



KAREN ELLISON, RECORDER

APN 1420-18-113-119

APN _____

APN _____

FOR RECORDER'S USE ONLY

AFFIDAVIT -- DEATH OF TRUSTEE
TITLE OF DOCUMENT

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain personal information of any person or persons. (NRS 239B.030)

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain personal information of a person or persons as required by law. State specific law: NRS 440.380

Day Williams
Signature

Day R. Williams, Attorney
Print Name & Title

WHEN RECORDED MAIL TO:

Day R. Williams, Esq.

1601 Fairview Drive, Suite C

Carson City, NV 89701

Mail tax statements to:
Judith Webster, Trustee
925 Amador Circle
Carson City, NV 89705

AFFIDAVIT—DEATH OF TRUSTEE

STATE OF NEVADA)
):ss
CARSON CITY)

JUDITH WEBSTER, of legal age, being first duly sworn, deposes and says: That JOSEPH WEBSTER, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JOE WEBSTER named as one of the parties in that certain Quitclaim Deed dated March 9, 2004 signed by Joe Webster and Judy Webster holding Trustees of THE JOSEPH AND JUDITH WEBSTER LIVING TRUST, recorded as Instrument No. 0606770 in Book 0304 Page 04233, on March 9, 2004 at the Official Records of Carson City, Douglas County, State of Nevada, covering the following described property situated in Douglas County, State of Nevada, commonly known as 925 Amador Circle, Carson City, Nevada, more particularly described as:

LOT 150, IN BLOCK C, OF SILVERADO HEIGHTS NO. 2, ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON JUNE 20, 1979, IN BOOK 679, PAGE 1486, AS DOCUMENT NO. 33717.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

JUDITH WEBSTER is now the sole Trustee of THE JOSEPH AND JUDITH WEBSTER LIVING TRUST.

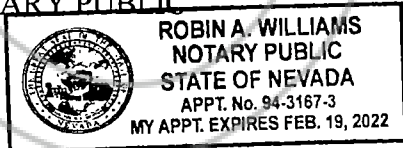
Judith Webster

JUDITH WEBSTER

SUBSCRIBED AND SWORN TO before me
this *7th* day of *May*, 2019
by JUDITH WEBSTER.

Robin A. Williams

NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4070406

CERTIFICATE OF DEATH

2019004558
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Joseph Garvin WEBSTER		2 DATE OF DEATH (Mo/Day/Year) March 05, 2019		3a COUNTY OF DEATH Douglas	
	3b CITY, TOWN, OR LOCATION OF DEATH Carson City		3c HOSPITAL OR OTHER INSTITUTION-Name(If not either, give street or Inpatient(Specify)) 925 Amador Circle Home		4 SEX Male	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify Yes - Mexican		7a AGE-Last birthday (Years) 78	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) February 01, 1941	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Colorado		9b. CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 14	
	11 MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Judith E GOSCH			
PARENTS	13 SOCIAL SECURITY NUMBER 8102		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Quality Control Inspection)		14b KIND OF BUSINESS OR INDUSTRY Manufacturing	
	15a RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
DISPOSITION	15d. STREET AND NUMBER 925 Amador Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
	16 FATHER/PARENT - NAME (First Middle Last Suffix) Manuel LEAL			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Patricia LUNA		
TRADE CALL	18a. INFORMANT - NAME (Type or Print) Judith WEBSTER		18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 925 Amador Circle Carson City, Nevada 89705			
	19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c LOCATION City or Town State Carson City Nevada 89701	
CERTIFIER	20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE		20b FUNERAL DIRECTOR LICENSE NUMBER FD304		20c NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
	TRADE CALL - NAME AND ADDRESS					
CAUSE OF DEATH	21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) NITA SCHWARTZ MD		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) March 08, 2019		21c HOUR OF DEATH 17:32		21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
REGISTRAR	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) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER 9114		24a REGISTRAR (Signature) ANGELICA RAMIREZ			
	24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 08, 2019		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) Bastic Plasmacytoid Dendritic Cell Neoplasm				Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death		
(c) DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death		
(d)				Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26 AUTOPSY (Specify Yes or No) No		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a ACC. SUICIDE, HGM, 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: **MAR 11 2019**

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

Julie Katscheva
STATE REGISTRAR

