

DOUGLAS COUNTY, NV **2018-922197**
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\$35.00 Pgs=3 11/13/2018 03:54 PM
TICOR TITLE - GARDNERVILLE
KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:
**Cheryl Ann Doose, Successor Trustee of
the O'Beirne Living Trust, dated March
09, 2010**

*PO Box 463
Ogawa, NV 89411*

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 01805386RLT

APN No.: 1419-11-001-002

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of **Douglas** }

Cheryl Ann Doose, being duly sworn, deposes and says:

1. Raymond J. O'Beirne, the decedent mentioned in attached copy of Certificate of Death, is the same person as Raymond J. O'Beirne named as one of the trustee(s) in that certain Grant, Bargain and Sale Deed dated 3-23-10, executed by Raymond J. O'Beirne, a single man to Raymond J. O'Beirne, Trustee or his successors in trust, under the O'Beirne, recorded on 3-29-10 as instrument number 761061, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

2. That I, Cheryl Ann Doose, am named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

Dated: November 5, 2018

Cheryl Ann Doose
Cheryl Ann Doose, Successor Trustee

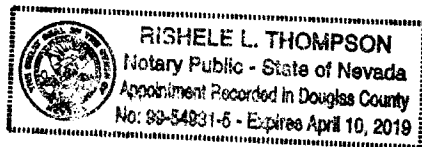
STATE OF NEVADA
COUNTY OF **DOUGLAS**

} ss: 11/5/18

This instrument was acknowledged before me on _____,
by Cheryl Ann Doose

[Signature]

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. 4001619

CERTIFICATE OF DEATH

2018001883

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) Raymond J O'BEIRNE		2. DATE OF DEATH (Mo/Day/Year) January 25, 2018		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and no.) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emr. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE (Specify) White		8. DATE OF BIRTH (Mo/Day/Yr) October 19, 1934	
6. HISPANIC ORIGIN? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 83		7b. UNDER 1 YEAR (MOS, DAYS, HOURS, MINS)	
7c. UNDER 1 DAY		11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
9a. STATE OF BIRTH (if not US/CA, name country) Illinois		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
13. SOCIAL SECURITY NUMBER ██████████-2739		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Police Officer		14b. KIND OF BUSINESS OR INDUSTRY City Of San Jose	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 3510 Mountblanc Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) John Patrick O'BEIRNE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Dorothy CICHY		
18a. INFORMANT- NAME (Type or Print) Cheryl DOOSE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 463 Genoa, Nevada 89411			
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 89708	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CRAIG R COLEMAN		20b. FUNERAL DIRECTOR LICENSE NUMBER FD921		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street 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) JOSE AGUIRRE 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) January 31, 2018		21c. HOUR OF DEATH 09:29		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. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jose Aguirre MD 1600 Medical Parkway Carson City, NV 89703			
23b. LICENSE NUMBER 11479		24a. REGISTRAR (Signature) MICHELLE L BLANCHFIELD			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 31, 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) Cardiopulmonary Arrest					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Acute Stroke					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Coronary Artery Occlusive Disease					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Dyslipidemia					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Benign Prostatic Hypertrophy, Atrial Fibrillation, Unknown Etiology					
26. AUTOPSY (Specify Yes or No) No				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
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

VR3-Rev-20120523a

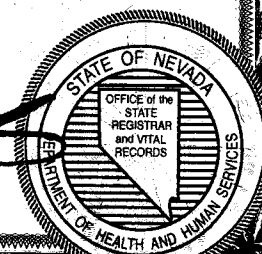
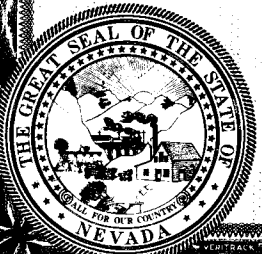


CERTIFIED COPY OF VITAL RECORDS

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: **FEB 06 2018**

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Escrow No. 1805386-RLT

**EXHIBIT A
LEGAL DESCRIPTION**

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

Lot 30, as shown on that certain map known as ALPINE VIEW ESTATES NO. 2, filed in the Office of the Douglas County Recorder on November 1, 1972 as File No. 62567.

APN: 1419-11-001-002

