DOUGLAS COUNTY, NV

2019-928034

Rec:\$35.00

\$35.00 Pgs=5

04/19/2019 11:01 AM

FIRST AMERICAN TITLE MINDEN KAREN ELLISON, RECORDER

APN# 1420-08	8-210-039	
December Decem	ented by:	
Recording Reque Name:	ested by: First American Title Insurance	
Haine:	Company	
Address:	1663 US Highway 395, Suite 101	
City/State/Zip:	Minden, NV 89423	
Order Number:	143-2561066	١
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	(for Recorder's use only)	)
	(Title of Document)	
	Recorder Affirmation Statement	
	Recorder Amirmation Statement	
	Please complete Affirmation Statement below:	
I the undersi	gned 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-	
	gned hereby affirm that the attached document, including any exhibits, hereby	
submitted	\ \ \ \	
for recording does law:	contain the social security number of a person or persons as required by	
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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:

Camille R. Thornton 7614 47th Ave East Tacoma WA 98443

> Space Above This Line for Recorder's Use Only

A.P.N. 1420-08-210-039

File No.: 143-2561066 (mk)

## Affidavit - Death of Trustee

State of NV )
ss.
County of DOUGLAS )

Camille R. Thornton ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

- Ronald Niel Thornton ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on January 26,2019 at Puyallup, Washington (city and state of death).
- Decedent is the same person named as the trustee named in that certain Declaration of Trust dated October 25, 2018 executed by Ronald N.H Thornton and Camille R. Thornton as trustor(s) (the "Trust").
- Decedent as a trustee is the same person who was named as a grantee in that certain
   Quitclaim Deed dated 11/17/2018 which was recorded as Instrument /No. 2018923438 in Book n/a, Page n/a, 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

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.

State of NV WA Piere )ss County of Deualas SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and and State Washington for said County personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.. This area for official notarial seal WITNESS my hand and official seal. Signature' My Commission Expires: Dianec Jordan Notary Phone: 253 7523473 Notary Registration Number: 171860 County of Principal Place of Business Pierce DIANE C. JORDAN **Notary Public** State of Washington My Commission Expires May 15, 2022

Dated: 4/10/19



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LOT 5 IN BLOCK G AS SET FORTH ON THE FINAL MAP OF SUNRIDGE HEIGHTS, PHASE 3, A PLANNED UNIT DEVELOPMENT, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON JUNE 1, 1994 IN BOOK 694, AT PAGE 1, AS DOCUMENT NO. 338607.





# STATE OF WASHINGTON DEPARTMENT OF HEALTI

### CERTIFICATE OF DEATH

DATE ISSUED: 01/31/2019 FEE NUMBER: 2711

CERTIFICATE NUMBER: 2019-004089

FIRST AND MIDDLE NAME(S): RONALD NIEL

LAST NAME(S): THORNTON

COUNTY OF DEATH: PIERCE

DATE OF DEATH: JANUARY 26, 2019

HOUR OF DEATH: 03:00 AM

SEX: MALE

AGE: 67 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE, NATIVE AMERICAN: CHEROKEE

BIRTH DATE: MAY 02, 1951 BIRTHPLACE: OAKLAND, CA

MARITAL STATUS: MARRIED SPOUSE: CAMILLE WEBER

OCCUPATION: TRANSIT OPERATOR INDUSTRY: TRANSPORTATION **EDUCATION: BACHELOR'S DEGREE** 

US ARMED FORCES: NO

INFORMANT: CAMILLE THORNTON

RELATIONSHIP: WIFE

ADDRESS: 7614 47TH AVE E, TACOMA, WA 98443

CAUSE OF DEATH: A: LUNG CANCER

INTERVAL: 2 YEARS

R.

INTERVAL:

C:

INTERVAL: D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY FACILITY OR ADDRESS: RISE & SHINE AFH - 2139 7TH AVE. SW

CITY, STATE, ZIP: PUYALLUP, WASHINGTON 98371

RESIDENCE STREET: 2139 7TH AVE. SW CITY, STATE, ZIP: PUYALLUP, WA 98371

INSIDE CITY LIMITS: YES COUNTY: PIERCE

TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 1 DAY

FATHER/PARENT: ROLAND THORNTON MOTHER/PARENT: RUTH MANTZ

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: FIRST CREMATION SERVICES

CITY, STATE: KENT, WASHINGTON DISPOSITION DATE: JANUARY 30, 2019

FUNERAL FACILITY: TUELL-MCKEE FUNERAL HOME

ADDRESS: 2215 SIXTH AVE

CITY, STATE, ZIP: TACOMA, WASHINGTON 98403 FUNERAL DIRECTOR: CAROLYN YOUNG-MCKEE

MANNER OF DEATH: NATURAL AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ANDREA VEATCH

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 2920 SOUTH MERIDIAN SUITE 100

CITY, STATE, ZIP: PUYALLUP, WA 98373 DATE SIGNED: JANUARY 29, 2019

CASE REFERRED TO ME/CORONER: NO FILE NUMBER: NOT APPLICABLE ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DEBORAH PEDERSON

DATE RECEIVED: JANUARY 30, 2019