

DOUGLAS COUNTY, NV

2017-904719

Rec:\$18.00

\$18.00 Pgs=5

09/27/2017 09:57 AM

ETRCO

KAREN ELLISON, RECORDER

APN# : 1318-09-810-059

Recording Requested By:

Western Title Company

When Recorded Mail To:

Joan L. Dyer

1540 Lillian Way

Reno, NV 89509

Mail Tax Statements to: (deeds only)

Same As Above

(space above for Recorder's use only)

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. (Per NRS 440.380(1)(5) & 40.525 (5))

Signature

Cindy Locker/EO

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT – DEATH OF TRUSTEE

Joan L. Dyer, of legal age, being first duly sworn, deposes and says:

1. Lloyd T. Dyer (aka Lloyd Thomas Dyer), the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Lloyd T. Dyer, named as Trustee in the Declaration of Trust dated 10/8/1981 and executed by Lloyd T. Dyer and Joan L. Dyer, 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 652 Freel Drive, Zephyr Cove, NV 89448, which property is described in a Grant, Bargain and Sale Deed which was executed by W. Bruce Wylie and Betty S. Wylie, husband and wife as Grantor(s) on August 25, 1987 and recorded as Instrument No. 161554, 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:

Lot 5 in Block H as shown on the Amended Map of Subdivisions No. 2 Zephyr Cove Properties, Inc., filed in the office of the County Recorder of Douglas County, State of Nevada on August 5, 1929, as Document No. 267.
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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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 9/25/17



Joan L. Dyer, Co-Trustee

STATE OF NEVADA
COUNTY OF WASHOE

}SS

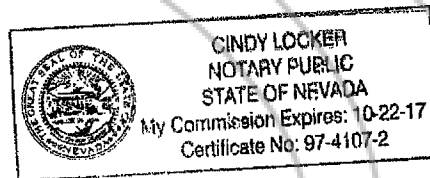
This instrument was acknowledged before me on

9-25-17

By Joan L. Dyer



Notary Public



STATE OF NEVADA
 CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2014015196

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Lloyd Thomas DYER		2. DATE OF DEATH (Mo/Day/Year) September 14, 2014		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Reed's Manor #2		3e. If Hosp. or Inst. indicate DOA OP/Emer. Rm. Inpatient(Specify) Residential Care Facility	
DECEDENT	4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 87		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) July 15, 1927		9a. STATE OF BIRTH (If not U.S.A., name, country) New York		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 18		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Joan Louise PEARSON	
PARENTS	13. SOCIAL SECURITY NUMBER 5837		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Casino Executive		14b. KIND OF BUSINESS OR INDUSTRY Casino	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Reno	
DISPOSITION	15d. STREET AND NUMBER 1540 Lillian Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Bernard Carlton DYER	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Evelyn Lucy FOSTER		18a. INFORMANT - NAME (Type or Print) Joan L DYER		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1540 Lillian Way Reno, Nevada 89509	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89503	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BLAKE HOWE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 622		20c. NAME AND ADDRESS OF FACILITY Walton's Funeral Home, Reno 875 West Second St Reno NV 89503	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED REED DOFF M.D.		21b. DATE SIGNED (Mo/Day/Yr) September 18, 2014		21c. HOUR OF DEATH 22:50	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	22c. HOUR OF DEATH		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) Reed Doff M.D. 18653 Wedge Pkwy Reno, NV 89511		23b. LICENSE NUMBER 13920		24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 22, 2014		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).)	
	25. IMMEDIATE CAUSE (a) Terminal complications of malignant, metastatic urothelial carcinoma		Interval between onset and death Months		26. AUTOPSY (Specify Yes or No) No	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST	(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
	(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	
(d) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		28b. DATE OF INJURY (Mo/Day/Yr)		
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.		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

3792089

VRS-Rev-20120523a

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.

09/23/2014

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED



DOUGLAS COUNTY

LEGIBILITY NOTICE

The Douglas 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 produced from the recorded document would not be legible and may affect legal rights and entitlements. However, the customer requested that the document be recorded without delay. Therefore, pursuant to NRS 247.120, the County Recorder accepted the document conditionally, subject to submission of a suitable copy at a later date.

Upon submission of a suitable copy at a later date, I am aware that I will be required to pay recording fees.

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 and may therefore adversely affect legal rights and entitlements.

Date 9-25-17

Signature 

Print Name