

APN # 1220-12-111-006

Escrow # 00250524 -016-

Recording Requested By:
First Centennial Title Company
1450 Ridgeview Dr. #100
Reno, NV 89509

When Recorded Return to:
First Centennial Title
896 W.Nye Lane
Carson City, NV 89703

Mail Tax Statements to:
Susan P. Williams
1894 Crockett Lane
Gardnerville, NV 89410

DOUGLAS COUNTY, NV **2019-940276**
Rec:\$35.00
\$35.00 Pgs=4 12/30/2019 09:18 AM
FIRST CENTENNIAL - RENO (MAIN OFFICE)
KAREN ELLISON, RECORDER

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT-DEATH OF TRUSTEE

(Title of Document)

Please complete Affirmation Statement below:

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

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 as required by law: NRS 440.380 (state specific law).

Liz Svenningsen
SIGNATURE

ESCROW OFFICER
TITLE

LIZ SVENNINGSEN
Print Signature

SPACE BELOW FOR RECORDER

APN: 1220-12-111-006
Escrow No. 00250524 - 016 -

When Recorded Return to:

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA } ss:
COUNTY OF CARSON CITY

BARBARA JEAN DAWSON WILLIAMS, of legal age, being duly sworn, deposes and says

That RONALD KEITH WILLIAMS the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as RONALD KEITH WILLIAMS named as one of the parties in that certain GRANT, BARGAIN SALE DEED dated MARCH 2, 2012 executed by SUSAN PATRICIA WILLIAMS AND RONALD KEITH WILLIAMS AND BARBARA JEAN WILLIAMS to ~~SUS~~ *PATRICIA WILLIAMS, TRUSTEE OF THE SP WILLIAMS 2012 FAMILY TRUST DATED MARCH 2, 2012 AND ANY AMENDMENTS THERETO, AND RONALD KEITH WILLIAMS AND BARBARA JEAN DAWSON WILLIAMS TRUSTEES OF THE RON AND BARBARA WILLIAMS 2012 TRUST DATED MARCH 2, 2012 AND ANY AMENDMENTS THERETO recorded as Instrument No. 0799098, on MARCH 19, 2012 in Book 0312 Page 4083 of Official Records of DOUGLAS County, Nevada, covering the following described property. *SUSAN

See Exhibit A attached hereto and made a part hereof.

Dated: 12-23-19

Barbara Jean Dawson Williams
BARBARA JEAN DAWSON WILLIAMS

SUBSCRIBED AND SWORN TO before me on this 23 day of Dec 2019

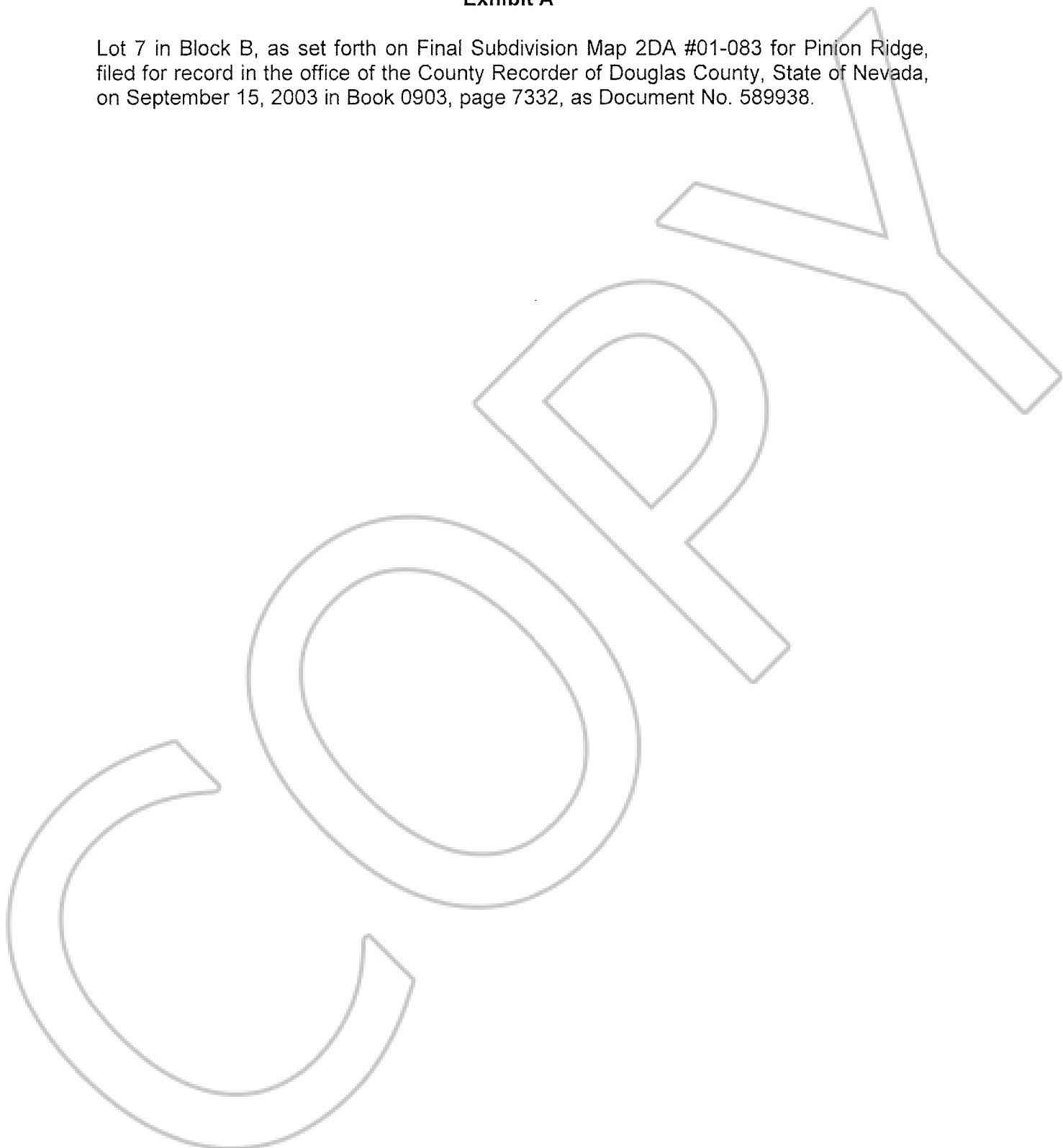
[Signature]
NOTARY PUBLIC



SPACE BELOW FOR RECORDER

Exhibit A

Lot 7 in Block B, as set forth on Final Subdivision Map 2DA #01-083 for Pinion Ridge, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 15, 2003 in Book 0903, page 7332, as Document No. 589938.



SPACE BELOW FOR RECORDER

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4108078

CERTIFICATE OF DEATH

2019020133
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) Ronald Keith WILLIAMS		2. DATE OF DEATH (Mo/Day/Year) October 10, 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 number) 1894 Crockett Lane		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) 87	
7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) October 12, 1931	
9a. STATE OF BIRTH (if not US/CA, name country) Indiana		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 18	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Barbara DAWSON			
13. SOCIAL SECURITY NUMBER ██████████ 1282		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 Gardnerville	
15d. STREET AND NUMBER 1894 Crockett Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Sam WILLIAMS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Hazel STRADLEY		
18a. INFORMANT- NAME (Type or Print) Barbara WILLIAMS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1894 Crockett Lane Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE		20b. FUNERAL DIRECTOR LICENSE NUMBER FD304		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City, NV 89701	
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) October 14, 2019		21c. HOUR OF DEATH 21:54		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) BREECE D FLORES			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 14, 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				Interval between onset and death	
(a) Respiratory Arrest				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Acute Respiratory Failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) End Stage Renal Disease				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Etiology Is Not Specified				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Hypertension, Peripheral Vascular Disease					
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			

000790898



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: 10/15/2019

Breece D Flores
Administrator
STATE REGISTRAR

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

