

DOUGLAS COUNTY, NV

2020-948620

Rec:\$40.00

\$40.00

Pgs=4

07/02/2020 03:28 PM

ETRCO

KAREN ELLISON, RECORDER

APN# : 1220-01-002-027

Recording Requested By:

Western Title Company

When Recorded Mail To:

Ralph Gary Lynn

2923 Reynolds Ranch Pkwy

Lodi, CA 95240

Mail Tax Statements to: (deeds only)

same as above

(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)(5) & 40.525 (5))

Signature

Laeha Hill *PKK*

Laeha Hill

Escrow Assistant

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT – DEATH OF TRUSTEE

Ralph Gary Lynn, of legal age, being first duly sworn, deposes and says:

1. Betty June Lynn, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Betty June Lynn named as Trustee in the Declaration of Trust dated 12/4/2018 and executed by Ralph Gary Lynn and Betty June Lynn 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 1916 Black Sage Circle Gardnerville, NV 89410, which property is described in a Deed which was executed by Ralph Gary Lynn and Betty June Lynn, who took title as, Ralph Gary Lynn and Betty June Lynn, husband and wife, as community property with right of survivorship as Grantor(s) on December 4, 2018 and recorded as Instrument No. 2018-923242, 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 NO. 1:

A parcel of land located in the Southwest 1/4 of the Southeast 1/4 of Section 1, Township 12 North, Range 20 East, M.D.B. & M., described as follows:

Beginning at a point on the Northeast side of Black Sage Circle, which is the Southeasterly corner of the lot from which the South 1/4 corner of said Section 1, Township 12 North, Range 20 East, M.D.B. & M., bears South 26° 08' 22" West, 976.22 feet; thence North 37° 41' 51" East, 560.99 feet; thence along the North line of the Southwest 1/4 of Southeast 1/4 of Section 1, North 89° 52' 03" West, 492.60 feet, thence South 7° 28' 17" East, 333.36 feet to a cul-de-sac; thence on a curve to the right of the cul-de-sac with 50 foot radius from a tangent bearing of North 82° 31' 45" East, through an angle of 112° 39' 50" for a length of 98.32 feet; thence South 44° 48' 52" East, 73.02 feet to the Point of Beginning.

PARCEL NO. 2:

Together with an easement for a road located in the Southwest 1/4 Southeast 1/4 Section 1, Township 12 North, Range 20 East, M.D.B. & M., known as the Black Sage Circle, 50 feet wide, being 25 feet on each side of the centerline with a cul-de-sac at the Northwest and with a 50 foot radius and described as follows:

Beginning at a point in the centerline of the Fish Springs Road from which the South 1/4 corner of said Section 1 bears South 44° 19' 12" West, 897.84 feet; thence running North 44° 48' 25" West, 421.32 feet to the center of the cul-de-sac, including a 50 foot radius cul-de-sac.

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, Nevada on September 20, 2005, in Book 905, Page 7636, as Document No. 655577, 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 6-27-2020 R. G. Lynn
Ralph Gary Lynn,

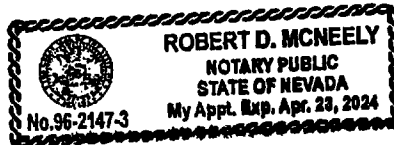
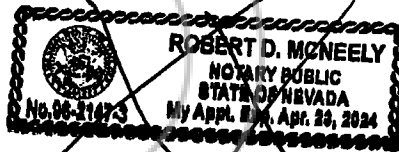
STATE OF NEVADA }SS

COUNTY OF DOUGLAS

This instrument was acknowledged before me on 6/27/2020

By Ralph Gary Lynn.

Robert D. McNeely
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. 4088571

CERTIFICATE OF DEATH

2019012431
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) Betty June LYNN		2. DATE OF DEATH (Mo/Day/Year) June 22, 2019		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) Carson Tahoe Regional Medical Center		3a. 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) 79		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
8. DATE OF BIRTH (Mo/Day/Yr) April 11, 1940		11. MARITAL STATUS (Specify) Married			
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Ralph Gary LYNN		13. SOCIAL SECURITY NUMBER -7809			
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of OFFICE CLERK		14b. KIND OF BUSINESS OR INDUSTRY INSURANCE		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1916 Black Sage Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Levi PAULK			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Essie BROWN		
18a. INFORMANT- NAME (Type or Print) Ralph Gary LYNN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1916 Black Sage Circle Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) ANDREW W JOYCE		20b. FUNERAL DIRECTOR LICENSE NUMBER FD936		20c. NAME AND ADDRESS OF FACILITY Nevada Funeral Services 3094 Research Way #83 Carson City NV 89706	
20a. SIGNATURE AUTHENTICATED					
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) JOSE AGUIRRE MD			22a. On the basis of examination on 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) June 25, 2019			21c. HOUR OF DEATH 08:22		
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) Jose Aguirre MD 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 11479	
24a. REGISTRAR (Signature) ANGELICA RAMIREZ		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 25, 2019		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a. SIGNATURE AUTHENTICATED					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I				Interval between onset and death	
(a) Cardiopulmonary Arrest					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Respiratory Failure					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Pulmonary Fibrosis					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Pneumonia					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Unknown Etiology				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	

000775636



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.

7/5/2019

DATE ISSUED:

Janey Shughart
Interim Administrator

STATE REGISTRAR

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

