

APN# 1221-06-001-042

**Recording Requested by:**

Name: First American Title Insurance Company

Address: 1663 US Highway 395, Suite 101

City/State/Zip: Minden, NV 89423

Order Number: 143-2539363

Affidavit Death of Trustee

(for Recorder's use only)

(Title of Document)

**Recorder Affirmation Statement**

**Please complete Affirmation Statement below:**

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)

-OR-

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 as required by law: NRS 111.310

(State specific law)

[Handwritten Signature]

Signature

EO

Title

MIKEISH

Print

Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)

**RECORDING REQUESTED BY**  
First American Title Insurance  
Company of Nevada

**AND WHEN RECORDED  
RETURN TO AND MAIL TAX  
STATEMENTS TO:**  
Rhonda L. Raymond  
1535 Briarfield Place  
Santa Rosa, CA 95404

Space Above This Line for  
Recorder's Use Only

**A.P.N. 1221-06-001-042**

File No.: 143-2539363 (mk)

**Affidavit - Death of Trustee**

State of Nevada )  
County of Douglas )ss.  
)

**Rhonda L. Raymond** ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Edward Thomas Raymond Jr.** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **December 02, 2017** at **Carson City, NV** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **April 18, 2007** executed by **Edward T. Raymond Jr.**, as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant Bargain Sale Deed** dated **April 19, 2003** which was recorded as Instrument No. **0822417** in Book **0413**, Page **7237**, of Official Records of **Douglas** County, Nevada as legally described as follows:

**Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference**

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: April 26, 2018

Rhonda L. Raymond  
DECLARANT:

Rhonda L. Raymond  
Rhonda L. Raymond

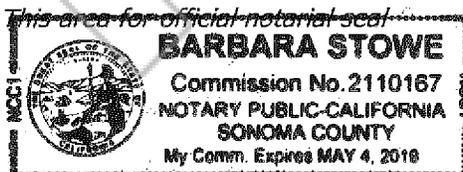
State of CA )  
County of Sonoma )ss

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Sonoma and State CA this 26th day of April, 20 18 by Rhonda L. Raymond, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

Signature Barbara Stowe

My Commission Expires: 5/4/19



Notary Name: Barbara Stowe Notary Phone: 707-542-8148

Notary Registration Number: 2110167 County of Principal Place of Business Sonoma

# CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3991159

### CERTIFICATE OF DEATH

2017022861  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Edward Thomas RAYMOND JR</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 02, 2017</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address) <b>Carson Nursing &amp; Rehab</b>		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
DECEDENT	4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. DATE OF BIRTH (Mo/Day/Yr) <b>February 09, 1937</b>	
	7a. AGE-Last birthday <b>80</b>		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) <b>New Mexico</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
	11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Nancy Lee JERNIGAN</b>			
PARENTS	13. SOCIAL SECURITY NUMBER <b>██████-2309</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
DISPOSITION	15d. STREET AND NUMBER <b>2039 Fish Springs Road</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Edward Thomas RAYMOND</b>	
	16. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Gladys WERSKY</b>		17. INFORMANT- NAME (Type or Print) <b>Nancy Lee RAYMOND</b>			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2039 Fish Springs Road Gardnerville, Nevada 89410</b>				19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>	
	19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CRAIG R COLEMAN</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD921</b>		20c. NAME AND ADDRESS OF FACILITY <b>Cremation Society of Nevada - Capitol City 1814 N Curry Street Carson City NV 89703</b>	
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>ILEANA C DEFTU MD</b>					
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) <b>December 08, 2017</b>		21c. HOUR OF DEATH <b>12:10</b>		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)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Ileana C Deftu MD 235 West 6th Street Reno, NV 89503</b>				23b. LICENSE NUMBER <b>12431</b>	
	24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 08, 2017</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I				26. AUTOPSY (Specify Yes or No) <b>No</b>	
	(a) <b>Parkinson's Disease</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Cerebral Atherosclerosis</b> DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
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



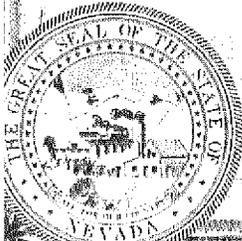
CERTIFIED COPY OF VITAL RECORDS

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: **12/11/2017**

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

*[Signature]*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED



**EXHIBIT 'A'**

**LOT 96 OF FISH SPRINGS ESTATES, ACCORDING TO THE MAP THEREOF, FILED FOR  
RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA,  
ON AUGUST 30, 1973, AS DOCUMENT NO. 68451.**

