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KAREN ELLISON, RECORDER

APN 1420-28-511-08

APN _____

APN _____

FOR RECORDER'S USE ONLY

AFFIDAVIT--DEATH OF TRUSTEE
TITLE OF DOCUMENT

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain personal information of any person or persons. (NRS 239B.030)

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain personal information of a person or persons as required by law. State specific law: NRS 440.380

Day Williams 9/14/17
Signature

Day R. Williams, Attorney
Print Name & Title

WHEN RECORDED MAIL TO:

Day R. Williams, Esq.

1601 Fairview Drive, Suite C

Carson City, NV 89701

A.P.N. 1420-28-511-08

When recorded mail to:
Day R. Williams, Esq.
1601 Fairview Dr. #C
Carson City NV 89701-5860

AFFIDAVIT-DEATH OF TRUSTEE

STATE OF NEVADA)
):ss
CARSON CITY)

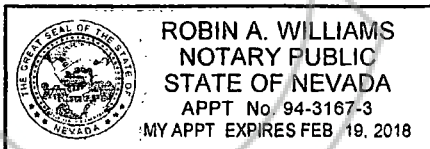
Linda Lee Slayden, of legal age, being first duly sworn, deposes and says: That JOHN ANDERSON, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JOHN ANDERSON named as one of the parties in that certain Warranty Deed dated August 22, 2009, executed by JOHN ANDERSON and PATRICIA ANDERSON to the John and Patricia Anderson Living Trust recorded as Instrument No. 0748715 on August 11, 2009 in the Official Records of Douglas County, State of Nevada, covering the following described property situated in Douglas County, State of Nevada, commonly known as 1373 N. Santa Barbara Drive, more particularly described as:

Lot 8 in Block A, as set forth on the Official Map of Mission Hot Springs Unit No. 2, a Planned Unit Development, filed for record in the Office of the Recorder of Douglas County, Nevada on September 14, 1988, in Book 988, Page 1249, as Document No. 186262, Official Records.

Linda Lee Slayden
Linda Lee Slayden

SUBSCRIBED AND SWORN TO before me
this 11th day of Sept, 2017
by Linda Lee Slayden.

Robin A. Williams
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. 3962375

CERTIFICATE OF DEATH

2017014210

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

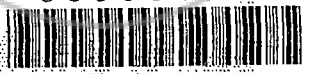
CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

| | | | | | |
|--|--|---|--|---|--|
| 1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) John Robert ANDERSON | | 2. DATE OF DEATH (Mo/Day/Year) June 15, 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 1737 N. Santa Barbara Dr. | | 3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home | |
| 5. RACE (Specify) White | | 6. Hispanic Origin? Specify No - Non-Hispanic | | 7a. AGE-Last birthday (Years) 84 | |
| 9a. STATE OF BIRTH (If not US/CA, name country) New York | | 9b. CITIZEN OF WHAT COUNTRY United States | | 10. EDUCATION 18 | |
| 13. SOCIAL SECURITY NUMBER ██████████-5161 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Engineer | | 14b. KIND OF BUSINESS OR INDUSTRY Defense | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Minden | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) John Alfred ANDERSON | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Edith Johanna KAINO | | | |
| 18a. INFORMANT-NAME (Type or Print) Linda SLAYDEN | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 120 Elizabeth Ln. Dayton, Nevada 89403 | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory | | 19c. LOCATION City or Town State Carson City Nevada 89706 | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CRAIG R COLEMAN SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD921 | | 20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706 | |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) MIKE B GOLDWATER SIGNATURE AUTHENTICATED | | | | | |
| 21b. DATE SIGNED (Mo/Day/Yr) | | 21c. HOUR OF DEATH | | 22a. DATE SIGNED (Mo/Day/Yr) August 01, 2017 | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22b. PRONOUNCED DEAD (Mo/Day/Yr) | | 22c. HOUR OF DEATH 17:57 | |
| 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) Coroner Mike B Goldwater P.O. Box 218 Minden, NV. 89423 | | | | 23b. LICENSE NUMBER | |
| 24a. REGISTRAR (Signature): BLAISE SATARIANO SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 01, 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) Atherosclerotic Cardiovascular Disease | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | |
| (b) | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | |
| (c) | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | |
| (d) None Listed | | | | | |
| PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. | | | | 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

000684323



CERTIFIED COPY OF VITAL RECORDS

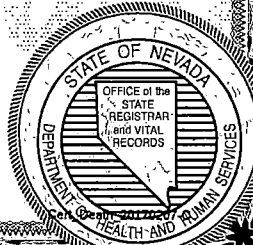
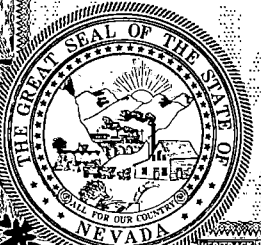
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

8/16/2017

DATE ISSUED:

[Signature]
SIGNATURE AUTHENTICATED
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE