

APN# 1220-20-001-022

**Recording Requested by:**

**Name:** First American Title Insurance Company  
**Address:** 1663 US Highway 395, Suite 101  
**City/State/Zip:** Minden, NV 89423  
**Order Number:** 143-2555220

Affidavit - Death of Trustee (for Recorder's use only)  
(Title of Document)

**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 440.380  
(State specific law)

AKELSH      EO  
**Signature**      **Title**

M Kelsh  
**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:**

Shirley A. O'Brien  
1104 Country Club Dr  
Minden NV 89423

Space Above This Line for  
Recorder's Use Only

**A.P.N. 1220-20-001-022**

File No.: 143-2555220 (mk)

**Affidavit - Death of Trustee**

State of Nevada )  
County of Douglas )ss.  
)

**Shirley A. O'Brien** ("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. **Roy William O'Brien** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **December 28, 2016** at **Gardnerville, NV** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **May 1, 1994** executed by **Roy W. O'Brien and Shirley A. O'Brien** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant, Bargain, Sale Deed** dated **May 10, 2000** which was recorded as Instrument No. **0491757** in Book **0500**, Page **2448**, 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.

Dated: 1-16-19

**DECLARANT:**

Shirley A. O'Brien  
SHIRLEY A. O'BRIEN

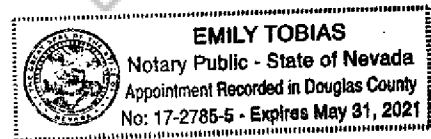
State of NEVADA )  
 )ss  
County of DOUGLAS )

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State NV, this 16 day of January, 20 19 by Shirley A. O'Brien, 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.

Signature Emily Tobias  
My Commission Expires: 5/31/21

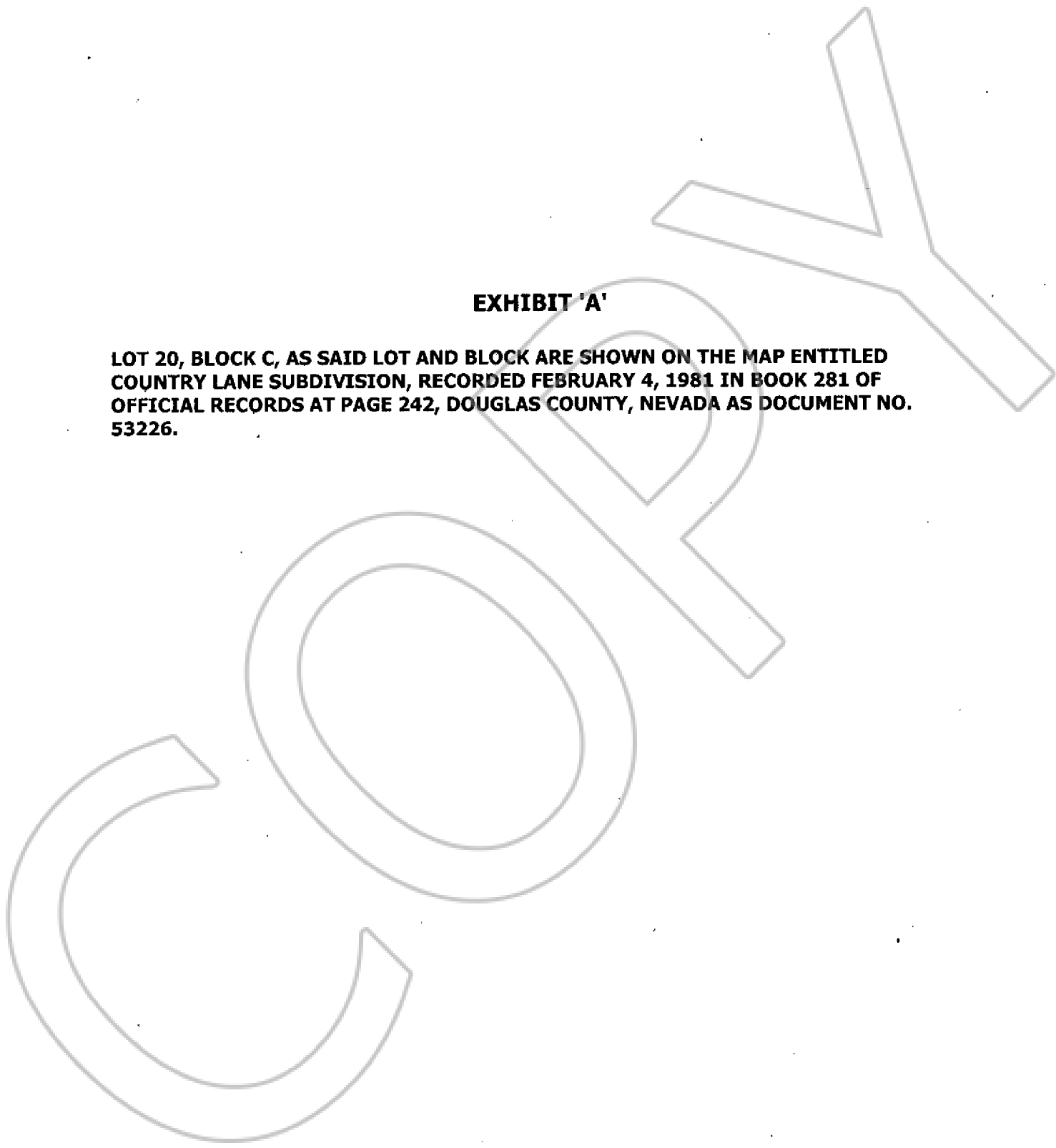
*This area for official notarial seal*



Notary Name: Emily Tobias Notary Phone: 775-782-5411  
Notary Registration Number: 17-2785-5 County of Principal Place of Business: Douglas

**EXHIBIT 'A'**

**LOT 20, BLOCK C, AS SAID LOT AND BLOCK ARE SHOWN ON THE MAP ENTITLED  
COUNTRY LANE SUBDIVISION, RECORDED FEBRUARY 4, 1981 IN BOOK 281 OF  
OFFICIAL RECORDS AT PAGE 242, DOUGLAS COUNTY, NEVADA AS DOCUMENT NO.  
53226.**



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

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

CASE FILE NO. 3932726

**CERTIFICATE OF DEATH**

2016024522

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Roy William O'BRIEN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 28, 2016</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and no.) <b>Carson Valley Medical Center</b>		3d. SEX <b>Male</b>	
DECEDENT	5. RACE (Specify) <b>White</b>		8. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>74</b>	
	6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7b. UNDER 1 YEAR <b>MOS</b> <b>DAYS</b> <b>HOURS</b> <b>MIN</b>		7c. UNDER 1 DAY <b>MOS</b> <b>DAYS</b> <b>HOURS</b> <b>MIN</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>	
	11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Shirley Ann DAVID</b>			
PARENTS	13. SOCIAL SECURITY NUMBER <b>0199</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
DISPOSITION	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>William Fredrick O'BRIEN</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Rose Ann SLACK</b>			
	18a. INFORMANT - NAME (Type or Print) <b>Shirley Ann O'BRIEN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1056 Country Lane Gardnerville, Nevada 89460</b>			
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>DARREN K HILL</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>848</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410</b>	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		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) <b>KEVIN KAROSICH</b>			
	21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH <b>01:16</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Sgt Kevin Karosich 1038 Buckeye Rd. Minden, NV 89423</b>		23b. LICENSE NUMBER <b>477</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
CAUSE OF DEATH	24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 07, 2017</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I		Interval between onset and death			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(a) <b>Cardiac Arrest</b>		Interval between onset and death			
	(b) <b>Atherosclerotic And Hypertensive Cardiovascular Disease</b>		Interval between onset and death			
(c) <b></b>		Interval between onset and death				
(d) <b></b>		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.		28. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		
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		28h. STREET OR R.F.D. No.		28i. CITY OR TOWN		
28j. STATE						

STATE REGISTRAR

000659867



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:

2/7/2017

*Cody D. Hines*  
**SIGNATURE AUTHENTICATED**  
STATE REGISTRAR

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

