

APN# : 1220-22-410-033

Recording Requested By:

Western Title Company, LLC

Escrow No.: 093352-TEA

When Recorded Mail To:

Daren P. Morgan

859 Cabernet Ct. # A

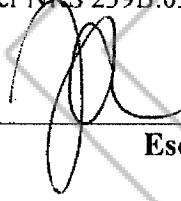
Gardnerville NV 89410

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons.

(Per NRS 239B.030)

Signature _____

Traci Adams



Escrow Instructions

Affadavit Death of Trustee

This page added to provide additional information required by NRS 111.312
(additional recording fee applies)

AFFIDAVIT – DEATH OF TRUSTEE

Daren P. Morgan, of legal age, being first duly sworn, deposes and says:

1. Donald G. Morgan, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Donald G. Morgan, named as Trustee in the Declaration of Trust dated 5/20/2008 and executed by Donald G. Morgan and Dianne Morgan 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 1406 Patricia Drive Gardnerville, NV 89460, which property is described in a Deed which was executed by Donald G. Morgan and Dianne Morgan, Trustees of the Dianne and Donald Morgan Family Trust dated May 20, 2008 as Grantor(s) on March 18, 2016 and recorded as Instrument No. 2016-878314, 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:

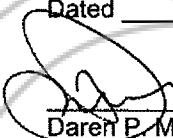
All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 758 of GARDNERVILLE RANCHOS UNIT NO. 7, according to the official map thereof, filed in the office of the County Recorder of Douglas County, Nevada, on March 27, 1974, in Book 374, Page 676, as File No. 72456.

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 _____



Daren P. Morgan, Successor Trustee

STATE OF NEVADA

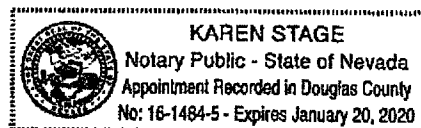
}SS

COUNTY OF Douglas

This instrument was acknowledged before me on
12/07/2017 By Daren P. Morgan.



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. 3841343

CERTIFICATE OF DEATH

2017003296
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Donald George MORGAN			2. DATE OF DEATH (Mo/Day/Year) February 14, 2017		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or Inpatient(Specify) 1406 Patricia Drive Home		4. SEX Male		
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 86	7b. UNDER 1 YEAR MOS DAYS HOURS MINS	7c. UNDER 1 DAY	
	8. DATE OF BIRTH (Mo/Day/Yr) October 17, 1930		9a. STATE OF BIRTH (If not US/CA, name country) Ohio		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 14	11. MARITAL STATUS (Specify) Married
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER 7481		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Service Technician		14b. KIND OF BUSINESS OR INDUSTRY Telephone Company		Ever in US Armed Forces? Yes
	15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville	15d. STREET AND NUMBER 1406 Patricia Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No	
PARENTS	18. FATHER/PARENT -NAME (First Middle Last Suffix) Cleveland Henry MORGAN			17. MOTHER/PARENT -NAME (First Middle Last Suffix) Margaret Louis THOMPSON			
	18a. INFORMANT-NAME (Type or Print) Dianne MORGAN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1406 Patricia Drive Gardnerville, Nevada 89460				
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c. LOCATION City or Town State Carson City Nevada 89701		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 304R	20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701			
TRADE CALL	TRADE CALL - NAME AND ADDRESS						
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) JOHN R HOLMAN M.D. 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) February 23, 2017		21c. HOUR OF DEATH 07:24				
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
				22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) John R.Holman M.D. 925 Ironwood Dr Minden, NV 89423					23b. LICENSE NUMBER 13250	
	24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 24, 2017		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						
	PART I	(a) Brain Hypoxia					Interval between onset and death 1 Hour
		DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
		(b) Respiratory Failure					1 Week
	DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
	(c) Pulmonary Fibrosis					10 Years	
	DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
	(d)						
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

000662518



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: **2/27/2017**

Cody J. Phinney
SIGNATURE AUTHENTICATED

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

