

APN# : 1420-21-810-017

DOUGLAS COUNTY, NV **2020-949549**
Rec:\$40.00
\$40.00 Pgs=4 07/22/2020 10:23 AM
ETRCO
KAREN ELLISON, RECORDER

Recording Requested By:
Western Title Company

When Recorded Mail To:
Cynthia S. Egan
1321 Santa Cruz Drive
Minden, NV 89423

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 Wendy Dunbar 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

Cynthia S. Egan, of legal age, being first duly sworn, deposes and says:

1. Timothy James Egan, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Timothy J. Egan named as Trustee in the Declaration of Trust dated 2/22/2006 and executed by Timothy J. Egan and Cynthia S. Egan 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 1321 Santa Cruz Drive Minden, NV 89423, which property is described in a Deed which was executed by Timothy J. Egan and Cynthia S. Egan, as married joint tenants as Grantor(s) on February 22, 2006 and recorded as Instrument No. 0668685, in Book 0206, Page 8267, 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:

Lot 6 in Block B of Mission Hot Springs III, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on June 30, 1992, Book 692, Page 6000, Document No, 282411.
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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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.

Affidavit - Death of Trustee page

Dated 7/17/20 Cynthia S. Egan
Cynthia S. Egan,

STATE OF NEVADA }SS

COUNTY OF Douglas

This instrument was acknowledged before me on 7/17/2020
By Cynthia S. Egan.

Laeha P. Hill
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. 4080115

CERTIFICATE OF DEATH

2019008723
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) Timothy James EGAN		2. DATE OF DEATH (Mo/Day/Year) May 02, 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		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) 70	
9a. STATE OF BIRTH (If not US/CA, name country) Wisconsin		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
13. SOCIAL SECURITY NUMBER 5931		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 Minden	
15d. STREET AND NUMBER 1321 Santa Cruz Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Cynthia DAVIS	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Edward EGAN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Nina DONALDSON		
18a. INFORMANT - NAME (Type or Print) Cynthia EGAN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1321 Santa Cruz Dr. Minden, Nevada 89423			
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) CRAIG R COLEMAN		20b. FUNERAL DIRECTOR LICENSE NUMBER FD921		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop 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) AMANDA M GRIFFITH DO			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) May 03, 2019		21c. HOUR OF DEATH 04:27		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) Amanda M Griffith DO 1600 Medical Pkwy Carson City, NV 89703			
23b. LICENSE NUMBER DO1685		24a. REGISTRAR (Signature) BREECE D FLORES			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 03, 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) Cardiopulmonary Arrest				Interval between onset and death	
(b) Aspiration Pneumonia				Interval between onset and death	
(c) Hypovolemic Shock				Interval between onset and death	
(d) Anemia				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. 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			

000757627



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.

Jessie J. [Signature]
Interim Administrator

DATE ISSUED: **5/7/2019**

STATE REGISTRAR

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

