

APN# : 1320-29-213-046

Recording Requested By:

Western Title Company

When Recorded Mail To:

Thomas R. Stafancin

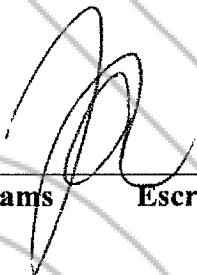
2101 S. 107th Dr

Avondale, AZ

85323

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 TRUSTEE

Thomas R. Stefancin, of legal age, being first duly sworn, deposes and says:

That Margaret D. Stefancin, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as M. Dolores Stefancin named as one of the parties in that certain Grant Bargain and Sale Deed dated 2/20/2007 executed by Thomas R. Stefancin and M. Dolores Stefancin to Thomas R. Stefancin and M. Dolores Stefancin, Trustees of The Stefancin Family Trust, recorded as instrument No. 0695394, on February 21, 2007 of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

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

Lot 72 in Block A as shown on the Official Plat of WINHAVEN UNIT NO. 2, PHASE A, filed for record in the office of the Douglas County Recorder, State of Nevada, on September 14, 1990, in Book 990, at Page 1934, as Document No. 234654, Official Records.

Dated : 10/17/19

The Stefancin Family Trust

Thomas R. Stefancin

Thomas R. Stefancin, Successor Trustee

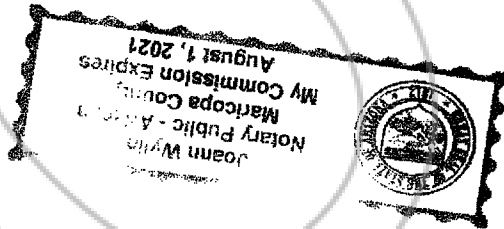
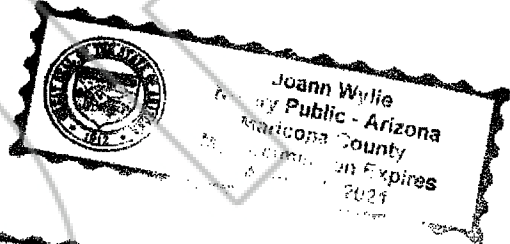
STATE OF NEVADA Arizona }SS
COUNTY OF Maricopa

This instrument was acknowledged before me on

10/17/19

By: Thomas R. Stefancin

Joann Wylie
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. 3753411

CERTIFICATE OF DEATH

2014001486

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) Margaret D STEFANCIN		2. DATE OF DEATH (Mo/Day/Year) January 17, 2014		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street ar number) Carson Valley Medical Center		3e. If Hosp. or Inst. Indicate DOA,OP,Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify: No - Non-Hispanic	
7a. AGE-Last birthday (Years) 85		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) October 16, 1928		9a. STATE OF BIRTH (If not US/CA, name country) Pennsylvania		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) Thomas STEFANCIN	
13. SOCIAL SECURITY NUMBER ██████-1136		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) HOMEMAKER		14b. KIND OF BUSINESS OR INDUSTRY OWN HOME	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1648 Lantana Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Charles William MENSER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mildred Alice JOHNSON		
18a. INFORMANT- NAME (Type or Print) Thomas STEFANCIN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1648 Lantana Dr 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) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
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) STEPHEN L PERRY 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) January 29, 2014		21c. HOUR OF DEATH 09:39		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) David Brock		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
22d. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Stephen L Perry MD 1520 Virginia Ranch Rd Gardnerville, NV 89410			
23b. LICENSE NUMBER 6526		24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 30, 2014		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				Interval between onset and death	
(a) Respiratory Failure				2-3 Hours	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Acute Pulmonary Edema				4-5 Hours	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Chronic Right Sided Heart Failure				Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. End Stage Liver Disease, Severe Chronic Obstructive Pulmonary Disease, Lung Cancer, Anemia				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		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	

000788539



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: **9/30/2019**

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

Janey Shughart
Administrator
STATE REGISTRAR

