

APN: 1320-29-212-028

When Recorded, Please Return To:
Heritage Law Group, P.C.
1625 Highway 88, Suite 304
Minden, Nevada 89423



KAREN ELLISON, RECORDER

Mail Future Tax Statements To:
Anna M. Swallow
1033 Wisteria Drive
Minden, NV 89423

AFFIDAVIT OF DEATH OF SETTLOR/TRUSTEE OF TRUST

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

ANNA M. SWALLOW, being of legal age, and being of sound mind and body, hereby swears (or affirms) under penalty of perjury, that the following is true of her own personal knowledge:

That RICHARD KEANE SWALLOW, the decedent mentioned in the attached certified copy of Certificate of Death issued by the State of Nevada, is the same person as RICHARD K. SWALLOW, Settlor of the Swallow Family Trust and named as one of the grantees in that certain Grant, Bargain and Sale Deed dated January 16, 2018, executed by Ann Swallow and Richard Swallow, wife and husband, and recorded on January 22, 2018, as Document No. 2018-909465 of Official Records of Douglas County, State of Nevada, which deed pertains to property situated at 1033 Wisteria Drive, Minden, Nevada, more precisely described as:

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

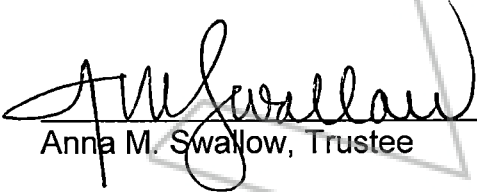
Lot 122, in Block B, as set forth on the Map of WINHAVEN UNIT NO. 1, a Planned Unit Development filed for record in the office of the County Recorder of Douglas County, State of Nevada, on January 13, 1989, in Book 189, Page 1590 as Document No. 194373.

Pursuant to NRS 111.312, the above legal description previously appeared in Grant, Bargain and Sale Deed recorded on January 22, 2018, as Document No. 2018-909465.

ANNA M. SWALLOW aka ANN SWALLOW shall forthwith serve as sole Trustee of the Swallow Family Trust, dated September 8, 2008.

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Date: September 26, 2018



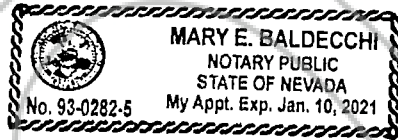
Anna M. Swallow, Trustee

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

SIGNED AND SWORN TO (or affirmed)
before me on September 26, 2018,
by ANNA M. SWALLOW.



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. 4034711

CERTIFICATE OF DEATH

2018015723

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) Richard Keane SWALLOW		2. DATE OF DEATH (Mo/Day/Year) August 10, 2018		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 Brookdale Reno		3e If Hosp or Inst indicate DOA,OP/Emer Rm. 4 SEX Assisted Living Facility Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 73	
9a STATE OF BIRTH (If not US/CA, name country) Idaho		9b CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 14	
11 MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Anna M MONTALBANO		8. DATE OF BIRTH (Mo/Day/Yr) September 09, 1944	
13. SOCIAL SECURITY NUMBER ██████████-8200		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Fire Fighter		14b KIND OF BUSINESS OR INDUSTRY Emergency Service	
15a. RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1033 Wisteria Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16 FATHER/PARENT - NAME (First Middle Last Suffix) George Leroy SWALLOW			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Jeanne KEANE		
18a. INFORMANT- NAME (Type or Print) Anna M SWALLOW		18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1033 Wisteria Drive Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c LOCATION City or Town State Carson City Nevada 89706	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES P SMOLENSKI		20b FUNERAL DIRECTOR LICENSE NUMBER FD928		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	
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) DENVER J MILLER MD			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) August 15, 2018		21c HOUR OF DEATH 03:34		22b DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Denver J Miller MD 5538 Longley Lane Reno, NV 89511				23b. LICENSE NUMBER 7330	
24a REGISTRAR (Signature) VICTORIA STEBBINS		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 16, 2018		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) Acute Cardiopulmonary Arrest				Interval between onset and death Minutes	
(b) Hypoxia				Interval between onset and death Minutes	
(c) Senile Degeneration Of The Brain Not Elsewhere Classified				Interval between onset and death Months	
(d) Etiology Unknown				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.				26 AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
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	



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: **AUG 27 2018**

Julie Katchear
STATE REGISTRAR

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

