

APN# : 1320-29-510-006

Recording Requested By:
Western Title Company

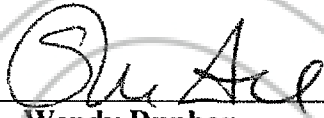
When Recorded Mail To:
Linda L. Leiss
1131 Monterra Drive
Minden, NV 89423

Mail Tax Statements to: (deeds only)
sane as above

(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



Wendy Dunbar

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

Linda L. Leiss, of legal age, being first duly sworn, deposes and says:

1. Garry Verne Leiss, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Garry Verne Leiss named as Trustee in the Declaration of Trust dated 6/5/2002 and executed by Linda L. Leiss as 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 1131 Monterra DriveMinden, NV 89423, which property is described in a Deed which was executed by Linda L. Leiss as Grantor(s) on July 9, 2013 and recorded as Instrument No. 828192, in Book 813, Page 190, 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:

Lot 97 in Block G, as set forth on the Final Subdivision Map for Monterra Phase I recorded in the office of the of Douglas County Recorder, State of Nevada, on August 24, 2005 in Book 0805, Page 11150 as Document No. 653145 of Official Records.

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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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 8-5-19


~~XXXX~~
Linda L. Leiss
Linda L. Leiss,

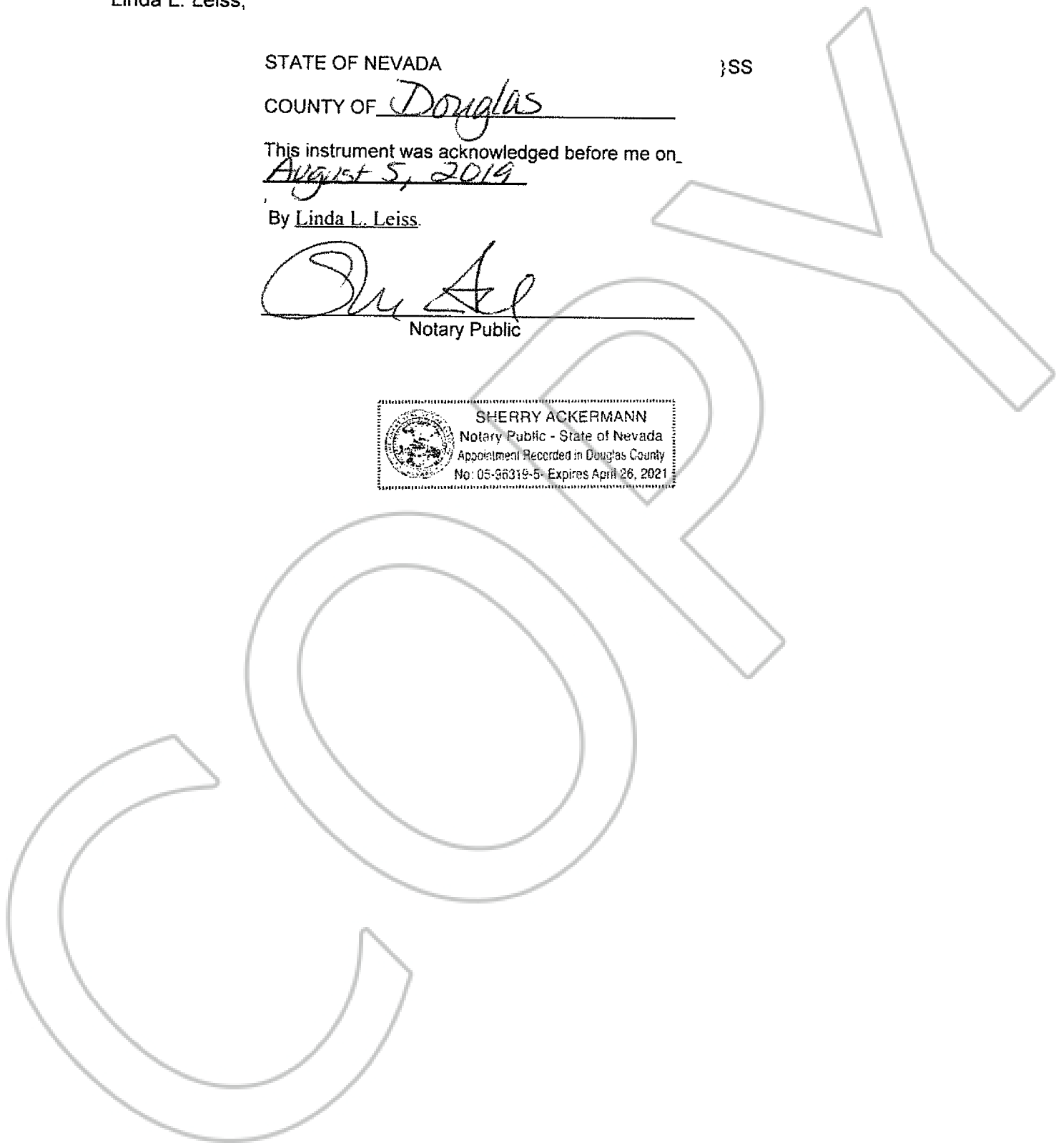
STATE OF NEVADA }SS
COUNTY OF Douglas

This instrument was acknowledged before me on August 5, 2019

By Linda L. Leiss

Sherry Ackermann
Notary Public

 SHERRY ACKERMANN
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 05-96319-5 Expires April 26, 2021



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3940891

CERTIFICATE OF DEATH

2017002805
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) Garry Verne LEISS		2. DATE OF DEATH (Mo/Day/Year) February 12, 2017		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and apartment)(Specify) Continuicare Hospital of Carson Tahoe, Inc. Inpatient		4. SEX Male	
5. RACE (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 77	
9a. STATE OF BIRTH (If not US/CA, name country) Kansas		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Linda Lee FINNEY			
13. SOCIAL SECURITY NUMBER 0475		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1131 Monterra Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) George Sidwell LEISS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Velma Grace RICHARDSON		
18a. INFORMANT - NAME (Type or Print) Linda Lee LEISS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 2314 Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) MONICA GIESE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 880		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 869 West Moana Lane Reno NV 89509	
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) JOSE AGUIRRE M.D. 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) February 16, 2017		21c. HOUR OF DEATH 10:15		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)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jose Aguirre M.D. 1600 Medical Parkway Carson City, NV 89703			
23b. LICENSE NUMBER 11479		24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 16, 2017		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) Cardiopulmonary Arrest Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Respiratory Failure Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Pneumonia Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Chronic Obstructive Pulmonary Disease Exacerbation 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. Chronic Lymphocytic Leukemia; Chronic Variable Immunodeficiency Syndrome; Severe Malnutrition					
26. AUTOPSY (Specify Yes or No)		27. WAS CASE REFERRED TO CORONER (Specify Yes or No)			
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

000661882



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: **2/22/2017**

Cody R. Phinney
SIGNATURE AUTHENTICATED

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

