

APN# 1220-22-110-086

Recording Requested by/Mail to:

Name: FIRST AMERICAN TITLE

Address: 1663 US HWY 395 N STE 101

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: TRACY ANN LANG WOOD

Address: 220 GARDEN ST

City/State/Zip: ARROYO GRANDE CA 93420

AFFIDAVIT- DEATH OF TRUSTEE

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)



Signature

EMILY TOBIAS

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

Dated:

05/07/2020

DECLARANT:

Tracy Ann Lang Wood
Tracy Ann Lang Wood

State of _____)
)ss
County of _____)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County _____ and State _____, this _____ day of _____, 20____ by _____, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

This area for official notarial seal

Signature _____

My Commission Expires: _____

Notary Name: _____ Notary Phone: _____

Notary Registration Number: _____ County of Principal Place of Business _____

See attached

CALIFORNIA JURAT

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)

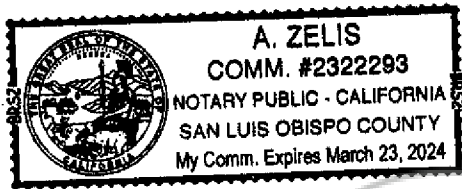
County of SAN LUIS OBISPO)

Subscribed and sworn to (or affirmed) before me on this 7TH day

of MAY, 20 20, by _____

TRACY ANN LANG WOOD

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



(Seal)

Signature _____



Optional Information

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this jurat to an unauthorized document and may prove useful to persons relying on the attached document:

Description of Attached Document

This certificate is attached to a document titled/for the purpose of

AFFIDAVIT OF DEATH OF TRUSTEE

containing _____ pages, and dated _____

Method of Affiant Identification

Proved to me on the basis of satisfactory evidence:
 form(s) of identification credible witness(es)

Notarial event is detailed in notary journal on:
Page # _____ Entry # _____

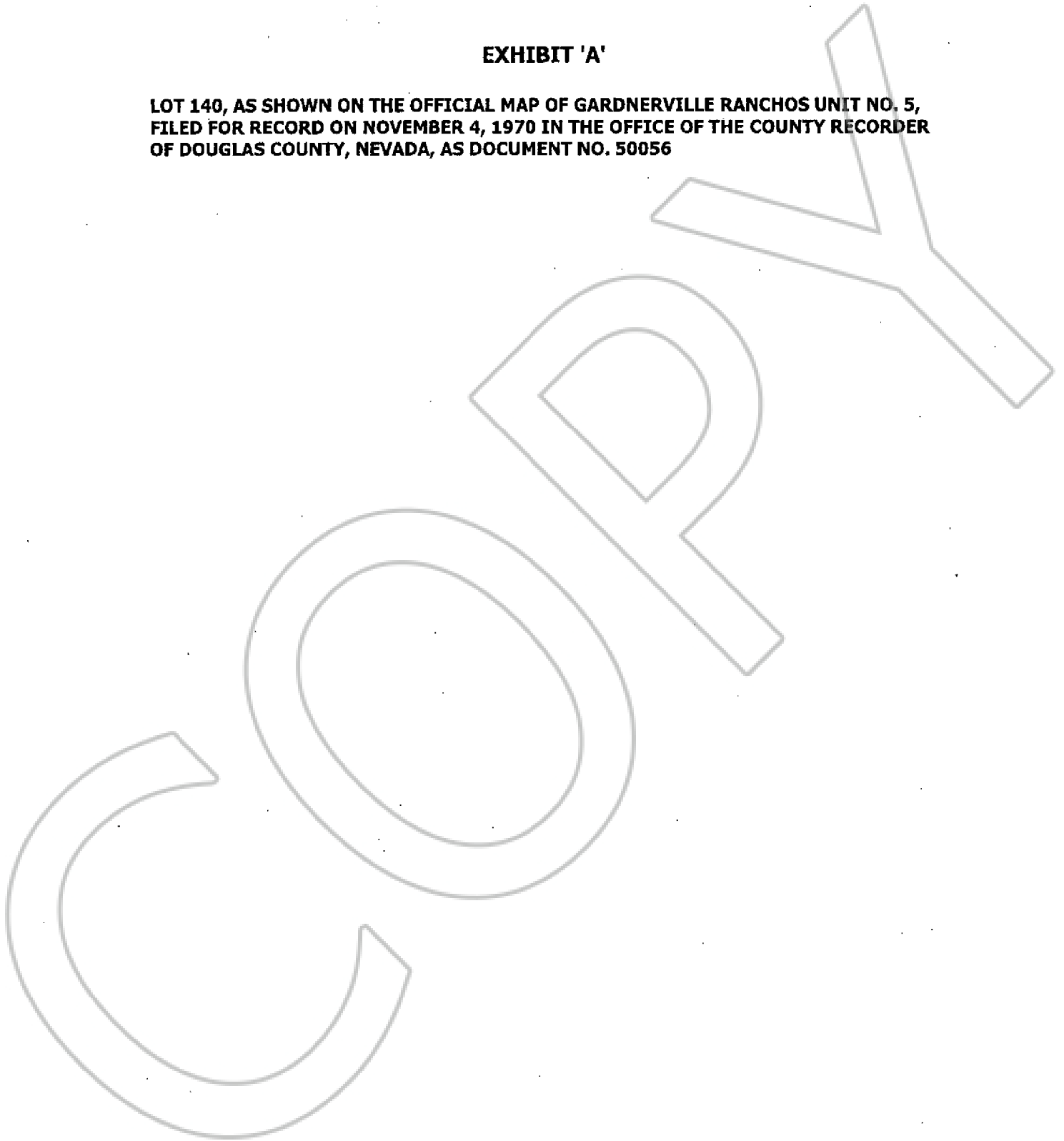
Notary contact: _____

Other

Affiant(s) Thumbprint(s) Describe: _____

EXHIBIT 'A'

**LOT 140, AS SHOWN ON THE OFFICIAL MAP OF GARDNERVILLE RANCHOS UNIT NO. 5,
FILED FOR RECORD ON NOVEMBER 4, 1970 IN THE OFFICE OF THE COUNTY RECORDER
OF DOUGLAS COUNTY, NEVADA, AS DOCUMENT NO. 50056**



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4107355

CERTIFICATE OF DEATH

2019019863
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) John J LANG JR		2. DATE OF DEATH (Mo/Day/Year) October 07, 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 and number) 1460 Shasta Drive		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 76		7b. UNDER 1 YEAR MO'S DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) June 19, 1943		9a. STATE OF BIRTH (If not US/CA, name country) New Jersey		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER 2116		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) ELECTRICAL ENGINEER		14b. KIND OF BUSINESS OR INDUSTRY ADVANCED TECHNOLOGY COMPAN	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1460 Shasta Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) John LANG SR	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ruth LOUQUET		18a. INFORMANT- NAME (Type or Print) Tracy LANG WOOD		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 220 Garden Street Arroyo Grande, California 93420	
18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		18b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		18c. LOCATION City or Town State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) ANDREW W JOYCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD936		20c. NAME AND ADDRESS OF FACILITY Nevada Funeral Services 3094 Research Way #63 Carson City NV 89706	
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 DOPF 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) October 09, 2019		21c. HOUR OF DEATH 11:50		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) Reed Dopf MD 907 Mountain Street Carson City, NV 89703				23b. LICENSE NUMBER 13920	
24a. REGISTRAR (Signature) BREECE D FLORES SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 09, 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) Malignant, Metastatic Bladder Carcinoma Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(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 1. Valvular Heart Disease, 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	

000791016



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: 10/11/2019

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

Lee J. Floyd
Administrator
STATE REGISTRAR

