

APN# : 1220-09-417-004

DOUGLAS COUNTY, NV **2020-942125**
Rec:\$40.00
\$40.00 Pgs=3 02/12/2020 12:23 PM
ETRCO
KAREN ELLISON, RECORDER

Recording Requested By:
Western Title Company

When Recorded Mail To:
Susan Stone
4277 Bitterroot Rd
Reno, NV
89519

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

Susan M. Stone, of legal age, being first duly sworn, deposes and says:

1. Garry D. Stone, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Garry D. Stone named as Trustee in the Declaration of Trust dated 9/15/2005 and executed by Garry D. Stone and Susan M. Stone 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 1198 Sierra Vista Drive Gardnerville, NV 89460, which property is described in a Deed which was executed by Summit Homes LTD, A Nevada Corporation as Grantor(s) on February 22, 2006 and recorded as Instrument No. 0672172, in Book 0406, Page 1846, 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 real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 4 as shown on that Final Subdivision Map LDA # 97-008-8 for SILVERANCH PHASE 8, filed for record in the office of the Douglas County Recorder, State of Nevada, on May 7, 2004, in Book 504, at Page 2789 as File No. 612542, 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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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 12-30-19

Susan M. Stone
Susan M. Stone,

STATE OF NEVADA

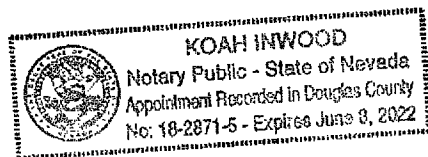
}SS

COUNTY OF Douglas

This instrument was acknowledged before me on,
12/30/19 By Susan M. Stone.

[Signature]

Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3907565

2016013996
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

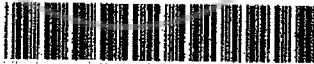
CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Garry D STONE		2. DATE OF DEATH (Mo/Day/Year) August 02, 2016		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address) Life Care Center of Reno		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 78	
9a. STATE OF BIRTH (If not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 15	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Susan MCCAUGHEY		8. DATE OF BIRTH (Mo/Day/Yr) October 29, 1937	
13. SOCIAL SECURITY NUMBER -1154		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Us District Court Water Master		14b. KIND OF BUSINESS OR INDUSTRY Water Management	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1198 Sierra Vista Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		14c. Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Donald McGrath STONE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lilly Marian WESTERGARD		
18a. INFORMANT - NAME (Type or Print) Susan STONE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1198 Sierra Vista Dr Gardnerville, Nevada 89460			
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) CURT KOESTLER		20b. FUNERAL DIRECTOR LICENSE NUMBER 823		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) DAVID JULIAN M.D.			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 04, 2016		21c. HOUR OF DEATH 04:37		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)	
21e. SIGNATURE AUTHENTICATED		22e. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) David Julian M.D. 1155 Mill St Reno, NV 89502				23b. LICENSE NUMBER 11920	
24a. REGISTRAR (Signature) BRIDGES SANDI		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 08, 2016		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24d. SIGNATURE AUTHENTICATED					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) Cardiac Arrest Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Acute Coronary Syndrome Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Atherosclerotic Coronary Disease Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) End Stage Renal 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 1.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC., SUICIDE, HONL. 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

000639385



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: **8/16/2016**

Cody Phinney
SIGNATURE AUTHENTICATED

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

VRS-Rev-20120523a

