

APN# : 1320-35-002-026



KAREN ELLISON, RECORDER

Recording Requested By:

Western Title Company

When Recorded Mail To:

1474 Sanchez Rd
Gardnerville NV
89410

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

Traci Adams

Escrow Officer

Affidavit Death of Trustee

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

AFFIDAVIT – DEATH OF TRUSTEE

Ingrid A. Angst, of legal age, being first duly sworn, deposes and says:

1. Phillip D. Angst, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Phillip D. Angst named as Trustee in the Declaration of Trust dated 9/27/2000 and executed by Phillip D. Angst and Ingrid A. Angst, Trustees of The Ingrid & Phillip D. Angst - 2000 Trust dated September 27, 2000 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 1474 Sanchez Rd Gardnerville, NV 89410, which property is described in a Deed which was executed by Phillip D. Angst and Ingrid A. Angst, Trustees of The Ingrid & Phillip D. Angst-2000 Trust, dated September 27, 2000 as Grantor(s) on December 8, 2011 and recorded as Instrument No. 0793840, in Book 1211, Page 1398, 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:

Being a portion of the Southwest of Section 34, Township 13 North, Range 20 East, M.D.B. & M., further described as follows:

Parcel 19D as set forth on Parcel Map #3 for GREGORY W. AND HOLLIS L. PAINTER, filed in the office of the County Recorder of Douglas County, State of Nevada, on January 25, 1994 in Book 194, Page 4478, as Document No. 328303, Official Records.

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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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 1-22-18

Ingrid A. Angst
Ingrid A. Angst,

STATE OF NEVADA

}SS

COUNTY OF

Douglas

This instrument was acknowledged before me on

1/22/18

By Ingrid A. Angst.

[Signature]
Notary Public



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS**

CERTIFICATE OF DEATH

2013022040

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) Phillip D ANGST		2. DATE OF DEATH (Mo/Day/Year) December 13, 2013		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1474 Sanchez Rd.		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		7a. AGE-Last birthday (Years) 73		8. DATE OF BIRTH (Mo/Day/Yr) September 21, 1940	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOS DAYS	
9a. STATE OF BIRTH (if not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Ingrid JOHNSON		13. SOCIAL SECURITY NUMBER ██████████-6619	
14a. USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired) Sales		14b. KIND OF BUSINESS OR INDUSTRY Self Employed		Ever in US Armed Forces? Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1474 Sanchez Rd.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Derrill ANGST	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Stella SUTHERLAND		18a. INFORMANT- NAME (Type or Print) Ingrid ANGST		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1474 Sanchez Rd. Gardnerville, Nevada 89410	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION - City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 823		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street 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) MARSHALL FLAGG SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) January 31, 2014		21c. HOUR OF DEATH 08:18	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. PRONOUNCED DEAD (Mo/Day/Yr) December 13, 2013		22b. PRONOUNCED DEAD AT (Hour) 08:18	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy MARSHALL FLAGG P.O. Box 218 Minden, NV 89423				23b. LICENSE NUMBER 465	
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 05, 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).) PART I (a) Hypertensive Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I Right Bundle Branch Block with Left Anterior Hemiblock				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

374927

517914

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:

02/12/2014

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

Rodolfo
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

