

APN# 1220-16-810-088

**Recording Requested by:**

**Name:** First American Title Insurance Company  
**Address:** 1663 US Highway 395, Suite 101  
**City/State/Zip:** Minden, NV 89423  
**Order Number:** 143-2548697

Affidavit - Death of Trustee  
(Title of Document)

(for Recorder's use only)

**Recorder Affirmation Statement**

**Please complete Affirmation Statement below:**

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)

**-OR-**

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 as required by law: NRS 111.312  
(State specific law)

Natalie Frey EO  
**Signature** **Title**

Natalie Frey  
**Print Signature**

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)

**RECORDING REQUESTED BY**  
First American Title Insurance  
Company of Nevada

**AND WHEN RECORDED  
RETURN TO AND MAIL TAX  
STATEMENTS TO:**  
William VanLeuven and Jeffrey  
Jarboe, Co-Trustees  
25 Aguilar Ct  
Sparks, NV 89441

Space Above This Line for  
Recorder's Use Only

**A.P.N. 1220-16-810-088**

File No.: 143-2548697 (NF)

**Affidavit - Death of Trustee**

State of Nevada )  
County of Douglas )ss.  
)

**William VanLeuven and Jeffrey Jarboe** ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Wesley H. Taylor** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **March 11, 2016** at **Spanish Springs, NV** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **August 5, 1998** executed by **William VanLeuven and Jeffrey Jarboe** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Quitclaim Deed** dated **August 5, 1998** which was recorded as Instrument No. **0446936** in Book **0898**, Page **2555**, of Official Records of **Douglas** County, Nevada as legally described as follows:

**Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference**

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

DECLARANT:

William VanLeuven  
William VanLeuven

Jeffrey Jarboe

State of NV )  
County of Washoe )ss  
 )

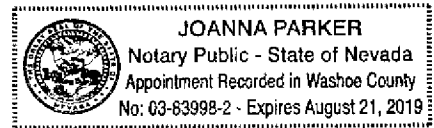
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Washoe and State NV this 15 day of August, 20 18 by William VanLeuven, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

*This area for official notarial seal*

Signature [Signature]

My Commission Expires: 8/21/19



Notary Name: J. Parker Notary Phone: 775 685-8006  
Notary Registration Number: 03-83998-2 County of Principal Place of Business: Washoe

**DECLARANT:**

\_\_\_\_\_  
William VanLeuven

Jeffrey Jarboe  
Jeffrey Jarboe

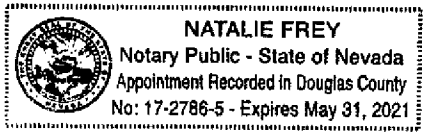
State of NEVADA )  
County of DOUGLAS ) ss

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County DOUGLAS and State NEVADA this 16th day of AUGUST, 2018 by JEFFREY JARBOE, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

*This area for official notarial seal*

Signature Natalie Frey  
My Commission Expires: 05/31/2021



Notary Name: Natalie Frey Notary Phone: 775-782-5411  
Notary Registration Number: 17-2786-5 County of Principal Place of Business DOUGLAS

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

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

**CERTIFICATE OF DEATH**

**2016004555**  
STATE FILE NUMBER

CASE FILE NO. 3883312

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

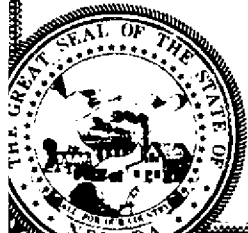
CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Wesley Hewitt TAYLOR</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 11, 2016</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Spanish Springs</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not other, give street address) If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Cascades of the Sierra Residential Care Facility</b>		4. SEX <b>Male</b>	
5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>93</b>	
9a. STATE OF BIRTH (if not US/CA, name country) <b>Oklahoma</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		8. DATE OF BIRTH (Mo/Day/Yr) <b>May 22, 1922</b>	
13. SOCIAL SECURITY NUMBER <b>██████████ 9361</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>Telephone Company</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Washoe</b>		15c. CITY, TOWN OR LOCATION <b>Sparks</b>	
15d. STREET AND NUMBER <b>25 Aquilar Court</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		Ever in US Armed Forces? <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Chester H TAYLOR JR</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Giola Mae DANIELS</b>		
18a. INFORMANT - NAME (Type or Print) <b>William "Butch" VAN LEUVEN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>25 Aquilar Court, Spanish Springs, Nevada 89441</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Eastside Memorial Park</b>		19c. LOCATION City or Town State <b>Minden Nevada 89423</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TAMAR R ROBINSON</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>870</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV 89410</b>	
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>JEFFREY N GINGOLD M.D.</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)		
21b. DATE SIGNED (Mo/Day/Yr) <b>March 11, 2016</b>		21c. HOUR OF DEATH <b>04:34</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Jeffrey N Gingold M.D. 1825 E Prater Way Sparks, NV 89434</b>	
23b. LICENSE NUMBER <b>5867</b>		24a. REGISTRAR (Signature) <b>BRIDGES SANDI</b> SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 16, 2016</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).)					
PART I					
(a) <b>Alzheimers Disease</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Unknown Cause</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) <b></b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) <b></b>					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				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, HON. 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

VRS-Rev-20120523a



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CERTIFIED COPY OF VITAL RECORDS

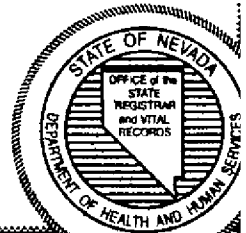
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

3/22/2016

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

*Cody Phiney*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED



**EXHIBIT 'A'**

**LOT 16 IN BLOCK H, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 4,  
FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON  
APRIL 10, 1967, AS DOCUMENT NO. 35914.**

