

APN# : 1420-28-212-007

DOUGLAS COUNTY, NV

2018-918213

Rec:\$35.00

\$35.00 Pgs=4

08/17/2018 02:22 PM

ETRCO, LLC

KAREN ELLISON, RECORDER

**Recording Requested By:**

Western Title Company

**When Recorded Mail To:**

Sarah McCormack

711 Fullbright Ave

Winnetka, CA 91306

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

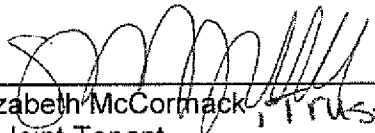
Sarah Elizabeth McCormack, of legal age, being first duly sworn, deposes and says:

That Ellen E. Price, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Ellen E. Price named as one of the parties in that certain Grant, Bargain Sale Deed dated 10/30/2007 executed by Ellen E. Price, a widow to Ellen E. price, Trustee of the Ellen E. Price 2007 Trust, recorded as instrument No. 0712087, on 10/30/2007, in Book 1007, Page 8302, 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 situate in the County of Douglas, State of Nevada, described as follows:

Lot 182, Block D, as shown on the Final Map # PD99-02-06 for SARATOGA SPRINGS ESTATES UNIT 6, a Planned Development, recorded in the office of the County Recorder of Douglas County, Nevada, on June 28, 2002, in Book 602, at Page 10142, as Document No. 546028.


Dated 8/13/18


  
\_\_\_\_\_  
Sarah Elizabeth McCormack, Trustee  
Surviving Joint Tenant

STATE OF NEVADA  
COUNTY OF Douglas



This instrument was acknowledged before me on  
August 13, 2018  
by Sarah Elizabeth McCormack.

  
\_\_\_\_\_  
Notary Public

 TRACI ADAMS  
Notary Public - State of Nevada  
Appointment Recorded in Douglas County  
No: 69-1001-5 - Expires January 5, 2019

CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA  
 CERTIFICATE OF DEATH

CASE FILE NO. 3959750

2017010679  
 STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Ellen Elizabeth PRICE		2. DATE OF DEATH (Mo/Day/Year) May 26, 2017		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION-Name(if not either, give street and city) Renown Regional Medical Center		3e. If Hosp or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	4. SEX Female		7a. AGE-Last birthday (Years) 69		7b. UNDER 1 YEAR (Specify) MOS DAYS	
	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY (Specify) HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) New York		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
	11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13. SOCIAL SECURITY NUMBER [REDACTED]-5938		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
DISPOSITION	15d. STREET AND NUMBER 2873 Del Mar Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Philip Taylor NIXON	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Margaret Veronica GALLAGHER		18a. INFORMANT- NAME (Type or Print) David HAHKLOTUBBE			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 3326 Brittany Circle Napa, California 94558		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory	
	19c. LOCATION City or Town State Reno Nevada 89503		20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMAR R. ROBINSON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD870	
CERTIFIER	20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 969 West Moana Lane Reno NV 89509		21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) BRUCE W DENNEY MD 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)	
	21b. DATE SIGNED (Mo/Day/Yr) June 08, 2017		21c. HOUR OF DEATH 15:05		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Bruce W Denney MD, 236 West Sixth St Reno, NV 89503		23b. LICENSE NUMBER 10809	
CAUSE OF DEATH	24a. REGISTRAR (Signature) CARMEN M MENDOZA SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 08, 2017		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).) PART I (a) Severe Sepsis DUE TO, OR AS A CONSEQUENCE OF: Perforated Cecum (b) DUE TO, OR AS A CONSEQUENCE OF: Stage IV Colon Cancer, Widely Metastatic (c) DUE TO, OR AS A CONSEQUENCE OF: (d)		Interval between onset and death		Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	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) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
	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				



000 2669 28

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 Registrar and Vital Records.

SIGNATURE AUTHENTICATED

DEPUTY REGISTRAR

DATE ISSUED:  
 REV 10/15

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

