

APN# 1320-32-703-003

Recording Requested by/Mail to:

Name: Cathy Colquhoun

Address: 1632 BELARRA ST

City/State/Zip: MINDEN, NV 89423

Mail Tax Statements to:

Name: Cathy Colquhoun

Address: 1632 BELARRA ST

City/State/Zip: MINDEN, NV 89423



00063256201709055050040045

KAREN ELLISON, RECORDER

AFFIDAVIT-DEATH of TRUSTEE

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Cathy Colquhoun
Signature

CATHY COLQUHOUN
Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

Recording requested by:
Cathy Colquhoun
1632 Belarra St.
Minden, NV 89423

And when recorded, mail to:
Cathy Colquhoun
1632 Belarra St.
Minden, NV 89423

APN: 1320-32-703-003

For recorder's use

AFFIDAVIT OF DEATH OF TRUSTEE

State of Nevada)

) ss.

County of Douglas)

CATHY COLQUHOUN, of legal age, being first duly sworn, deposes and says:

1. MARIAN BARRETT, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MARIAN BARRETT named as Trustee in the Declaration of Trust dated August 7, 2014, and executed by MARIAN BARRETT as Grantor and Trustee.
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known 1496 Circle Drive, Gardnerville, NV 89410, which property is described in a Deed which was executed by Marian Barrett, a widow, as Grantor on August 7, 2014, and recorded as Document No. 0847587, in Book 0814, Page 1480, of Official Records of Douglas County, Nevada.
3. The legal description of said property is as follows:
SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF
4. I am one of the named successor Co--Trustees 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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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 10/12/17

Cathy Colquhoun
Cathy Colquhoun

State of Nevada
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 12 day of
October, 2017, by Cathy Colquhoun, proved to me on the basis
of satisfactory evidence to be the person who appeared before me.

Signature Cameron Amatore

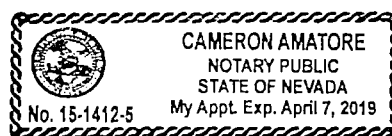


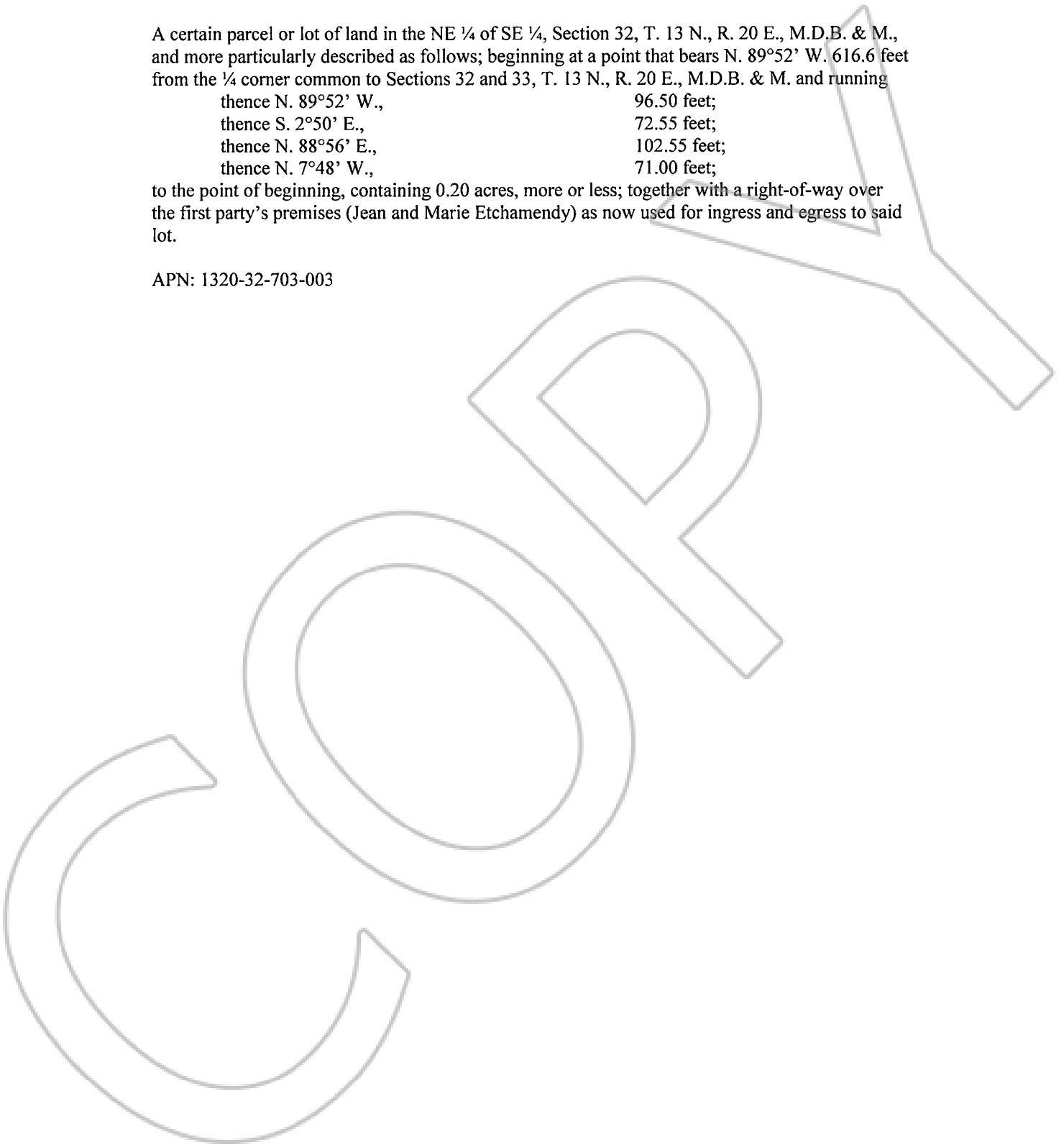
EXHIBIT "A"

A certain parcel or lot of land in the NE ¼ of SE ¼, Section 32, T. 13 N., R. 20 E., M.D.B. & M., and more particularly described as follows; beginning at a point that bears N. 89°52' W. 616.6 feet from the ¼ corner common to Sections 32 and 33, T. 13 N., R. 20 E., M.D.B. & M. and running

thence N. 89°52' W.,	96.50 feet;
thence S. 2°50' E.,	72.55 feet;
thence N. 88°56' E.,	102.55 feet;
thence N. 7°48' W.,	71.00 feet;

to the point of beginning, containing 0.20 acres, more or less; together with a right-of-way over the first party's premises (Jean and Marie Etchamendy) as now used for ingress and egress to said lot.

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STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3978193

CERTIFICATE OF DEATH

2017017483
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Marian I BARRETT		2. DATE OF DEATH (Mo/Day/Year) September 17, 2017		3a. COUNTY OF DEATH Carson City	
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and Inpatient(Specify) Carson Tahoe Regional Medical Center Intensive Care Unit (ICU)		4. SEX Female	
DECEDENT	5. RACE (Specify) White		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		8. DATE OF BIRTH (Mo/Day/Yr) March 16, 1930	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country). Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
	11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-2165		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Bookkeeper		14b. KIND OF BUSINESS OR INDUSTRY Fuel & Oil Distributing	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1496 Circle Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Pierre SARASOLA	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Marie ARROSAGARRAY		18a. INFORMANT - NAME (Type or Print) Cathy COLQUHOUN.			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1632 Belarra St Minden, Nevada 89423				19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	
	19b. CEMETERY OR CREMATORY - NAME Mottsville Cemetery		19c. LOCATION City or Town State Gardnerville Nevada 89460			
CERTIFIER	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 Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) TOKAMEH ENTEZARI MD 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. (Signatura & Title)			
	21b. DATE SIGNED (Mo/Day/Yr) September 19, 2017		21c. HOUR OF DEATH 02:26		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Tokameh Entezari MD. 1155 Mill St Reno, NV 89502.			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER 12746		24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 19, 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) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (c) Acute Kidney Injury DUE TO, OR AS A CONSEQUENCE OF: (d) Thrombocytopenia			
STATE REGISTRAR	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Hypertension; Unknown Etiology		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

000692406



CERTIFIED COPY OF VITAL RECORDS

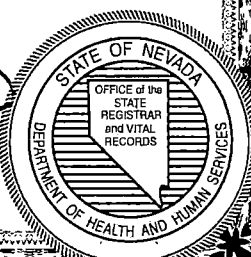
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **OCT 10 2017**

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

[Signature]
STATE REGISTRAR

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE