

This document includes a certified death certificate as required by NRS 40.525(5) which contains a social security number as required by NRS 440.380(1)(a).



ANDERSON, DORN & RADER, LTD.

APN: 530-381-05

RECORDING REQUESTED BY:

Bryce L. Rader, Esq.
Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

AFTER RECORDING MAIL TO:

Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

MAIL TAX STATEMENT TO:

Janice I. Moran, Trustee
925 Springfield Drive
Gardnerville, Nevada 89460

AFFIDAVIT OF DEATH OF TRUSTEE

I, JANICE I. MORAN, the undersigned Trustee, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated February 24, 2014, ALFRED P. STATHAM and I executed the STATHAM-MORAN LIVING TRUST (the "Trust").

(2) ALFRED P. STATHAM deceased on August 26, 2017, at Gardnerville, Nevada, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said ALFRED P. STATHAM.

(3) The current Trustees are JANICE I. MORAN and TERRIE L. VELASQUEZ.

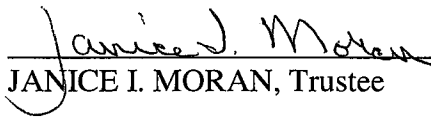
(4) The following described real property is part of the Trust estate: See Exhibit "A" attached.

(6) We are authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as sole Trustee with respect to the Trust's interest in the described property.

(7) No other person has a right to the interest of the Trust in the described property.

(8) The described property shall be transferred to me as sole Trustee.

Executed in the County of Douglas, State of Nevada, on September 20, 2017.



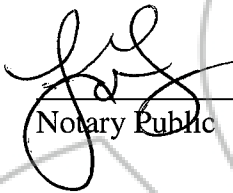
JANICE I. MORAN, Trustee



TERRIE L. VELASQUEZ

STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

Signed and sworn to (or affirmed) before me on September 20, 2017, by JANICE I. MORAN and TERRIE L. VELASQUEZ, Trustees.



Notary Public

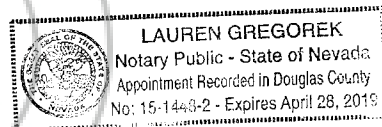


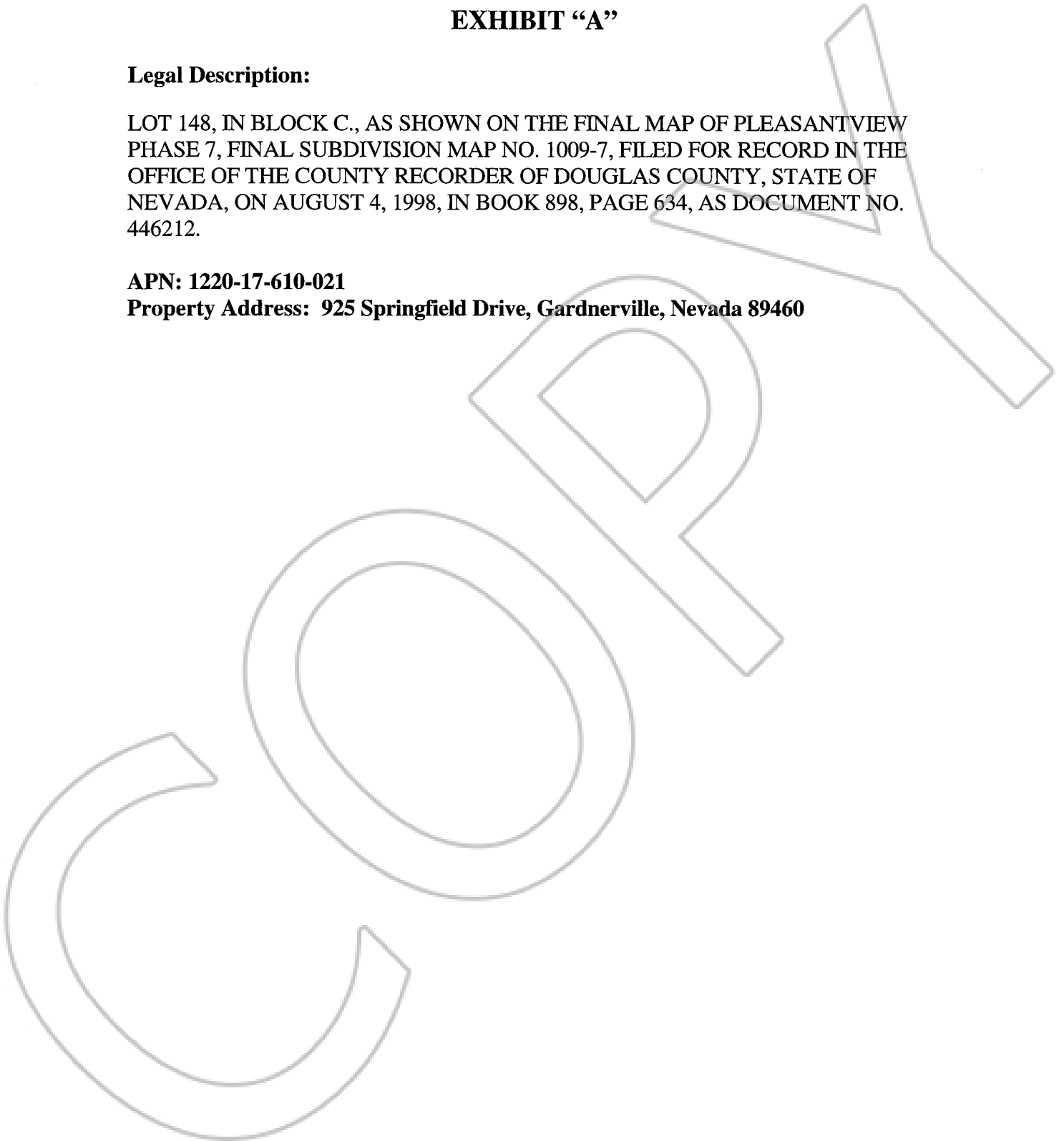
EXHIBIT "A"

Legal Description:

LOT 148, IN BLOCK C., AS SHOWN ON THE FINAL MAP OF PLEASANTVIEW PHASE 7, FINAL SUBDIVISION MAP NO. 1009-7, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON AUGUST 4, 1998, IN BOOK 898, PAGE 634, AS DOCUMENT NO. 446212.

APN: 1220-17-610-021

Property Address: 925 Springfield Drive, Gardnerville, Nevada 89460



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO: 3974667

CERTIFICATE OF DEATH

2017016336
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) Alfred Paul STATHAM		2. DATE OF DEATH (Mo/Day/Year) August 26, 2017		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street address) Renown Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No- Non-Hispanic	
7a. AGE-Last birthday (Years) 64		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
7d. UNDER 1 YEAR DAYS		7e. UNDER 1 DAY MIN		8. DATE OF BIRTH (Mo/Day/Yr) September 22, 1932	
9a. STATE OF BIRTH (If not US/CA, name country) Louisiana		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 18	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Janice Ileen MORAN			
13. SOCIAL SECURITY NUMBER ██████-9202		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Lawyer		14b. KIND OF BUSINESS OR INDUSTRY Legal Services	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 925 Springfield Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Hugh Alfred STATHAM			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Grace WILLIAMS		
18a. INFORMANT - NAME (Type or Print) Cheryll STATHAM		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 25360 Ramrock Drive Porter Heights, Texas 77365			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) CHRISTIE D WILDE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
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) NATALIE M LEWMAN DO SIGNATURE AUTHENTICATED			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) August 31, 2017		21c. HOUR OF DEATH 12:39		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) David K Ritchie MD		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) Natalie M Lewman DO 1155 Mill Street Reno, NV 89502				23b. LICENSE NUMBER DO1869	
24a. REGISTRAR (Signature) CARMEN M MENDOZA SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 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				Interval between onset and death	
(a) Acute Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF:					
(b) Acute Non Traumatic Intracranial Hemorrhage DUE TO, OR AS A CONSEQUENCE OF:					
(c) Metastatic Cancer Of Lung To Other Site DUE TO, OR AS A CONSEQUENCE OF:					
(d) Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF:					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I Acute Encephalopathy; Platelet Dysfunction; Hypertension				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
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

000688358



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: 9/6/2017

[Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

