

APN# : 1420-28-510-037



00077115201809174970040041

KAREN ELLISON, RECORDER

Recording Requested By:

Western Title Company, LLC

Escrow No.: 098437-TEA

When Recorded Mail To:

Sharon Anne Dilley

1914 65th Ave

Rock Island, IL

61201

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)

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

SharonAnne Dilley, of legal age, being first duly sworn, deposes and says:

1. Lawrence Russell Dilley, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Lawrence Russell Dilley named as Trustee in the Declaration of Trust dated 3/31/1999 and executed by Lawrence Russell Dilley and SharonAnne Dilley, husband and wife 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 2981 San Fernando Drive Minden, NV 89423, which property is described in a Deed which was executed by Lawrence Russell Dilley and SharonAnne Dilley as Grantor(s) Recorded on January 8, 2003 as Instrument No. 0563199, in Book 0103, Page 02608, 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 26, Block C, as set forth on the Official Plat of Mission Hot Springs, Unit No. 1, filed in the office of the Recorder of Douglas County, Nevada on July 1, 1987, Book 787, Page 001, Document No. 157492 of Official Records.

**Assessor's Parcel Number(s):
1420-28-510-037**

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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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 7/5/18

The L&S Dilley Family Trust dated March 31, 1999


SharonAnne Dilley, Trustee

STATE OF NEVADA

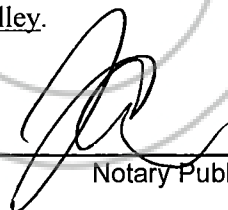
}SS

COUNTY OF DOUGLAS

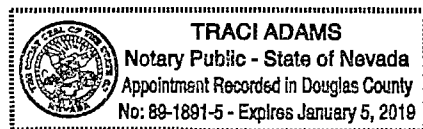
This instrument was acknowledged before me on

7/5/18

By SharonAnne Dilley.



Notary Public



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

ROLL 119 IMAGE 327

LOCAL FILE NUMBER

2346

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH			
	1. Lawrence Russell DILLEY		2. August 19, 2005		3a. Washoe			
DECEDENT	CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Pm. Inpatient (Specify)	SEX		
	3b. Reno		3c. Washoe Medical Center		3e. Inpatient	4. Male		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	FACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)	
	5. White		6.	7a. 68	7b. :	7c. :	8. April 14, 1937	
PARENTS	STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)		
	9a. California		9b. U.S.A.	10. 14	11. Married	12. Sharonanne Lorenz		
DISPOSITION	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY			
	13. ██████████-6351		14a. Service Mechanic		14b. Gas			
CERTIFIER	RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
	15a. Nevada		15b. Douglas	15c. Minden	15d. 2981 San Fernando Dr.		15e. Yes	
CAUSE OF DEATH	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)
	16. Ralph Dilley		17. Lida Brown		18a. Sherry Dilley			18b. 2981 San Fernando Drive, Minden, Nevada 89423
CAUSE OF DEATH	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
	19a. Cremation		19b. Sierra Crematory		19c. Reno, Nevada			
CAUSE OF DEATH	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY				
	20a. <i>Jimmy Dumshek</i>		20b. 09	20c. 1478 4th Street, Minden, Nevada 89423				
CAUSE OF DEATH	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)		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) and manner stated. (Signature and Title)		DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH
	21b. <i>8/22/05</i>		21c. 1735		22b. :			22c. :
CAUSE OF DEATH	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)			
	21d.		22d. ON		22e. AT			
CAUSE OF DEATH	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER					
	23a. STEVEN A. SCHIFF, MD 236 W. SIXTH ST #400 RENO NV 89503		23b. 3821					
CAUSE OF DEATH	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
	24a. <i>Steve Schiff</i> Dep.		24b. August 23, 2005		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death					
	PART I (a) Canceratic Ce		Interval between onset and death					
CAUSE OF DEATH	(b)		Interval between onset and death					
	(c)		Interval between onset and death					
CAUSE OF DEATH	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
	26. No		27. No					
CAUSE OF DEATH	ACC. SUICIDE HOM. UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED			
	28a.		28b.	28c. M	28d.			
CAUSE OF DEATH	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.		STREET OR R.F.D. No.		CITY OR TOWN STATE	
	28f.		28g.					

STATE REGISTRAR

No. 281842

This is to certify that the above is a true and legal copy of the certificate on file in this office.

Deputy Registrar: *Steve Schiff*

Date:

AUG 30 2005

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT