

APN: 1320-30-213-012

WHEN RECORDED RETURN TO:  
JOEL W. LOCKE, ESQ.  
ALLISON MacKENZIE, LTD.  
P.O. Box 646  
Carson City, Nevada 89702



KAREN ELLISON, RECORDER

MAIL TAX STATEMENTS TO:

Cassandra Ryan, Co-Trustee  
2644 Kayne Avenue  
Minden, Nevada 89423

The parties executing this document hereby affirm that this document submitted for recording DOES contain the social security number of a person or persons pursuant to NRS 440.380

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA            )  
  : ss  
CARSON CITY                 )

CASSANDRA RYAN, GEORGE M. FRAGER, JR., and CAREN ANNE WITT, being first duly sworn, depose and say:

1. That THE ELEANOR STEPHEN FAMILY TRUST was created on March 30, 2018, by ELEANOR A. STEPHEN, as Grantor and Trustee.
2. That Grantor and Trustee, ELEANOR A. STEPHEN, also known as ELEANOR ANNE STEPHEN, died on June 6, 2018, and a certified copy of her death certificate issued by the State of Nevada is attached hereto as Exhibit "1."
3. That following the death of ELEANOR A. STEPHEN, the currently acting Co-Trustees of said Trust are CASSANDRA RYAN, GEORGE M. FRAGER, JR., and CAREN ANNE WITT.
4. That said Trust is the owner of all that real property situated in Douglas County, State of Nevada, bounded and described as follows:

Unit 12, as shown on the Official Map of Westwood Manor, Phase 1, filed for record in the Office of the County Recorder of Douglas County, Nevada on September 29, 1981 in Book 981 at Page 1492 as Document No. 60744.

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(This legal description was previously recorded in the Official Records of Douglas County, State of Nevada, on April 2, 2018, as Document No. 912350).

5. That due to the passing of ELEANOR A. STEPHEN, THE ELEANOR STEPHEN FAMILY TRUST is irrevocable.

6. That this Affidavit has been executed in Carson City, Nevada.

7. That Affiants certify and declare under penalty of perjury of the laws of the State of Nevada that the foregoing is true and correct.

Further, Affiants sayeth naught.

DATED on July 13, 2018

Cassandra Ryan  
CASSANDRA RYAN

DATED on 7-13, 2018.

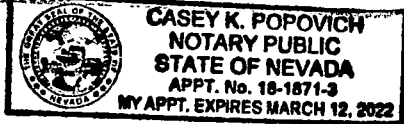
George M. Frager, Jr.  
GEORGE M. FRAGER, JR.

DATED on July 13, 2018.

Caren Anne Witt  
CAREN ANNE WITT

STATE OF NEVADA        )  
                                      : ss.  
CARSON CITY                )

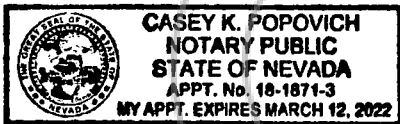
On July 13<sup>th</sup>, 2018, personally appeared before me, a notary public, CASSANDRA RYAN, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that she executed the foregoing instrument.



Casey K. Popovich  
NOTARY PUBLIC

STATE OF NEVADA        )  
                                      : ss.  
CARSON CITY                )

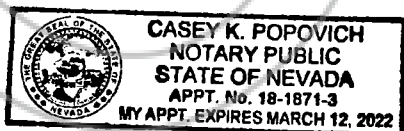
On July 13<sup>th</sup>, 2018, personally appeared before me, a notary public, GEORGE M. FRAGER, JR., personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that he executed the foregoing instrument.



Casey K. Popovich  
NOTARY PUBLIC

STATE OF NEVADA        )  
                                      : ss.  
CARSON CITY                )

On July 13<sup>th</sup>, 2018, personally appeared before me, a notary public, CAREN ANNE WITT, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that she executed the foregoing instrument.



Casey K. Popovich  
NOTARY PUBLIC

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

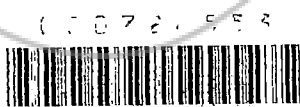
CASE FILE NO. 4023233

**CERTIFICATE OF DEATH**

**2018011028**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Eleanor Anne STEPHEN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>June 06, 2018</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street No - Non-Hispanic) <b>1758 Pinewood Dr #12</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
	4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) <b>82</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
	8. DATE OF BIRTH (Mo/Day/Yr) <b>January 25, 1936</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Rhode Island</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
	13. SOCIAL SECURITY NUMBER <b>██████████-1232</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Compensation Adjuster</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Workmans Compensation</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
	15d. STREET AND NUMBER <b>1758 Pinewood Dr #12 #12</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Joseph DETATA</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Ella Lewis JOHNING</b>		
PARENTS	18a. INFORMANT- NAME (Type or Print) <b>Caren WITT</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1509 Circle Dr Gardnerville, Nevada 89410</b>			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Genoa Cemetery</b>		19c. LOCATION City or Town State <b>Genoa Nevada</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CARLEN BLANSETT</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD867</b>		20c. NAME AND ADDRESS OF FACILITY <b>Waltons Funerals &amp; Cremations-Chapel of the Valley</b> <b>1281 N Rook City NV 89706</b>	
TRADE CALL	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) <b>NITA SCHWARTZ MD</b> 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)		
CERTIFIER	21b. DATE SIGNED (Mo/Day/Yr) <b>June 07, 2018</b>		21c. HOUR OF DEATH <b>07:50</b>		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	
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>9114</b>	
	24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 07, 2018</b>		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).)					
CAUSE OF DEATH	PART I (a) <b>Pancreatic Cancer With Metastasis</b>				Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
	(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
	(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
	(d) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) <b>No</b>		
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:

**JUN 12 2018**

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

*Julie Katcheva*  
STATE REGISTRAR

