA	NDMEYER .
	18a, INFORMANT- NAME (Type or Print	· · · · · · · · · · · · · · · · · · ·		R.F.D. No, City or Town, State, 2	The state of the s
	Linda WIR			n Marco Circle Minden,	
SPOSITION	19a. BURIAL, CREMATION, REMOVAL				OCATION City or Town State :
	Cremation 20a, FUNERAL DIRECTOR - SIGNATUR		Walton's Sierra Crema		Carson City Nevada 89706
	RICK N		b. FUNERAL 20c. N/ RECTOR LICENSE	ME AND ADDRESS OF FACIL Walton's Ci	rry napel of the Valley
	79.	UTHENTICATED	620		Carson City NV 89706
RADE CALL	TRADE CALL - NAME AND ADDRESS				35,35
	중 옵 21a. To the best of my knowledge	, death occurred at the time, date and		he basis of examination and/or	investigation, in my opinion death occurred at
E		iture & Title) SIGNATURE AUTH FREDO AGUIRRE MD	TENTICATED Description to the time, and the	date and place and due to the o	ause(s) stated, (Signature & Title)
CERTIFIER	E 中 21b. DATE SIGNED (Mo/Day/Yt).	21c. HOUR OF DEATH	= 0 22b. DA	TE SIGNED (Mo/Day/Yr)	22c. HOUR OF DEATH
	October 07, 2009	03:15			
	21d. NAME OF ATTENDING PHY	SICIAN IF OTHER THAN CERTIFIE	R 22d. PR	ONOUNCED DEAD (Mo/Day/Yr	22e. PRONOUNCED DEAD AT (Hour)
	23a. NAME AND ADDRESS OF GERTIF	A TO ADENOTORIAL A TELEPINA DI DA	1		
	Jose Alfre	do Aguirre MD 1600 Medio	al Parkway Carson City. I	NV 89703	23b. L/CENSE NUMBER 11479
REGISTRAR	O.A. DEGIOTOAD (OL C) S.	CHRISTINA GRIFFITH	24b. DATE RECEIV		DEATH DUE TO COMMUNICABLE DISEASE
	SI	GNATURE AUTHENTICATED	(Mo/Day/Yr) Oc	ctober 08, 2009	YES NO X
CAUSE OF		R ONLY ONE CAUSE BER LINE FO	R (a), (b), AND (c).)		Interval between onsel and death
DEATH	PART Pancreatic Car				
	DUE TO, OR AS A CON	SEQUENCE OF:	1	\$	Interval between briset and death
CONDITIONS IF ANY WHICH	<u>(b)</u>				
GAVE RISE TO IMMEDIATE	DUE TO, OR AS A DOM	ISEQUENCE OF:			Interval between onset and death
CAUSE ->	(c) DUE TO, OR AS A CON	PEOUENOC OC.)	
UNDERLYING CAUSE LAST		DEQUENCE OF	/ /		Interval between onset and death
	(d) PART II		//		
/	PARIII			I	26. AUTOPSY {Specify Yes or No) NO 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes
/ /	28a. ACC., SUICIDE, HOM., UNDET. 28b. DA	TE OF INJURY (Mc/Day/Yr) [28c, H	IOUR OF INJURY 28d, DESCRIBE	HOW INJURY OCCURRED	No or No) Yes
/ /	OR PENDING INVEST, (Specify)	200, F	ZEG, DESCRIBE	TOWN INDUST VOGUNICU	
	28e. INJURY AT WORK (Specify 28f, PL	ACE OF INJURY- At home, farm, strr	eet, factory, office 28g, LOCATI	ON STREET OR R F.D. N	Io. , CITY OR TOWN STATE
	Yes or No) building	g, etc. (Specify)	23, 220, 11		SIAIE
ა ™	<u> </u>		PTATE DECISIONS		
28		1)	STATE REGISTRAR	-	
22		///		•	
	The .			\ \	

296,932

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# 10/13/2009

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

SIGNATURE TAUTHENTICATED





WASHOE COUNTY RECORDER

OFFICE OF THE RECORDER LAWRENCE R. BURTNESS, RECORDER

1001 E. NINTH STREET POST OFFICE BOX 11130 RENO, NEVADA 89520-0027 PHONE (775) 328-3661 FAX (775) 325-8010

LEGIBILITY NOTICE

The Washoe County Recorder's Office has determined that the attached document may not be suitable for recording by the method used by the Recorder to preserve the Recorder's records. The customer was advised that copies reproduced from the recorded document would not be legible. However, the customer demanded that the document be recorded without delay as the parties rights may be adversely affected because of a delay in recording. Therefore, pursuant to NRS 247.120 (3), the County Recorder accepted the document conditionally, based on the undersigned's representation (1) that a suitable copy will be submitted at a later date (2) it is impossible or impracticable to submit a more suitable copy.

By my signing below, I acknowledge that I have been advised that once the document has been microfilmed it may not reproduce a legible copy.

Signature

Date

Printed Name