

APN# 1319-10-211-011

Recording Requested by:

Name: First American Title Insurance Company
Address: 1663 US Highway 395, Suite 101
City/State/Zip: Minden, NV 89423
Order Number: 143-2557253

Affidavit- Death of Trustee
(Title of Document)

(for Recorder's use only)

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)

Emily Tobias escrow asst.
Signature **Title**

Emily Tobias
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:**

Edith R. Loes
1105 Blue Ridge Ct
Carson City NV
89705

Space Above This Line for
Recorder's Use Only

A.P.N. 1319-10-211-011

File No.: 143-2557253 (mk)

Affidavit - Death of Trustee

State of Nevada)
County of Douglas)ss.
)

Edith R. Loes ("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. **Frank Byrne** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on 1-16-17 at Reno, NV (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **9-23-2003** executed by **Frank byrne and Edith R. Loes** 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 Ded** dated **9-23-2003** which was recorded as Instrument No. **0598251** in Book **1203**, Page **0248**, 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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.

EXHIBIT 'A'

**LOT 21, AS SHOWN ON THE OFFICIAL MAP OF PIONEER TRAIL RANCH SUBDIVISION
UNIT NO. 2, RECORDED IN THE OFFICE OF THE COUNTY RECORDER ON JANUARY 27,
1972, IN BOOK 1 OF MAPS, AS DOCUMENT NO. 57534.**

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3936162

CERTIFICATE OF DEATH

2017000977
STATE FILE NUMBER

| | | | | | | |
|--|--|---|--|---|--|--|
| TYPE OR PRINT IN PERMANENT BLACK INK | 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Francis Xavier BYRNE | | 2. DATE OF DEATH (Mo/Day/Year) January 16, 2017 | | 3a. COUNTY OF DEATH Washoe | |
| | 3b. CITY, TOWN, OR LOCATION OF DEATH Reno | | 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or Renown Regional Medical Center | | 3e. If Hosp. or Inst. Indicate DOA,OP, Emer. Rm. Inpatient(Specify) Inpatient | |
| DECEDENT | 4. SEX Male | | 5. RACE (Specify) White | | 6. DATE OF BIRTH (Mo/Day/Yr) July 17, 1938 | |
| | 7a. AGE-Last birthday (Years) 78 | | 7b. UNDER 1 YEAR MOS. DAYS | | 7c. UNDER 1 DAY HOURS MINS | |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS | 8a. STATE OF BIRTH (If not US/CA, name country) Maryland | | 8b. CITIZEN OF WHAT COUNTRY United States | | 10. EDUCATION 20 | |
| | 11. MARITAL STATUS (Specify) Divorced | | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) | | | |
| PARENTS | 13. SOCIAL SECURITY NUMBER ██████████-9311 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Physics And Astronomy Professor | | 14b. KIND OF BUSINESS OR INDUSTRY Education | |
| | 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Genoa | |
| DISPOSITION | 15d. STREET AND NUMBER 265 Old Bam Rd. | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | 16. FATHER/PARENT - NAME (First Middle Last Suffix) Henry Xavier BYRNE | |
| | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Catherine Marie STEEN | | 18a. INFORMANT - NAME (Type or Print) John BYRNE | | | |
| TRADE CALL | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 265 Old Bam Rd. Genoa, Nevada 89411 | | | | 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial | |
| | 19b. CEMETERY OR CREMATORY - NAME Genoa Cemetery | | 19c. LOCATION City or Town State Genoa Nevada | | | |
| CERTIFIER | 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTIE D WILDE | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD917 | | 20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr. Carson City NV 89701 | |
| | 20d. SIGNATURE AUTHENTICATED | | | | | |
| REGISTRAR | 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) DERRICK MOORE M.D. | | 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, 2017 | | 21c. HOUR OF DEATH 17:16 | | 22b. DATE SIGNED (Mo/Day/Yr) | |
| CAUSE OF DEATH | 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Aaron E Falk M.D. | | 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) Derrick Moore M.D. 1155 Mill St Reno, NV 89502 | | | |
| CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST | 23b. LICENSE NUMBER 10291 | | 24a. REGISTRAR (Signature) CARMEN M MENDOZA | | | |
| | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 23, 2017 | | 24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| STATE REGISTRAR | 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 Hypoxemic Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (c) Community Acquired Pneumonia DUE TO, OR AS A CONSEQUENCE OF: (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, HONM, 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

VRS-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 2017**

Cody Phinney
STATE REGISTRAR

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

