

APN# : 1220-22-210-025

DOUGLAS COUNTY, NV **2020-943881**
Rec:\$40.00
\$40.00 Pgs=6 03/24/2020 01:50 PM
ETRCO
KAREN ELLISON, RECORDER

Recording Requested By:
Western Title Company

When Recorded Mail To:

Mary E. Raso
Theresa A. Raso
Thomas M. Raso
320 Elm St #303
San Mateo, CA 94401

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 _____



Koah Inwood

Escrow Assistant

This document was executed in counterpart

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312
(additional recording fee applies)

AFFIDAVIT – DEATH OF TRUSTEE

Mary E. Raso, Theresa A. Raso and Thomas M. Raso, of legal age, being first duly sworn, deposes and says:

1. Helen Jean Raso, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Helen Jean Raso named as Trustee in the Declaration of Trust dated 9/17/1996 and executed by Helen Jean Raso 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 742 Lassen Way, Gardnerville, NV 89460, which property is described in a Deed which was executed by Helen Jean Raso as Grantor(s) on September 17, 1996 and recorded as Instrument No. 397390, in Book 0996, Page 4580, 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 32 as shown on the Official Map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on May 29, 1973, in Book 573, Page 1026, as File No. 66512, 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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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 03/09/2020

Mary E. Raso,

Theresa A. Raso

Thomas M. Raso,

STATE OF NEVADA

}SS

COUNTY OF Douglas

This instrument was acknowledged before me on,

3/9/2020

By ~~Mary E. Raso, Theresa A. Raso and Thomas M. Raso.~~

Notary Public



TRACI ADAMS
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 89-1891-5 - Expires Jan. 05, 2023

AFFIDAVIT – DEATH OF TRUSTEE

Mary E. Raso, Theresa A. Raso, aka Theresa A. Raso-Hart and Thomas M. Raso, of legal age, being first duly sworn, deposes and says:

1. Helen Jean Raso, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Helen Jean Raso named as Trustee in the Declaration of Trust dated 9/17/1996 and executed by Helen Jean Raso as Trustor(s).
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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 03/04/2020

Mary E. Raso,

Theresa A. Raso

Theresa A. Raso, aka Theresa A. Raso-Hart

Thomas M. Raso,

STATE OF NEVADA

}SS

COUNTY OF Douglas

This instrument was acknowledged before me on,

3/9/2020

By Theresa A. Raso, aka Theresa A. Raso-Hart.

Notary Public



TRACI ADAMS
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 89-1891-5 - Expires Jan. 05, 2023

AFFIDAVIT – DEATH OF TRUSTEE

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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

3/12/20

M. E. Raso

Mary E. Raso,

Theresa A. Raso

Thomas M. Raso,

STATE OF NEVADA

}SS

COUNTY OF _____

This instrument was acknowledged before me on,

By Mary E. Raso, Theresa A. Raso and Thomas M. Raso.

Notary Public

*See Attach
Acknowledgement*

CALIFORNIA ACKNOWLEDGMENT

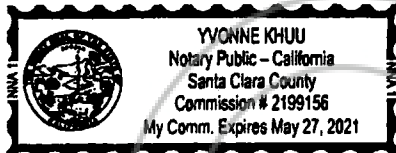
CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }
County of San Mateo

On March 12, 2020 before me, Yvonne Khuu, Notary Public
Date Here Insert Name and Title of the Officer
personally appeared Mary Elizabeth Raso
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature [Handwritten Signature]
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Affidavit - Death of Trustee

Document Date: 3/12/20 Number of Pages: 1

Signer(s) Other Than Named Above: no other signers

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
 Corporate Officer - Title(s): _____
 Partner - Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer is Representing: _____

Signer's Name: _____
 Corporate Officer - Title(s): _____
 Partner - Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer is Representing: _____

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4093292

CERTIFICATE OF DEATH

2019014269
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) Helen Jean RASO		2. DATE OF DEATH (Mo/Day/Year) July 18, 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 or 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) 99		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS / MINS	
8. DATE OF BIRTH (Mo/Day/Yr) September 14, 1919		9a. STATE OF BIRTH (If not US/CA, name country) Illinois		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER ██████████-2180		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) NURSE		14b. KIND OF BUSINESS OR INDUSTRY MEDICAL	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 742 Lassen Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Edward Francis DUFFY			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Doris OWENS		
18a. INFORMANT-NAME (Type or Print) Theresa RASO-HART		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 742 Lassen Way Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Cremations 1600 Buckeye Rd Minden NV 89423	
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) VINH-TRUYEN Q NGUYEN 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) July 19, 2019		21c. HOUR OF DEATH 19:25		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Vinh-Truyen Q. Nguyen MD, 1107 Highway 395 Gardnerville, NV 89410.				23b. LICENSE NUMBER 17895	
24a. REGISTRAR (Signature) ANGELICA RAMIREZ SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 22, 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) Cardiopulmonary Arrest				1 Minute	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Colonic Ileus				5 Days	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				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.				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	

000777934



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: 7/22/2019

Lisa J. ...
Administrator
STATE REGISTRAR

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

