

DOUGLAS COUNTY, NV Rec:\$16.00

2017-904000 09/14/2017 09:57 AM

Pgs=3

Total:\$16.00 DAY R. WILLIAMS

KAREN ELLISON, RECORDER

APNAPNAPN	
	FOR RECORDER'S USE ONLY
	TTDEATH OF TRUSTEE F DOCUMENT
11122 0.	a Boosingsin
	locument, including any exhibits, hereby submitted for
XI, the undersigned, hereby affirm that the attached decording does contain personal information of a personal weight NRS 440,380	ocument, including any exhibits, hereby submitted for
1aw. 11KD 470,360	\ \
Day Williams 9/11/17	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 Slavden

Hayden

SUBSCRIBED AND SWORN TO before me

this // day of 100+, 2017

by Linda Lee Slayden.

ROBIN A. WILLIAMS **NOTARY PUBLIC** STATE OF NEVADA APPT No. 94-3167-3 MY APPT EXPIRES FEB 19, 2018



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

a ai an		/	VITAL STATISTICS	y tikker
	045 44 W		a II — Mara — mini	" T.W.
ASE FILE		3962375	CERTIFICATE OF DEA	NTH

TYPE OR PRINT IN JOHN ROBORT ANDERSON 2. DATE OF DEATH (MODBY/Year) Sea COUNTYOF DEATH BLACK NINK B		ILE NO. 3962375	CERT	IFICATE OF DE	ATH		014210	- W.F W.W.
DECEDENT DECEDENT	PRINT IN PERMANENT			ANDERSON		ATH (Mo/Day/Year) 3a	COUNTY OF DEA	g 18874
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STATE OF BIRTH (If not USCA, name output) New York ANDROOK AND	DECEDENT	Contract to the contract to th	6. Hispanic Oriç	in? Specify 7a AGE-L	ast birthday 7b. UNDER 1 YE	EAR 7c. UNDER 1 DAY 8	h Pilvinge,	Mo/Day/Yr)
SOURCE STORY Y NOMEEN: 148. USUAL OCCUPATION (Give Kind of Work Done During Most of 145. KIND OF BUSINESS OR INDUSTRY Defense 156. CITY.TOWN OR LOCATION 156. CITY.TOWN OR LOCATION 156. STREET AND NUMBER 156. KIND OF BUSINESS OR INDUSTRY DEFENSE 156. COUNTY 156. CITY.TOWN OR LOCATION 156. STREET AND NUMBER 156. KIND OF BUSINESS OR INDUSTRY DEFENSE 156. COUNTY 156. CITY.TOWN OR LOCATION 156. STREET AND NUMBER 156. KIND OF BUSINESS OR INDUSTRY DEFENSE 156. COUNTY 156. CITY.TOWN OR LOCATION 156. STREET AND NUMBER 156. KIND OF BUSINESS OR INDUSTRY DEFENSE 156. COUNTY 156. CITY.TOWN OR LOCATION 156. STREET AND NUMBER 156. CITY.TOWN OR LOCATION 156. MAILING ADDRESS 176. MOTHERPARENT - NAME (First Middle Last Suffix) 176. MOTHERPARENT - NAME (First Middle Last Suffix) 166. MAILING ADDRESS 176. MOTHERPARENT - NAME (First Middle Last Suffix) 166. MAILING ADDRESS 176. MOTHERPARENT - NAME (First Middle Last Suffix) 166. MAILING ADDRESS 176. MOTHERPARENT - NAME (First Middle Last Suffix) 176. MOTHERPARENT - N	OCCURRED IN	name country) New York	United States	10" 1"	Vidowed 12.	SURVIVING SPOUSE'S NAME (
PARENTS Nevada Douglas Minden 1373 N: Sarita Barbara Dr. List Stephen Ves. List Stephen Ves.	REGARDING COMPLETION OF RESIDENCE	-5161		Engineer		Defense	Forces?	/No
John Alfred ANDERSON [Ba. INFORMANT-NAME (Type ar Print) Linda SLAYDEN Linda SLAYDEN [Ba. INFORMANT-NAME (Type ar Print) Linda SLAYDEN [Ba. INFORMANT-NAME (Type ar Print) Linda SLAYDEN [Ba. INFORMANT-NAME (Type ar Print) [Ba. BURLAL-CREMANTOAL (THER INFORMANT START INFORMAN		Nevada	Douglas	Minden	1373 N. Santa Ba	arbara Dr.	or No)	DE CITY pecify Yes Yes
Linda SLAYDEN 198: BURIAL-CREMATION, REMOVAL, OTHER (Specify) 198. CEMETERY OR CREMATORY - NAME Cremation FD921 TRADE CALL TRADE CALL	PARENTS	John	Alfred ANDERSON		E	dith Johanna KAIN		
Certifier COMMENDADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) COTORIO Mike B Goldwater P.O. Box 218 iMinden, NV 89423 CAUSE OF CONDITION CONDITION OF CONDITION CONDIT		Linda SL	AYDEN		120 Elizabeth Ln. Da	ayton, Nevada 89403		k.7
TRADE CALL	DISPOSITION	Cremation		Walton's Sierra (Crematory	Carson C		*****
CERTIFIER CERTIFIER 21b. DATE SIGNED (Mc/Day/Yr) 21c. HOUR OF DEATH 21d. NAME OF ATTENDING PHYSICIAN FOTHER THAN CERTIFIER 21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 21a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 21a. REGISTRAR 24a. REGISTRAR (Signature) BLAISE SATARIANO 24b. DATE RECEIVED BY REGISTRAR 24c. DEATH DUE TO COMMUNICABLE DISEAS SIGNATURE AUTHENTICATED 25c. MIKE B GOLDWATER SIGNATURE AUTHENTICATE August 01; 2017 22c. HOUR OF DEATH August 01; 2017 17:57 22d. PRONOUNCED DEAD (Mc/Day/Yr) 22e. PRONOUNCED DEAD AT (Hour Bay) 23b. LICENSE NUMBER Coroner Mike B Goldwater P.O. Box 218 Minden; NV 89423 24a. REGISTRAR (Signature) BLAISE SATARIANO 24b. DATE RECEIVED BY REGISTRAR 24c. DEATH DUE TO COMMUNICABLE DISEAS SIGNATURE AUTHENTICATED 25c. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and deal counter and counter and deal counter a		CRAIG R	COLEMAN LE AUTHENTICATED	LICENSE NUMBER	Waltons Fune	rals & Cremations-Cl	hapel of the Val	lev
CERTIFIER 21b. DATE SIGNED (Mo/Day/Yr) 21c. HOUR OF DEATH 21b. DATE SIGNED (Mo/Day/Yr) 21c. HOUR OF DEATH 21c. HOUR OF DEATH 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 21d. NAME OF ATTENDING PHYSICIAN IN MEDICAL EXAMINER, OR CORONER) (Type or Print) 22e. PRONOUNCED DEAD AT (Hour Dead (Mo/Day/Yr)) 22e. PRONOUNCED DEAD (Mo/Day/Yr) 22e. PRONOUNCED DEAD (Mo/Day/Y	TRADE CALL	≥ 21a. To the best of my knowle	edge, death occurred at the time, date	and place and due	2a. On the basis of examinatio	n and/or investigation, in my o	pinion death occurre	d
22d. PRONOUNCED DEAD AT (Hour Property Property) 22a. PRONOUNCED DEAD AT (Hour Property) 22b. LICENSE NUMBER 22d. DEATH DUE TO COMMUNICABLE DISEAS (MorDay/Yr) 22a. PRONOUNCED DEAD AT (Hour Property) 22b. LICENSE NUMBER 22d. DEATH DUE TO COMMUNICABLE DISEAS (MorDay/Yr) 22b. LICENSE NUMBER 22c. PRONOUNCED DEAD AT (Hour Property) 22b. LICENSE NUMBER 22c. DEATH DUE TO COMMUNICABLE DISEAS (MorDay/Yr) 22c. PRONOUNCED DEAD AT (Hour Property) 22b. LICENSE NUMBER 22c. DEATH DUE TO COMMUNICABLE DISEAS (MorDay/Yr) 22c. PRONOUNCED DEAD AT (Hour Property) 22d. DEATH DUE TO COMMUNICABLE DISEAS (MorDay/Yr) 22d. DATE HOUR PROPERTY	CERTIFIER	\$ X X X X X X X X X X X X X X X X X X X			MIKE B GOLDWAT	TER SIG	NATURE AUTHE	NTICATED
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 REGISTRAR 24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 01, 2017 YES NO CAUSE OF DEATH DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and dea		© E 21d NAME OF ATTENDING C M (Type or Print)	PHYSICIAN F OTHER THAN CERT	UFIER 00				AT (Hour)
REGISTRAR (Signature) BLAISE SATARIANO 24b. DATE RECEIVED BY REGISTRAR 24c. DEATH DUE TO COMMUNICABLE DISEAS (MorDay/Yr): August 01, 2017 YES NO X CAUSE OF PART! (a) Atherosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF:		23a: NAME AND ADDRESS OF CER	RTIFIER (PHYSICIAN, ATTENDING I	PHYSICIAN, MEDICAL EXAM P.O. Box 218 Minden,	INER, OR CORONER) (Typ	De or Print) 23b.	LICENSE NUMBER	Tag. aus
DEATH PARTI (a) Atherosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and dea	REGISTRAR	24a. REGISTRAR (Signature)	BLAISE SATARIAN SIGNATURE AUTHENTICATI	O 24b. DATE (Mo/Day/Yi	RECEIVED BY REGISTRAF	1 A A A A A A A A A A A A A A A A A A A	- 10 CO 10 C	E DISEASE
CONDITIONS IP		PARTI (a) Atheroscier	otic Cardiovascular Dis	E FOR (a), (b), AND (c).) Sease		in in the second	terval between onse	t and death
	ANY WHICH	(b)				<u> </u>	terval between onse	t and death
IMMEDIATE CAUSE STATING THE CC UNDERLYING DUE TO OR AS A CONSEQUENCE OF	IMMEDIATE CAUSE STATING THE UNDERLYING	(c)	YY AMIT'S		4.00 Table 100 T		At W. A	
(d) None Listed	CAUSE LAST	(d) None Lister		death but not resulting in the	Underdales estate altres in Fla		/***	
28. AUTOPSY. (Specifl 27. WAS CASE PERFERRED TO CORON 28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specifl) 28b. DATE OF INJURY (Mo/Day/Yr) 25c. HOUR OF INJURY 26d. DESCRIBE HOW INJURY OCCURRED						Yes or No)	(Specifi z7, WAS CAS REFERRED T (Specify Yes)	Ö CORONER × No) Yes
			Chan N. J. Ch.					1 AND
286. INJURY AT WORK (Specify 28f. PLACE OF INJURY At home, farm, street, factory, office 28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE Yes or No.) STATE REGISTRAR		28e. INJURY AT WORK (Specify 28 Yea of No)	f. PLACE OF INJURY- At home, fam ilding, etc. (Specify)			OR R.F.D. No. CITY OF	RTOWN	STATE



CERTIFIED COPY OF VITAL RECORDS

SIGNATURE AUTHENTICATED

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

8/16/2017

DATE ISSUED:

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

