DOUGLAS COUNTY, NV

KAREN ELLISON, RECORDER

Rec:\$35.00

\$35.00 Pgs=4

2018-914722 05/25/2018 12:59 PM

ETRCO

APN#: 1420-33-213-032

Recording Requested By: Western Title Company	\
When Recorded Mail To: Roger Crim 250 Echo Drive	\
Edmond, OK 73034-1129	
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 N	
440.380 (1)(3) & 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

Roger Crim, of legal age, being first duly sworn, deposes and says:

- Carol E. Crim, the decedent mentioned in the attached certified copy of Certificate
 of Death, is the same person as Carol E. Crim named as Trustee in the Declaration
 of Trust dated 11/21/1989 and executed by Ray E. Crim and Carol E. Crim
 Trustor(s).
- At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 1280 Downs Drive Minden, NV 89423, which property is described in a Deed which was executed by Gary Kaplan and L. A. Kaplan, husband and wife as joint tenants as Grantor(s) on November 21, 1989 and recorded as Instrument No. 305672, in Book 493, Page 5087, 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 43 in Block D of WILDHORSE SUBDIVISION UNIT NO. 1, a Planned Unit Development, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on August 3, 1989, in Book 889, as Page 450, as Document No. 207982.

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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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

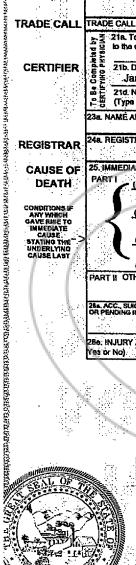
I declare under foregoing is true a	penalty of perjury, under the laws of the State of and correct.	Nevada, that the
Dated 4/32	1/18 Kogle Crim	
,	Roger Crim,	
5	STATE OF NEVADA OKIONOMA	} \$\$
(COUNTY OF Oklahama	
]	This instrument was acknowledged before rice WHITTHIN	
E	COUNTY OF Oklahoma This instrument was acknowledged before me WHITTER On April 30, 2018. By Roger Crim. # 01001605	



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

VITAL STATISTICS

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CASE FIL	.E NO. 3997900		CERTIFICATE	OF DEATH		018000406
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	Military	- · · · · · · · · · · · · · · · · · · ·		Name/If not althor nive	January 09, 2018 treet er/3e.if Hosp. or Inst. indicate	Carson City DOA OP/Emer Rm. 14. SEX
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DECEDENT	Carson Ci 5: RACE (Specify)	2 1	Carson Tahoe Regiona Hispanic Origin? Specify	1 1	Emergéncy Ro	om / Outpatient Female Fem
		현대 등이 병기를	No - Non-Hispanic	(Years) 83	MUS DAYS HOURS MI	November 01, 1934
OCCURRED IN HISTITUTION SEE HANDBOOK	9a. STATE OF BIRTH (If not name country)	US/CA. 9b. CITIZEN OF	MAT COUNTRY 10.EDUCAT	ON 11: MARITAL STATUS	(Spedily) 12. SURVIVING SPOUSES	NAME (Last meme prior to first marriage)
HANDBOOK :	13, SOCIAL SECURITY NUI		States 13 CUPATION (Give Kind of Work	Dong Dudga Mast of	14b. KIND OF BUSINESS OR INC	SUSTRY Ever in US Armed
REGARDING COMPLETION OF	2334	IM SAN CAN SAN CAN	Secre		Education	Forces? No
RESIDENCE ITEMS	15a RESIDENCE - STATE	15b, COUNTY	15c. CITY, TOWN OR L		ET AND NUMBER	UNITS (Specify Yes
1	Nevada	Douglas	Minder	1280 [Downs Drive	or No) Yes
2400000		NE (First Middle Last Suffix			RENT - NAME (First Middle Last	Suffix)
PARENTS		Roy Frank DREV	٧. 🖊		Thelma Nettie Pl	HILLIPS
	18a INFORMANT-NAME (1	ype or Print) thy PERKINS	186. MAILING AD	76.	D. No, City or Town, State, Zip) Valley Drive Reno, Nevad	a 89521
DISPOSITION		REMOVAL, OTHER (Specify)		TORY - NAME Cremation Service		ON City or Town State rson City Nevada 89701
		- SIGNATURE (Or Person Acti IN LAWRENCE	ng as Such) 20b. FUNERA LICENSE NUI		AND ADDRESS OF FACILITY Autumn Funerals	& Cremations
1.7	8 i Gi	NATURE AUTHENTICATE	FD3	04	1575 N Lompa Ln Can	on City NV 89701
TRADE CALL	TRADE CALL - NAME AND	ADDRESS		grivatinja ja		
.;	Ditho cause(s) states	y knowledge, death occurred a 1.(Signature & Title) Signature & Title)	NATURE AUTHENTICAT	tue 22a On the be ED 2 at the time, de	ists of examination and/or investigation to and place and due to the cause(s) s	, in my opinion death occurred lated, (Signature & Title)
CERTIFIER	21b. DATE SIGNED	(Mo/Day/Yr) 21c. H	OUR OF DEATH 23:31		SIGNED (Mo/Day/Yr)	22c, HOUR OF DEATH
	21d NAME OF ATTI	ENDING PHYSICIÁN IF OTHE	R THAN CERTIFIER		OUNCED DEAD (Mo/Day/Yr) 2	226. PRONOUNCED DEAD AT (Hour)
#1 ¹	23s. NAMÉ AND ADDRESS	OF CERTIFIER (PHYSICIAN) Evan W Easley MD	ATTENDING PHYSICIAN, ME 1520 Virginia Ranch Rd	Gardnerville, NV 8	39410	235. LICENSE NUMBER 7446
REGISTRAR	24a. REGISTRAR (Signatur	⁹⁾ MELISSA	KNIGHT	24b. DATE RECEIVED (Mo/Day/Yr) Inch	3849 10 1400 July	H DUE TO COMMUNICABLE DISEASE
		SIGNATURE AUT		Janu	ary 11, 2018	YES NO X
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PORDERON IN		or as a consequence of ary Artery Disease	 16 (1997) 			interval between onset and death
CONDITIONS IF ANY WHICH GAVE RUIE TO	30)	OR AS A CONSEQUENCE OF		<u> </u>		
IMMEDIATE CAUSE	Diabe	tes Mellitus				interval between onset and death
STATING THE	(C)	OR AS A CONSEQUENCE OF	., 		,	Interval between onset and death
CAUSELAST				His off pays	e e e e e e e e e e e e e e e e e e e	
	PART II OTHER SIGNIFIC	ANT CONDITIONS Conditions	contributing to death but not re	sulting in the underlying o	ause given in Part 1 29 At	TOPSY (Specifizit, WAS CASE REFERRED TO CORONER
	"	And the Miles	7 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		res or	No. No. REFERRED TO CORONER (Specify Yes or No.) NO.
a la	28s. ACC., SUICIDE, HOM., UNI OR PENDING INVEST, (Specify)	XET. 286, DATE OF INJURY (Ma)	DayYY) 28c. HOUR OF INJ	URY 284. DESCRIBE HO	WINJURY OCCURRED	
1 1			100		•	
	28e: INJURY AT WORK (Sp Yes or No)	ecify 281, PLACE OF INJURY building, etc. (Specify)		office 28g LOCATION	STREET OR R.F.D. No.	CITY OR TOWN STATE
3, 11						





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:

1/12/2018







DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

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DATE ISSUED:

1/12/2018



