

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

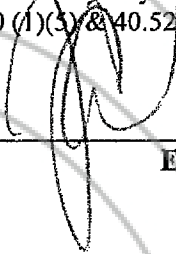
**Mail Tax Statements to: (deeds only)**

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\_\_\_\_\_  
\_\_\_\_\_  
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(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)(3) & 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. Dorothy E. Page, 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:

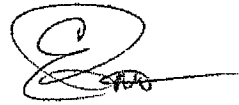
Being a portion of the Northwest 1/4 of the Northwest 1/4 of Section 9, Township 12 North, Range 20 East, M.D.B. & M., more particularly described as follows:

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.

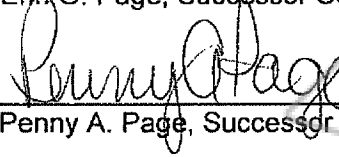
4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
5. There is no federal estate tax as the result of the death of the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

)}SS

STATE OF NEVADA

COUNTY OF Douglas

This instrument was acknowledged before me on JUNE 14, 2019

By Erin G. Page & Penny A. Page.



Notary Public

 **TRACI ADAMS**  
Notary Public - State of Nevada  
Appointment Recorded in Douglas County  
No: 89-1891-5 - Expires Jan. 06, 2023

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 3988389

**CERTIFICATE OF DEATH**

2017021636  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Dorothy E PAGE</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 13, 2017</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. DATE OF BIRTH (Mo/Day/Yr) <b>December 27, 1946</b>	
7a. AGE-Last birthday (Years) <b>70</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8a. STATE OF BIRTH (If not US/CA, name country) <b>Nevada</b>		8b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>18</b>	
11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>James PAGE JR</b>			
13. SOCIAL SECURITY NUMBER <b>-3242</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1258 Centerville Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Charles E STOCK</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Ivy G DIXON</b>		
18a. INFORMANT- NAME (Type or Print) <b>James PAGE</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1258 Centerville Lane Gardnerville, Nevada 89460</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Chief Tecopa Cemetery</b>		19c. LOCATION City or Town State <b>Pahrump Nevada 89048</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CURT KOESTLER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD823</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> <b>1521 Church Street Gardnerville NV 89410</b>	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>VUNGH HOANG MD</b> 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) <b>November 21, 2017</b>		21c. HOUR OF DEATH <b>10:51</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
21e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Vunghi Hoang MD 1600 Medical Parkway Carson City, NV 89703</b>			
23b. LICENSE NUMBER <b>16891</b>		23c. LICENSE NUMBER			
24a. REGISTRAR (Signature) <b>SHERRIE A CONNELL</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 21, 2017</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) <b>Cardiopulmonary Arrest</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Acute Hypoxic Respiratory Failure</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) <b>Severe Sepsis</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) <b>Pneumonia</b> 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 <b>Acute Renal Failure, Unknown Etiology</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>			
28a. ACC., SUICIDE HOM., 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

000697365



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: 11/22/2017

*[Signature]*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

