

APN# 1320-33-401-010



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: LOUISE MARIE MANOUKIAN

Address: 1155 AUTUMN HILLS ROAD

City/State/Zip: GARDNERVILLE NV 89460

Mail Tax Statements to:

Name: LOUISE MARIE MANOUKIAN

Address: 1155 AUTUMN HILLS ROAD

City/State/Zip: GARDNERVILLE NV 89460

Affidavit- Death of Trustee

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

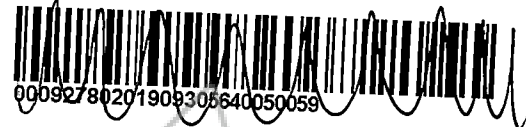
Louise M. Manoukian, Trustee

Signature

Louise Marie Manoukian

Printed Name

This document is being (re-)recorded to correct document # 2019-930564, and is correcting
THE LEGAL DESCRIPTION AND APN



KAREN ELLISON, RECORDER

APN# 1320-33-401-010 and
1320-32-800-003

Recording Requested by/Mail to:

Name: Louise Marie Manoukian

Address: 1155 Autumn Hills Rd.

City/State/Zip: Gardnerville, Nevada 89460

Mail Tax Statements to:

Name: Louise Marie Manoukian

Address: 1155 Autumn Hills Rd.

City/State/Zip: Gardnerville, Nevada 89460

Affidavit Death of TRUSTEE

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Louise Marie Manoukian, Trustee

Signature

LOUISE MARIE MANOUKIAN

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

RECORDING REQUESTED BY

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**

Louise Marie Manoukian
1466 Hwy 395 N
Gardnerville, NV 89410

Space Above This Line for
Recorder's Use Only

A.P.N. 1320-33-401-010 and 1320-32-802-003

Affidavit - Death of Trustee

State of Nevada)
County of Douglas)ss.
)

Louise Marie Manoukian ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Noel Edwin Manoukian** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **4/11/2019** at **Gardnerville** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **November 10, 1994** executed by **Noel Edwin Manoukian and Louise Marie Manoukian** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant Bargain Sale Deed** dated **7/22/1999** which was recorded as Instrument No. **0472979** in Book **0799**, Page **3793**, 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

4. 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.

Dated: 6-18-2019

DECLARANT:

Louise Marie Manoukian, Trustee
Louise Marie Manoukian

State of Nevada)
)ss
County of Douglas)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County, Douglas and State Nevada, this 18th day of June, 2019 by Louise Marie Manoukian, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

This area for official notarial seal

Signature Mary Kelsh

My Commission Expires: 11-6-22



Notary Name: Mary Kelsh Notary Phone: 775-782-5411
Notary Registration Number: 98495675 County of Principal Place of Business: Minden

EXHIBIT "A"

PARCEL 11: A parcel of land situated in the Town of Gardnerville, County of Douglas, State of Nevada, being a portion of the Southeast 1/4 of Section 32 and the Southwest 1/4 of Section 33, Township 13 North, Range 20 East, M.D.B.M., more particularly described as follows, to-wit:

BEGINNING at a point on the Southwest side of Main Street (U.S. Highway 395), 589 feet Northwest from the Northwest intersection of School Street (Gilman Avenue) and Main Street, in the Town of Gardnerville, County of Douglas, State of Nevada; said point of beginning being further described as the most northerly corner of the land conveyed to Fred H. Dangberg, et al., by instrument recorded January 28, 1975, in Book 175, Page 1416, Document No. 77916, Official Records of Douglas County, Nevada; thence running at right angles to said Main Street in a Southwesterly direction, a distance of 200 feet more or less to a point; thence at right angles in a Northwesterly direction, a distance of 150 feet more or less to the Southwesterly side of High School Street (Jackson Street); thence at right angles in a Northeasterly direction, a distance of 200 feet more or less to the Southwest side of Main Street; thence at right angles in a Southeasterly direction along said Main Street, a distance of 150 feet more or less to the Point of Beginning.

APN's 1320-33-401-010
1320-32-802-003

Legal description taken from
Doc # 472979

EXHIBIT 'A'

A parcel of land situated in the Town of Gardnerville, County of Douglas, State of Nevada, being a portion of the Southeast 1/4 of Section 32 and the Southwest 1/4 of Section 33, Township 13, North, Range 20 East, M.D.B. & M., more particularly described as follows, to-wit:

Parcel A as shown on the parcel map for NOEL MANOUKIAN recorded in the office of the County Recorder, Douglas County, Nevada on March 3, 1989, Book 389, Page 334, as Document No. 197455.

APN 1320-33-401-010

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4076495

CERTIFICATE OF DEATH

2019007349
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Noel Edwin MANOUKIAN		2 DATE OF DEATH (Mo/Day/Year) April 11, 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 number) 1155 Autumn Hills Road		3e If Hosp or Inst indicate DOA,OP/Emer Rm. Inpatient(Specify) Home	
DECEDENT	5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 81	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. UNDER 1 DAY HOURS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8 DATE OF BIRTH (Mo/Day/Yr) January 01, 1938		9a STATE OF BIRTH (If not US/CA, name country) California			
	9b CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 18		11 MARITAL STATUS (Specify) Married	
PARENTS	12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Louise ANDRESAKIS		13 SOCIAL SECURITY NUMBER 9449		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) Judge	
	14b KIND OF BUSINESS OR INDUSTRY LAW		15c. CITY, TOWN OR LOCATION Gardnerville			
DISPOSITION	15a RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15d. STREET AND NUMBER 1155 Autumn Hills Road	
	16 FATHER/PARENT - NAME (First Middle Last Suffix) Jack MANOUKIAN		17 MOTHER/PARENT - NAME (First Middle Last Suffix) Rose BORANIAN			
TRADE CALL	18a. INFORMANT - NAME (Type or Print) Jacqueline MANOUKIAN		18b. MAILING ADDRESS (Street or R F D No, City or Town, State Zip) P O Box 726 Minden, Nevada 89423			
	19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
CERTIFIER	20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Cremations 1600 Buckeye Rd Minden NV 89423	
	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) NITA SCHWARTZ MD 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) April 15, 2019		21c. HOUR OF DEATH 02:30		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	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) 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 SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 15, 2019	
	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) Cerebrovascular Atherosclerosis DUE TO, OR AS A CONSEQUENCE OF (b) _____ DUE TO, OR AS A CONSEQUENCE OF (c) _____ DUE TO, OR AS A CONSEQUENCE OF (d) _____			
STATE OF NEVADA	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I				26. AUTOPSY (Specify Yes or No) No	
	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a ACC., SUICIDE HOM., UNDET OR PENDING INVEST (Specify)			
NEVADA	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	



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: 4/17/2019

Jan Shytle
Interim Administrator
STATE REGISTRAR

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

