

DOUGLAS COUNTY, NV

2018-924093

Rec:\$35.00

\$35.00

Pgs=5

12/31/2018 10:42 AM

TICOR TITLE - GARDNERVILLE

KAREN ELLISON, RECORDER

APN # **1420-07-712-008**
ORDER NO.: **01806083RLT**

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).

Recording Requested by and Return to:
Ticor Title of Nevada, Inc.
1483 Highway 395 N, Suite B
Gardnerville, NV 89410

Affidavit Death of Trustee-Succession of Successor Trustee
(Title on Document)

Document number 2018-923855 is being recorded to correct the spelling of the Successor Trustees name

This page added to provide additional information required by NRS 111.312 Sections 1-2
(Additional recording fee applies).

DOUGLAS COUNTY, NV 2018-923855
Rec:\$35.00
\$35.00 Pgs=4 12/21/2018 11:47 AM
TICOR TITLE - GARDNERVILLE
KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:
Jeffrey D. Boss
440 Terracina Way
Reno, NV 89521

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. 01806083RLT

APN No.: 1420-07-712-008

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of *Washoe* }

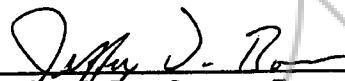
Jeffrey D ~~Ross~~ being duly sworn, deposes and says:
BOSS

1. Judith C. Boss, the decedent mentioned in attached copy of Certificate of Death, is the same person as Judith C Boss named as one of the trustee(s) in that certain Grant, Bargain and Sale Deed dated July 15, 2015, executed by Joshua Uht and Johanna Uht , HWJT to Judith C Boss, Surviving Trustee of the Boss Family Trust dated May 15, 2006, recorded on July 17, 2015 as instrument number 2015-866468, 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, Jeffrey D Boss , am named within the aforementioned trust as one of the successor trustees;
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: December 17, 2018



Jeffrey D. Boss, Successor Trustee

WHEN RECORDED MAIL TO:
Jeffrey D. Boss
440 Terracina Way
Reno, NV 89521

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).

E-RECORDED simplifile®

ID: 2018-023855
County: Douglas
Date: 12/21/18 Time: 11:47

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 01806083RLT

APN No.: 1420-07-712-008

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of Washoe }

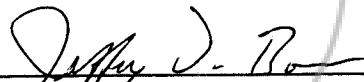
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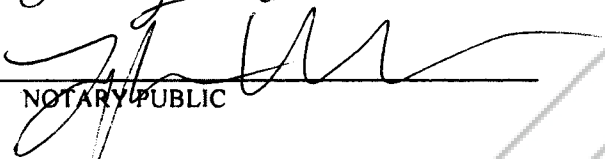



Jeffrey D. Boss, Successor Trustee

STATE OF NEVADA ^{Ty}
COUNTY OF ~~DOUGLAS~~ ^{Washoe}

} SS:

This instrument was acknowledged before me on Dec 18, 2018,
by Jettie P. Boss


NOTARY PUBLIC

 TYLER MACALUSO
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 16-3876-2 - Expires October 14, 2020

**STATE OF NEVADA
CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 3973562

CERTIFICATE OF DEATH

2017016027
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

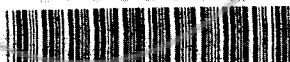
REGISTRAR

CAUSE OF DEATH

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Judith M BOSS		2. DATE OF DEATH (Mo/Day/Year) August 21, 2017		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 Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 73		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) October 27, 1943		9a. STATE OF BIRTH (If not US/CA, name country) Minnesota		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER 2802		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Clerical		14b. KIND OF BUSINESS OR INDUSTRY Hotel/casino	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 3251 Smoketree Avenue		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Samuel C CALDERONE	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lillian M. TRACHY		18a. INFORMANT - NAME (Type or Print) Jeffrey BOSS		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 440 Terracina Way Reno, Nevada 89521	
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) MONICA GIESE		20b. FUNERAL DIRECTOR LICENSE NUMBER FD880		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 989 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) AMANDA M GRIFFITH DO		21b. DATE SIGNED (Mo/Day/Yr) August 28, 2017		21c. HOUR OF DEATH 15:41	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
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) Amanda M Griffith DO 1600 Medical Pkwy Carson City, NV 89703		23b. LICENSE NUMBER DO1685		24a. REGISTRAR (Signature) BLAISE SATARIANO	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 28, 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).) Cardiopulmonary Arrest	
25. IMMEDIATE CAUSE (PART I) Cardiopulmonary Arrest		Interval between onset and death		26. AUTOPSY (Specify Yes or No) No	
25. IMMEDIATE CAUSE (PART I) Respiratory Failure		Interval between onset and death		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
25. IMMEDIATE CAUSE (PART I) Pneumonia		Interval between onset and death		28a. ACC, SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)	
25. IMMEDIATE CAUSE (PART I) Diffuse Lymphadenopathy		Interval between onset and death		28b. DATE OF INJURY (Mo/Day/Yr)	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Unknown Etiology		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



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: 9/8/2017

[Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

