DOUGLAS COUNTY, NV

2019-926386

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\$35.00 Pgs=4

03/06/2019 11:57 AM

ANDERSON, DORN, & RADER, LTD.

KAREN ELLISON, RECORDER

This document includes a certified death certificate as required by NRS 40.525(5) which contains a social security number as required by NRS 440.380(1)(a).

ANDERSON, DORN & RADER, LTD.

APN: 1420-08-214-007

RECORDING REQUESTED BY:

Bryce L. Rader, Esq. Anderson, Dorn & Rader, Ltd. 500 Damonte Ranch Parkway, Suite 860 Reno, Nevada 89521

AFTER RECORDING MAIL TO:

Anderson, Dorn & Rader, Ltd. 500 Damonte Ranch Parkway, Suite 860 Reno, Nevada 89521

MAIL TAX STATEMENT TO:

Bryce G. Monteith, Trustee 1025 Ridgeview Court Carson, City, NV 89705

AFFIDAVIT OF DEATH OF TRUSTEE

- I, BRUCE G. MONTEITH, the undersigned Trustee, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:
- (1) By instrument dated July 31, 1987, NANETTE C. MONTEITH and I executed THE MONTEITH TRUST (the "Trust").
- (2) NANETTE C. MONTEITH deceased on November 12, 2014, at Carson City, Nevada, a resident of Carson City, Nevada. Attached hereto is a certified copy of the death certificate of said NANETTE C. MONTEITH.
- (3) Said trust appointed me to serve as sole Trustee upon the death of NANETTE C. MONTEITH.
- (4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Trustee.

- (5) The following described real property is part of the Trust estate: See Exhibit "A" attached.
- (6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as sole Trustee with respect to the Trust's interest in the described property.
- (7) No other person has a right to the interest of the Trust in the described property.
 - (8) The described property shall be transferred to me as sole Trustee.

Executed in the County of Washoe, State of Nevada, on February 12, 2019.

BRUCE G. MONTEITH, Trustee

STATE OF NEVADA

) ss:

COUNTY OF WASHOE

Signed and sworn to (or affirmed) before me on February 12, 2019, by BRUCE G. MONTEITH, Trustee.

Notary Public

SARA-LEE OLIVER
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 99-59493-2 - Expires December 1, 2019

EXHIBIT "A"

Legal Description:

Lot 6, in Block K, as set forth on the final map of SUNRIDGE HEIGHTS, PHASES 4 & 5A, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on July 1, 1994, in Book 794, Page 1, as Document No. 340968.

APN: 1420-08-214-007

Property Address: 1025 Ridgeview Court, Carson City, Nevada



CERTIFICATION OF VITAL RECORD

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

VITAL STATISTICS CERTIFICATE OF DEATH

		STATE FILE NUMBER	and a
PRINT IN	1a: DECEASED-NAME::(FIRST,MIDDLE,LAST,SUFFIX)	/ 2. DATE OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH	
PERMANENT	Nanette Cope MONTEITH	November 12, 2014 Douglas	
BLACK INK	3b. City, TOWN; OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION Nai	ame(If not either, give street: 3e.If Hosp. or Inst. indicate DOA OP/Emer. Rm. 4, SEX Inpatient(Specify)	
DECEDENT	Carson City 1025 Ridgeview C	Court Home Fen	nale
DECEDENT	5. RACE White 6. Hispanic Origin? Specify 7a		/Yr)
	(Specify) No - Non-Hispanic bir	oirthday (Years) MOS DAYS HOURS MINS July 24, 1937	
	9a. STATE OF BIRTH (If not U.S.A., 9b. CITIZEN OF WHAT COUNTRY 10 EDUCATION	N. 11. MARRIED, NEVER MARRIED, WIDOWED, 12. SURVIVING SPOUSE (if wife, give	
OCCURRED IN	name.country) Alabama United States 13	DIVORCED (Specify) Married maiden name) Bruce MONT	
SEE HANDBOOK REGARDING	13"SOCIAL SECURITY NUMBER: 14a USUAL OCCUPATION (Give Kind of Work Dor of Working Life, Even If Retired) Secretar		med
COMPLETION OF RESIDENCE	15a. RESIDENCESTATE 15b. COUNTY 15c. CITY, TOWN OR LOCA	iy	7
ITEMS	Nevada Douglas Carson City	LIMITS (Specify.)	
2	16, FATHER/PARENT NAME (First Middle Last Suffix)	17 MOTHER/PARENT - NAME (First Middle Last Suffix)	×~~
PARENTS	Charlie Robert COPE	Trubie Chasteen SHEHANE	
	18a. (NFORMANT- NAME (Type oc. Print) 18b.: MAILING ADDRESS. (Street or R.F.D. No.; City.or Town, State; Zip) Bruce MONTEITH 1025; Ridgeview Court Carson City; Nevada 89705		
innocition	198. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATOR	Lilla Carratana	
ISPOSITION		Hills Cemetery Rancho Palos Verdes California 90	275
	20a FUNERAL DIRECTOR SIGNATURE (Or Person Acting as Such) 20b FUNERAL 20c NAME AND ADDRESS OF FACILITY JOHN LAWRENCE DIRECTOR LICENSE Autumn Funerals & Cremations		
VWW.	SIGNATURE AUTHENTICATED 304R		Amilia
RADE CALL	TRADE CALL - NAME AND ADDRESS		2000
A STATE OF THE STA	3/2 21a. To the best of my knowledge, death occurred at the time, date and place and	a 22a. On the basis of examination and/or investigation, in my opinion death occurr	ed at
	due to the cause(s) stated. (Signature 8-Title) SIGNATURE AUTHENTICATED MERRITT WALTON DUNLAP M.D.		******
CERTIFIER	21b: DATE SIGNED (Mo/Day/Yr) 21c. HOUR OF DEATH	22b. DATE SIGNED (Mo/Day/Yr) 22c. HOUR OF DEATH	
	8 을 November 17, 2014 19:37		win .
	역 는 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 유표 (Type or Print)	m ž 22d. PRONOUNCED DEAD (Mo/Day/Yr) 22e∷PRONOUNCED DEAD AT (H	our)
	23a: NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDIC.	CAL EXAMINER, OR CORONER) (Type or Print) 23b, LICENSE NUMBER	
	Merritt Walton Dunlap M.D. 2874 N Carson Street Ste.		
REGISTRAR		24b. DATE RECEIVED BY REGISTRAR 24c. DEATH DUE TO COMMUNICABLE DIS	EASE
TEOIO III	SIGNATURE AUTHENTICATED	(Mo/Day/Yr) November 17, 2014 YES NO X	politicalism
CAUSE OF	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND	D (c).) Interval between onset and	death
DEATH	PART (a). Cardiopulmonary Arrest		1000
The second secon	DUE TO, OR AS A CONSEQUENCE OF: Pancreatic Cancer	interval between onset and	death
CONDITIONS IF ANY WHICH	DUE TO, OR AS A CONSEQUENCE OF		de ette
GAVE RISE TO	DOE 10, OR AS A CONSEQUENCE OF	Interval between onset and	death
CAUSE -> STATING THE	DUE TO, OR AS A CONSEQUENCE OF:	Interval:between.onset:and	death :
UNDERLYING			**
	PART: II: OTHER SIGNIFICANT: CONDITIONS-Conditions contributing to death but not result	ulting in the underlying cause given in Part 1. 26. AUTOPSY 27. WAS CASE REF	ERRED
		(Specify Yes or No) TO CORONER (Spe	cify Yes. Yes
	288. ACC., SUICIDE, HOM., UNDET 286. DATE OF INJURY (Mo/Day/Yr) 286. HOUR OF INJURY (OR PENDING INVEST. (Specify)	900 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	Arian
	28e. INJURY AT WORK (Specify 28f. PLACE OF INJURY- At home, farm; street, factory, off Yes or No.	ffice 28g. LOCATION / STREET OR R.F.D. No. CITY OR TOWN ST	ATE
ω	Banding of (open)		
oo =====	OTATE I	PEGISTRAP	

VRS-Rev-201205238



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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:

11/17/2014

SIGNATURE AUTHENTICATED



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