

APN# : 1320-30-814-009

DOUGLAS COUNTY, NV

2018-914918

Rec:\$35.00

\$35.00

Pgs=5

05/31/2018 02:46 PM

ETRCO

KAREN ELLISON, RECORDER

Recording Requested By:

Western Title Company

When Recorded Mail To:

Susan D. Sweeney Revocable Trust

812 E York Way

Sparks, NV 89434

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

Steven Donkersgoed, Successor Trustee of legal age, being first duly sworn, deposes and says:

That Susan D. Sweeney, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Susan D. Sweeney named as one of the parties in that certain Grant, Bargian, Sale Deed dated 2/28/2013 executed by Robert C. Falcke and Darlene J. Falcke, husband and wife as joint tenants with right of survivorship to Susan D. Sweeney, Trustee of the Susan D. Sweeney Revocable Trust dated August 23, 2007 as joint tenants, recorded as instrument No. 819729, on 3/11/2013, in Book313, Page 2389, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

All that real property situated in the County of Douglas, State of Nevada, described as follows:

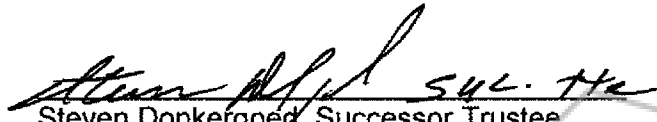
Unit 9 of BELARRA TOWNHOUSE ESTATES, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on April 25, 1978, as Document No. 19954 and as Amended by Certificate recorded April 13, 1982, as Document No. 70143.

TOGETHER WITH a 1/9th interest in the Common Area, as shown on the map of BELARRA TOWNHOUSE ESTATES, filed for record in the office of the County Recorder

Dated

5/23/18

Susan D. Sweeney Revocable Trust dated August 23, 2007

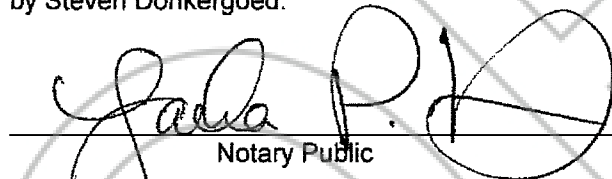

Steven Donkergoed, Successor Trustee

STATE OF Nevada }SS

COUNTY OF Douglas

This instrument was acknowledged before me on
5/23/18

by Steven Donkergoed.


Notary Public

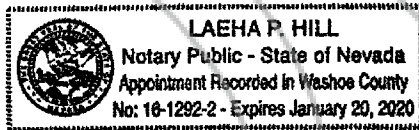


EXHIBIT "A"

All that real property situated in the County of Douglas, State of Nevada, described as follows:

Unit 9 of BELARRA TOWNHOUSE ESTATES, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on April 25, 1978, as Document No. 19954 and as Amended by Certificate recorded April 13, 1982, as Document No. 70143.

TOGETHER WITH a 1/9th interest in the Common Area, as shown on the map of BELARRA TOWNHOUSE ESTATES, filed for record in the office of the County Recorder of Douglas County, Nevada, on April 25, 1978, as Document No. 19954, acquired by Deed recorded August 28, 1985, Document No. 122329, Official Records, Douglas County, Nevada.

The above map is redivision of Lot 2 Map of Belarra Subdivision Unit No. 1 recorded February 28, 1977, as Document No. 07213 and Lots 16 and 17 Map of Belarra Subdivision Unit No. 2-A recorded July 26, 1977, as Document No. 11365.

**Assessor's Parcel Number(s):
1320-30-814-009**

**STATE OF NEVADA
CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4011829

CERTIFICATE OF DEATH

2018006745
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) Susan D SWEENEY		2. DATE OF DEATH (Mo/Day/Year) March 29, 2018		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street or 1628 Olva St		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		7a. AGE-Last birthday (Years) 85		8. DATE OF BIRTH (Mo/Day/Yr) May 24, 1932	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
9a. STATE OF BIRTH (if not US/CA, name country) Missouri		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)		13. SOCIAL SECURITY NUMBER -2952	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Self Employed		14b. KIND OF BUSINESS OR INDUSTRY Sporting Goods		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1628 Olva St. ##9		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Ralph Loren DUGGER	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Molly HILES		18a. INFORMANT - NAME (Type or Print) Steven DONKERSGOED		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 812 E York Way Sparks, Nevada 89434	
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		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
20d. SIGNATURE AUTHENTICATED		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) MATTHEW R SCHLANGER		21b. DATE SIGNED (Mo/Day/Yr) April 27, 2018		21c. HOUR OF DEATH 13:56	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) MATTHEW R SCHLANGER		22b. DATE SIGNED (Mo/Day/Yr) March 29, 2018	
22c. HOUR OF DEATH 13:56		22d. PRONOUNCED DEAD (Mo/Day/Yr) March 29, 2018		22e. PRONOUNCED DEAD AT (Hour) 13:56	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Matthew R Schianger 1038 Buckeye Rd Minden, NV 89423		23b. LICENSE NUMBER			
24a. REGISTRAR (Signature) BLAISE SATARIANO		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 27, 2018		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Carbon Monoxide Toxicity 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		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. Atherosclerotic And Hypertensive Cardiovascular Disease		26. AUTOPSY (Specify Yes or No) Yes		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) Suicide		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED Carbon Monoxide Poisoning		28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)	
28g. LOCATION 1628 Olva St #9		STREET OR R.F.D. No.		CITY OR TOWN Minden	
STATE		STATE Nevada			

STATE REGISTRAR

000718190



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.

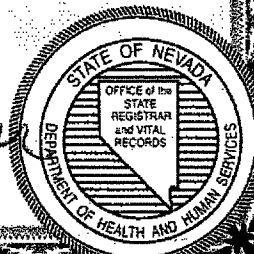
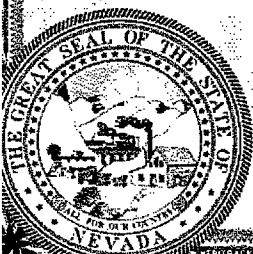
DATE ISSUED:

MAY 02 2018

Blaise Satariano
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



VRS-Rev-20120523a