

APN# 1420-29-401-006



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: P.W. RAMSDEN

Address: 2838 HEYBOURNE RD

City/State/Zip: MINDEN, NV 89423

Mail Tax Statements to:

Name: SAME

Address: _____

City/State/Zip: _____

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)

P.W. Ramsden

Signature

P.W. RAMSDEN

Printed Name

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

RECORDING REQUESTED BY
of Nevada

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

Space Above This Line for
Recorder's Use Only

A.P.N. 1420-29-401-006

File No.: ()

Affidavit - Death of Trustee

State of Nevada

County of
Douglas

)
)ss.
)

P William Ramsden ("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. Cecelia Dorine Ramsden ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on July 27, 2017 at Carson City, NV (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated January 7, 2003 executed by P William Ramsden and Cecelia Dorine Ramsden as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain Deed dated July 10, 2013 which was recorded as Instrument No. 826842 in Book 713, Page 1939, 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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:

DECLARANT:

P.W. Ramsden
P.W. Ramsden

State of Nevada)
County of Douglas)ss)

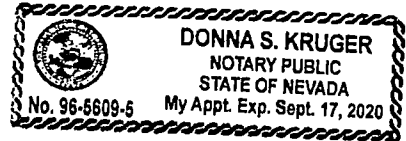
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State Nevada, this 21st day of August, 2019 by P.W. Ramsden, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

Signature Donna S. Kruger

My Commission Expires: 9-17-2020

This area for official notarial seal



Notary Name: Donna S. Kruger Notary Phone: 775-783-0473
Notary Registration Number: 96-5609-5 County of Principal Place of Business Douglas

EXHIBIT "A"
DESCRIPTION

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Being a portion of the Southwest 1/4 of Section 29, Township 14 North, Range 20 East, M. D. & B & M., being further described as follows:

Parcel 3, as set forth on the Parcel Map for Joseph F. Arroyo, filed for record in the Office of the County Recorder, State of Nevada, on September 19, 1986, in Book 986, Page 2423, as Document No. 141337.

EXCEPTING THEREFROM all minerals, oil, gas and other hydrocarbons now or at any time hereafter situate therein and thereunder and which may be produced therefrom, together with the free and unlimited right to mine, drill, bore, operate and remove said minerals from beneath the surface of said land at any level below the surface of the herein described property, as conveyed in the Grant Deed from Nev's Industries, Inc., a Nevada Corporation, to Stock Petroleum Co., Inc., recorded March 13, 1980, in Book 380, Page 1315, as Document No. 42677.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3969353

CERTIFICATE OF DEATH

2017014162
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Cecelia Dorine RAMSDEN		2. DATE OF DEATH (Mo/Day/Year) July 27, 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 Inpatient)(Specify) Carson Tahoe Regional Medical Center Inpatient		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Female	
	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 79	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. UNDER 1 HOUR HOURS	
	7e. UNDER 1 MIN MINS		8. DATE OF BIRTH (Mo/Day/Yr) April 20, 1938			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Percy William RAMSDEN			
	13. SOCIAL SECURITY NUMBER 4251		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 2838 Heybourne Road		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) Raymond TESTA			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Doris MCCORKLE		
	18a. INFORMANT- NAME (Type or Print) Percy William RAMSDEN			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2838 Heybourne Road Minden, Nevada 89423		
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Genoa Cemetery		19c. LOCATION City or Town State Genoa Nevada	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CRAIG R COLEMAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD921		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	
TRADE CALL	TRADE CALL - NAME AND ADDRESS					
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) TOKAMEH ENTEZARI 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) July 31, 2017		21c. HOUR OF DEATH 11:00		22b. DATE SIGNED (Mo/Day/Yr)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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) Tokameh Entezari MD 1155 Mill St Reno, NV 89502			23b. LICENSE NUMBER 12746		
REGISTRAR	24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 31, 2017		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					Interval between onset and death
	PART I					
	(a) Cardiopulmonary Arrest					
	DUE TO, OR AS A CONSEQUENCE OF:					
	(b) Severe Sepsis With Shock					
DUE TO, OR AS A CONSEQUENCE OF:						
(c) Pneumonia						
DUE TO, OR AS A CONSEQUENCE OF:						
(d) Acute Liver Failure						
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Ischemic Hepatitis; Hypotension; Lactic Acidosis; Unknown Etiology					28. AUTOPSY (Specify Yes or No)	
					27. WAS CASE REFERRED TO CORONER (Specify Yes or No) 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



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: 8/3/2017

[Signature]
SIGNATURE AUTHENTICATED

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

