

APN# 1420-33-610-045



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Justin M. Clouser, Esq.

Address: 1512 US Hwy 395 N, Ste. 1

City/State/Zip: Gardnerville, NV 89410

Mail Tax Statements to:

Name: Justin M. Clouser, Esq.

Address: 1512 US Hwy 395 N, Ste. 1

City/State/Zip: Gardnerville, NV 89410

Affidavit of Death of Trustee

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Justin M. Clouser

Signature

Justin M. Clouser, Esq.

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

Recording requested by:
Justin M. Clouser, Esq.
1512 US Hwy 395 N, Ste. 1
Gardnerville, NV 89410

And when recorded, mail to:
Justin M. Clouser, Esq.
1512 US Hwy 395 N, Ste. 1
Gardnerville, NV 89410

APN: 1420-33-610-045

For recorder's use

AFFIDAVIT OF DEATH OF TRUSTEE

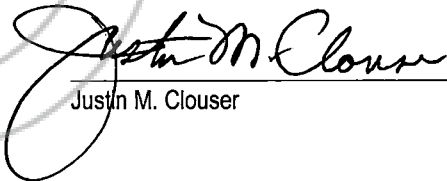
State of Nevada)
County of Douglas) ss.
)

Justin M. Clouser, of legal age, being first duly sworn, deposes and says:

1. William Ricks Oviatt the decedent mentioned in the attached certified copy of Certificate of Death, is the same persons as William R. Oviatt named as Trustee in the Declaration of Trust executed by William R. Oviatt and Kazuko H. Oviatt as Trustors and as Trustees.
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property, which property is described in a Deed which was executed by William R. Oviatt and Kazuko H. Oviatt, husband and wife as joint tenants, as Grantors on November 8, 2010, and recorded as Document No. 774792, of Official Records of Douglas County, Nevada.
3. The legal description of said property is as follows:
Lot 20, Block 4, as set forth on the map of MOUNTAIN VIEW ESTATES NO. 2, filed for record October 24, 1979 in Book 1079 at Page 1962 as Document No. 38123, Official Records of Douglas County, Nevada.
4. I am the 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.

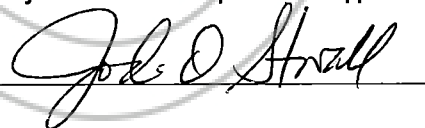
I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

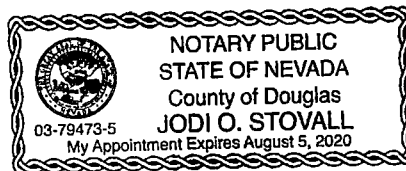
Dated 10/16/2018


Justin M. Clouser

State of Nevada
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 16 day of OCTOBER, 2018, by Justin M. Clouser proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature 



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3998945

CERTIFICATE OF DEATH

2018000873
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION SEE
HANDBOOK
REGARDING
COMPLETION OF
REMBRANCE
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

**CAUSE OF
DEATH**

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) William Ricks OVIATT		2. DATE OF DEATH (Mo/Day/Year) January 11, 2018		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and city) 1399 Cathy Lane		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 78		7b. UNDER 1 YEAR (MOS DAYS)		7c. UNDER 1 DAY (HOURS MINS)	
8. DATE OF BIRTH (Mo/Day/Yr) July 20, 1939		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Kazuko	
13. SOCIAL SECURITY NUMBER ██████████8457		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Business Owner		14b. KIND OF BUSINESS OR INDUSTRY Construction	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1399 Cathy Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) William Lee OVIATT			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Maxine WILSON		
18a. INFORMANT - NAME (Type or Print) Nevin OVIATT		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2304 Cipriani Blvd Belmont, California 94002			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME FitzHenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTIE D WILDE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
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) JOHN R HOLMAN 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) January 18, 2018		21c. HOUR OF DEATH 14:30		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	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) John R Holman MD 925 Ironwood Dr Minden, NV 89423			
23b. LICENSE NUMBER 13250		24a. REGISTRAR (Signature) MELISSA KNIGHT SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 18, 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) Myocardial infarction DUE TO, OR AS A CONSEQUENCE OF: (b) Coronary Artery Disease DUE TO, OR AS A CONSEQUENCE OF: (c) Hyperlipidemia DUE TO, OR AS A CONSEQUENCE OF: (d) Hypertension				Interval between onset and death 8 Hours Interval between onset and death 10 Years Interval between onset and death 20 Years Interval between onset and death 30 Years	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Emphysema				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		27a. ACC., SUICIDE, HGM., UNDET. OR PENDING INVEST. (Specify)			
27b. DATE OF INJURY (Mo/Day/Yr)		27c. HOUR OF INJURY		27d. DESCRIBE HOW INJURY OCCURRED	
28a. INJURY AT WORK (Specify Yes or No)		28b. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28c. 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: **1/19/2018**

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

[Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED

