

APN# : 1220-09-001-004

Recording Requested By:

Western Title Company

When Recorded Mail To:

Erin G. Page

Penny A. Page

PO Box 3151

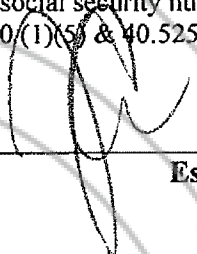
Gardnerville NV 89410

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

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. (Per NRS 440.380(1)(5) & 40.525 (5))

Signature



Traci Adams

Escrow Officer

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT – DEATH OF TRUSTEE

Erin G. Page and Penny A. Page, of legal age, being first duly sworn, deposes and says:

1. James J. Page Jr., the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as James J. Page Jr. named as Trustee in the Declaration of Trust dated 2/5/2002 and executed by James J. Page Jr. and Dorothy E. Page as Co-Trustor(s).
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 1258 Centerville Lane Gardnerville, NV 89410, which property is described in a Deed which was executed by James J. Page Jr. and Dorothy E. Page, husband and wife as Grantor(s) on February 5, 2002 and recorded as Instrument No. 0534930, in Book 0202, Page 5656, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:
3. The legal description of said property is as follows:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Being a portion of the Northwest 1/4 of the Northwest 1/4 of Section 9, Township 12 North, Range 20 East, M.D.B. & M., more particularly described as follows:

Parcel 3, as said parcel is shown on the Parcel Map for Ermon W. and Mary Lee Smith, recorded September 18, 1980, in Book 980 of Official Records, at Page 1442, Douglas County, Nevada, as Document No. 48677.

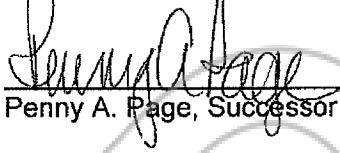
4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Dated 6/14/19



Erin G. Page, Successor Co-Trustee



Penny A. Page, Successor Co-Trustee

STATE OF NEVADA

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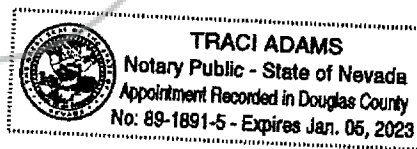
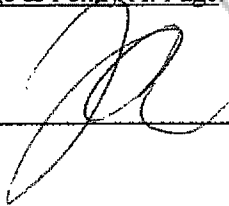
COUNTY OF

Douglas

This instrument was acknowledged before me
on 6/14/19

By Erin G. Page & Penny A. Page

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. 4071483

CERTIFICATE OF DEATH

2019005467
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) James Joseph PAGE JR		2. DATE OF DEATH (Mo/Day/Year) March 10, 2019		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and Inpatient (Specify) 1258 Centerville Ln. Home		4. SEX Male	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 80	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) May 29, 1938	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Wisconsin		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
	11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13. SOCIAL SECURITY NUMBER ██████-1482		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Hotel/Casino Owner		14b. KIND OF BUSINESS OR INDUSTRY GAMING	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1258 Centerville Ln.		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? Yes	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) James Joseph PAGE SR			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Esther Jean WILKE		
TRADE CALL	18a. INFORMANT - NAME (Type or Print) Erin Genevieve PAGE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 15730 Dry Valley Rd. Reno, Nevada 89508			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Mountain View Crematory		19c. LOCATION City or Town State Reno Nevada 89503	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) KENNETH COX SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD755		20c. NAME AND ADDRESS OF FACILITY Mountain View Mortuary PO Box 5158 Reno NV 89513	
	TRADE CALL - NAME AND ADDRESS					
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) DEREK C SHORT SIGNATURE AUTHENTICATED		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 21, 2019		21c. HOUR OF DEATH 12:12		22b. DATE SIGNED (Mo/Day/Yr) March 21, 2019	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 12:12		22d. PRONOUNCED DEAD (Mo/Day/Yr) March 10, 2019	
	22e. PRONOUNCED DEAD AT (Hour)		22f. LICENSE NUMBER			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Derek C Short PO Box 218 Minden, NV 89423				23b. LICENSE NUMBER	
	24a. REGISTRAR (Signature) ANGELICA RAMIREZ SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 21, 2019		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART I	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death	
	(a) Pending Investigation				Interval between onset and death	
PART II	(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	
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) Yes		
28a. ACC., SUICIDE, HON., UNDET. OR PENDING INVEST. (Specify) PENDING INVEST.		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 Nevada		

STATE REGISTRAR

000760293



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 29 2019

Julie Katchear
STATE REGISTRAR

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

VRS-Rev-20120523a

