

APN#: 1319-03-811-002

Recording Requested By:

Western Title Company

When Recorded Mail To:

Jessica Lee Moseley

462 Country Rd 84

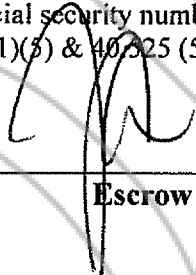
Santa Fe NM 87506

Mail Tax Statements to: (deeds only)

(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)(b) & 440.325 (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

Jessica Lee Moseley, of legal age, being first duly sworn, deposes and says:

1. W. Willene Atkins, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as W. Willene Atkins named as Beneficiary in the Declaration of Trust dated January 12, 1998 and executed by John T. Atkins and W. Willene Atkins 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 366 Genoa Springs Drive Genoa, NV 89411, which property is described in a Deed which was executed by John T. Atkins and W. Willene Atkins, Husband and wife, as joint tenants as Grantor(s) on March 21, 2001 and recorded as Instrument No. 521092, in Book 0801, Page 5489, 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:

PARCEL 1:

Unit 2, Block A, as shown on the Final Map of GENOA LAKES, PHASE 2, A PLANNED UNIT DEVELOPMENT, filed for record in the office of the Douglas County Recorder, State of Nevada on June 2, 1994 in Book 694, Page 202, as Document No. 338683, Official Records.

PARCEL 2:

That certain Exclusive use and Landscape Easement described as follows:

An easement located within a portion of the South 1/2 of Section 3, Township 13 North, Range 19 East, M.D.M., Douglas County, Nevada, being more particularly described as follows:


COMMENCING at the Southeasterly corner of Unit 2 being amended to the Typical House Plan 2 as shown on the Final Map for Genoa Lakes Phase 2 Planned Unit Development, Document No. 338683 of the Douglas County Recorder's Office, said point bears North 21°48'43" West, 145.97 feet from Tie Point "A" of said Final Map; thence North 83°19'56" West, along the Southerly line of said amended Unit 2, 54.33 feet to the Southwesterly corner thereof, being the TRUE POINT OF BEGINNING; thence North 83°19'56" West, 32.83 feet; thence North 07°13'58" West, 41.33 feet; thence North 19°36'07" West, 33.32 feet; thence South 83°19'56" East, 25.00 feet to the Southwesterly corner of Unit 3 as shown on said Genoa Lakes Phase 2 Final Map; thence South 83°19'56" East, along the Southerly line of said Unit 3, 53.33 feet; thence South 06°40'04" West, 4.00 feet; thence South 83°19'56" East, 19.34 feet; thence South 06°40'04" West, 10.83 feet to a point on the Northerly line of said amended Unit 2; thence along the Northerly and Westerly boundary lines of said amended Unit 2 the following 8 courses:

1. North 83°19'56" West, 52.83 feet;
2. South 06°40'04" West, 15.67 feet;
3. South 83°19'56" East, 3.67 feet;
4. South 06°40'04" West, 1.83 feet;
5. South 83°19'56" East, 6.00 feet;
6. South 06°40'04" West, 28.00 feet;
7. South 83°19'56" East, 3.00 feet;
8. South 06°40'04" West, 9.67 feet to the TRUE POINT OF BEGINNING.

NOTE: The above metes and bounds description appeared previously in that certain Grant, Bargain, Sale Deed recorded in the office of the County Recorder of Douglas County, Nevada on August 21, 2001, in Book 801, Page 5493 as Document No. 521093 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.

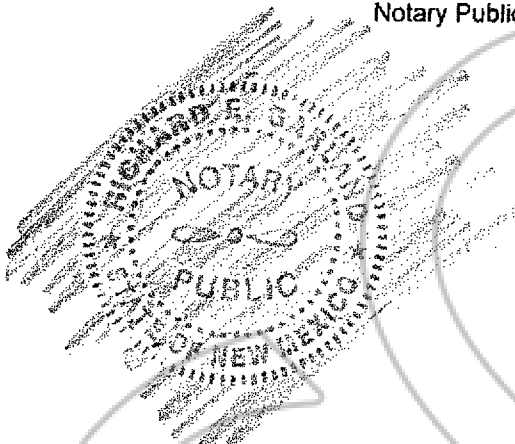
I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Dated 12/16/19 
Jessica Lee Moseley,

STATE OF ~~NEVADA~~ New Mexico JSS
COUNTY OF Los Alamos

This instrument was acknowledged before me on
Dec 16, 2019 By Jessica Lee Moseley.


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. 4099293

CERTIFICATE OF DEATH

2019016674
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) Wilma Willene ATKINS		2. DATE OF DEATH (Mo/Day/Year) August 21, 2019		3a. COUNTY OF DEATH Douglas	
3b. CHY, TOWN, OR LOCATION OF DEATH Genoa		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or number) 366 Genoa Springs Dr		3e. If Hosp. or Inst. Indicate DOA, OP/ Emer. Rm. Inpatient (Specify) Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last Birthday (Years) 81	
9a. STATE OF BIRTH (If not US/CA, name country) Texas		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		8. DATE OF BIRTH (Mo/Day/Yr) August 13, 1938	
13. SOCIAL SECURITY NUMBER 6564		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY OWN HOME	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Genoa	
15d. STREET AND NUMBER 366 Genoa Springs Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Walter Gordon LOONEY			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Olga Bernice NELSON		
18a. INFORMANT - NAME (Type or Print) Jessica MOSELEY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 462 County Rd 84 Santa Fe, New Mexico 87506			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN BLANSETT		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street 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) REED DOFF MD			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) August 23, 2019		21c. HOUR OF DEATH 16:52		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) Reed Doff MD, 907 Mountain Street Carson City, NV 89703			
23b. LICENSE NUMBER 13920		24a. REGISTRAR (Signature): ANGELICA RAMIREZ			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 23, 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) Respiratory Arrest Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Acute Respiratory Failure Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Probable Vascular Pattern Dementia Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Atherosclerotic Cerebrovascular Disease 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 Hypertension				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)			
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	

000783326



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: 8/26/2019

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

Janey Spang
Administrator
STATE REGISTRAR

