

DOUGLAS COUNTY, NV

2019-939408

Rec:\$35.00

\$35.00

Pgs=4

12/11/2019 12:47 PM

ETRCO

KAREN ELLISON, RECORDER

APN#: 1320-31-517-003

**Recording Requested By:**

Western Title Company

**When Recorded Mail To:**

Raymond Dacus

4107 Sweetwater Dr

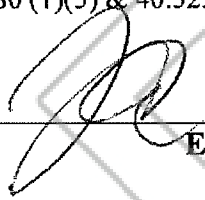
Carson City, NV

89701

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 OF TRUSTEE

Raymond Dacus, Successor Trustee of legal age, being first duly sworn, deposes and says:

1. Frances Dacus, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Frances Dacus named as Trustee in the Declaration of Trust dated 1/5/1999 and executed by Raymond Dacus and Frances Dacus 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 1646 Mackland Ave Minden, NV 89423, which property is described in a Deed which was executed by Raymond Dacus and Frances Dacus, Trustees, or their successors in trust, under the Dacus Living Trust, dated January 5, 1999, as Grantor(s) on January 5, 1999 and recorded as Instrument No. 0458707, in Book 0199, Page 2417, 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 3 in Block A of MACKLAND UNIT NO. 2, PHASE C, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on July 3, 1990, in Book 790, Page 356, Douglas County, Nevada, as Document No. 229541.

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.

The Dacus Living Trust, dated January 5, 1999.

*Raymond Dacus*

Raymond Dacus, Successor Trustee

STATE OF NEVADA

)SS

COUNTY OF Carson City

This instrument was acknowledged before me on

12-06-2019

By Raymond Dacus.

*Donna Peacocke*

Notary Public



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

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

2013015120  
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>Frances Rose DACUS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>September 07, 2013</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) <b>Gardnerville Health and Rehabilitation</b>		3d. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify) <b>Inpatient</b>	
5. RACE White (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>86</b>	
9a. STATE OF BIRTH (If not U.S.A., name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
13. SOCIAL SECURITY NUMBER <b>2100</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Housewife</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>1646 Mackland Ave</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>October 18, 1926</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Thomas DERITIS</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Anna</b>		
18a. INFORMANT - NAME (Type or Print) <b>Raymond DACUS</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>1646 Mackland Ave Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV 89410</b>	
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>JORGE SALLABERRY MD</b> SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) <b>September 12, 2013</b>		21c. HOUR OF DEATH <b>06:50</b>		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Dr. Jorge Sallaberry MD 1600 Medical Parkway Carson City, NV 89703</b>		23b. LICENSE NUMBER <b>12639</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 17, 2013</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				Interval between onset and death	
(a) <b>Failure to Thrive</b>				Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Inanition</b>				Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Severe Dementia</b>				Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) <b>Unknown Etiology</b>				Years	
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) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>					
28a. ACC. SUICIDE, HGM, 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

VRS-Rev-20120523a

499775

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:

09/18/2013

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

STATE REGISTRAR  
*[Signature]*  
SIGNATURE AUTHENTICATED

