

APN# : 1220-17-610-021

Recording Requested By:
eTRCo, LLC.

When Recorded Mail To:
Western Title Company
2310 S Carson Street Suite 5A
Carson City, NV
89701

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

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 _____

Jessica S.

Escrow Assistant

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT – DEATH OF TRUSTEE

Terrie L. Velasquez, of legal age, being first duly sworn, deposes and says:

1. Janice Ileen Moran, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Janice I. Moran named as Trustee in the Declaration of Trust dated 2/16/2012 and executed by Alfred P. Statham and Janice I. Moran, husband and wife as joint tenants 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 925 Springfield Drive Gardnerville, NV 89460, which property is described in a Deed which was executed by Alfred P. Statham and Janice I. Moran, husband and wife as joint tenants as Grantor(s) on October 15, 2013 and recorded as Instrument No. 832106 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 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.

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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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 3/14/18 Terrie L. Velasquez
Terrie L. Velasquez

STATE OF NEVADA


}SS

COUNTY OF Carson City

This instrument was acknowledged before me on

3/14/18
By Terrie L. Velasquez

Jessica Stalaker
Notary Public

 JESSICA STALAKER
Notary Public - State of Nevada
Appointment Recorded in Carson City
No: 15-2540-3 - Expires July 8, 2019

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3983863

CERTIFICATE OF DEATH

2017019498

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) Janiceileen MORAN		2. DATE OF DEATH (Mo/Day/Year) October 18, 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 925 Springfield Dr.		3d. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Home	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 83		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) June 27, 1934		9a. STATE OF BIRTH (if not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER [REDACTED]-8106		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Executive Secretary		14b. KIND OF BUSINESS OR INDUSTRY Administration	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 925 Springfield Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. EVER IN US ARMED FORCES? : No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) James MORAN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Cora Helen CAUBLE		
18a. INFORMANT - NAME (Type or Print) Terrie VELASQUEZ		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 8233 Eaglenest Rd Sparks, Nevada 89436			
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 (Or Person Acting as Such) CHRISTIE D WILDE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
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) STEPHEN BLOOMFIELD 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. (Signature & Title)		
21b. DATE SIGNED (Mo/Day/Yr) October 20, 2017		21c. HOUR OF DEATH 17:15		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Stephen Bloomfield MD 5250 Neil Rd Ste #207 Reno, NV 89502			
23b. LICENSE NUMBER 3741		24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 20, 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) Parkinsons Disease					
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) 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

000696793



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:

10/31/2017

[Signature]
SIGNATURE AUTHENTICATED

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

