

APN#: 1220-21-810-005

DOUGLAS COUNTY, NV **2020-956296**
Rec:\$40.00
\$40.00 Pgs=6 11/12/2020 02:27 PM
ETRCO
KAREN ELLISON, RECORDER

Recording Requested By:
eTRCo, LLC.

When Recorded Mail To:
Jimmy Richard Morgan, Jr.
650 Randall Drive
Cambria CA 93428

Mail Tax Statements to: (deeds only)

(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 *Kinsey Bell*
Kinsey Bell 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

Jimmy Richard Morgan, Jr., of legal age, being first duly sworn, deposes and says:

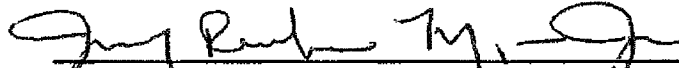
1. Jimmy Richard Morgan, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Jimmy Richard Morgan named as Trustee in the Declaration of Trust dated 8/28/2014 and executed by Jimmy Richard Morgan and Opal Kay Morgan as Trustor(s).
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 622 Bluerock Road Gardnerville, NV, 89460, which property is described in a Deed which was executed by Jimmy Richard Morgan and Opal Kay Morgan, husband and wife as joint tenants as Grantor(s) on September 18, 2014 and recorded as Instrument No. 2014-849930, in Book N/A, Page N/A, 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 118, as shown on the map of GARDNERVILLE RANCHOS UNIT NO.7, filed for record in the office of the County Recorder of Douglas County, Nevada on March 27, 1974, in Book 374, Page 676, as Document No. 72456, 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 11-10-2020


Jimmy Richard Morgan, Jr., Successor Trustee

STATE OF _____)SS

COUNTY OF _____

This instrument was acknowledged before me on

By Jimmy Richard Morgan, Jr.

See Attached for
Notary Certificate

Notary Public

CALIFORNIA ALL-PURPOSE 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 Luis Obispo)

On 11/10/2020 before me, Cara A. Leandro, Notary Public

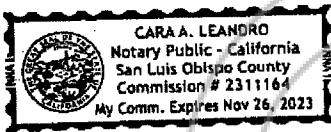
Date Here Insert Name and Title of the Officer

personally appeared Jimmy Richard Morgan Jr.
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 *Cara Leandro*
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document Affidavit -

Title or Type of Document: Death of Trustee Document Date: 11/10/2020

Number of Pages: _____ Signer(s) Other Than Named Above: _____

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: _____

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

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 10th day of November, 2020,
by _____ Date _____ Month _____ Year _____

(1) Jimmy Richard Morgan, Jr.

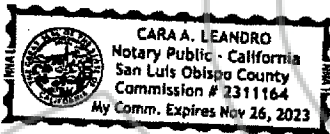
(and (2) _____),

Name(s) of Signer(s)

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

Signature _____

Cara A. Leandro
Signature of Notary Public



Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document Affidavit -

Title or Type of Document: Death of Trustee Document Date: 11/10/2020

Number of Pages: _____ Signer(s) Other Than Named Above: _____

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4022814

CERTIFICATE OF DEATH

2018010724
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) Jimmy Richard MORGAN		2. DATE OF DEATH (Mo/Day/Year) May 28, 2018		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 address) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emar. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 81		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) September 11, 1936		9a. STATE OF BIRTH (If not US/CA, name country) Illinois			
9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		11. MARITAL STATUS (Specify) Married	
12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Opal Kay FROSCHE		13. SOCIAL SECURITY NUMBER 9057		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Plumbing Inspector	
14b. KIND OF BUSINESS OR INDUSTRY County		15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	
15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 622 Bluerock Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) William Walter MORGAN		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Katherine Julie URBANOVIT			
18a. INFORMANT - NAME (Type or Print) Opal K MORGAN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 622 Bluerock Rd Gardnerville, Nevada 89480			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMAR R BEAULAC		20b. FUNERAL DIRECTOR LICENSE NUMBER FD870		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St Suite 4-E Reno NV 89502	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) DANIEL K LEE 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) June 04, 2018		21c. HOUR OF DEATH 21:50		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) Daniel K Lee MD, 1155 Mill St (W11) Reno, NV 89502			
23b. LICENSE NUMBER LL2567		24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 04, 2018	
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) St Elevation Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF: (b) Coronary Artery Disease DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____			
25. PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. acute Cerebrovascular Accident		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	

STATE REGISTRAR



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: 6/12/2018

Julie Katchian
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

