

APN# : 1220-22-410-033

Recording Requested By:

Western Title Company, LLC

Escrow No.: 093352-TEA

When Recorded Mail To:

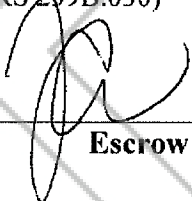
Daren P. Morgan

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. Dianne Morgan, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Dianne 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 Co-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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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

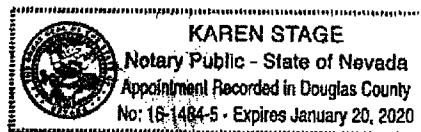
STATE OF NEVADA

}SS

COUNTY OF Douglas

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

Karen Stage
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. 3969404

CERTIFICATE OF DEATH

2017015147
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Dianne MORGAN		2. DATE OF DEATH (Mo/Day/Year) July 27, 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) Carson Valley Medical Center Emergency Room / Outpatient		4. SEX Female		
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 79		
	7b. UNDER 1 YEAR (Mo/Day/Yr) MOS DAYS HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) May 08, 1938				
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Kentucky		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 4214		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY		
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		
DISPOSITION	15d. STREET AND NUMBER 1406 Patricia Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes				
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Samual FRANCIS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Melba Jane STEWART			
TRADE CALL	18a. INFORMANT - NAME (Type or Print) Daren MORGAN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 859 Cabernet Court Unit A Gardnerville, Nevada 89460				
	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		
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE		20b. FUNERAL DIRECTOR LICENSE NUMBER FD304		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701		
	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)		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)		21c. HOUR OF DEATH		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) Deputy Geoffrey Marshall P O Box 218 Minden, NV 89423				
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER 0430		24a. REGISTRAR (Signature) BLAISE SATARIANO		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 15, 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) Chronic Renal Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) 				
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.			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

000685241



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: 8/18/2017

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

[Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED

