

APN# : 1220-25-510-015

Recording Requested By:

eTRCo, LLC.

When Recorded Mail To:

Alise Melissa Smith

P.O. Box 3135

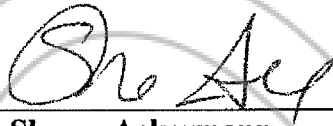
Gardnerville, NV 89410

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



Sherry Ackermann

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

Alise Melissa Smith, of legal age, being first duly sworn, deposes and says:

1. Cindy Carol Smith, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Cindy Carol Smith named as Trustee in the Declaration of Trust dated 3/13/2020 and executed by Cindy Carol Smith 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 1934 Morgan Court Gardnerville, NV 89410, which property is described in a Deed which was executed by Cindy Carol Smith, Trustee of the Cindy Carol Smith Family Trust and her Successors, and the Cindy Carol Smith Family Trust, dated March 13, 2020 as Grantor(s) on August 26, 2020 and recorded as Instrument No. 2020-951439, in Book , Page , 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 12 in Block A of THOMPSON ACRES UNIT NO. 2, filed in the office of the County Recorder of Douglas County, State of Nevada, on March 22, 1978 as Document No. 18827.

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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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 12/14/2020

Alise Melissa Smith
Alise Melissa Smith,

STATE OF NEVADA

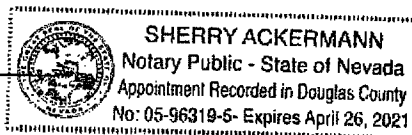
}SS

COUNTY OF Douglas

This instrument was acknowledged before me on December 14, 2020

By Alise Melissa Smith.

Sherry Ackermann
Notary Public



CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4164330

CERTIFICATE OF DEATH

2020019156
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) Cindy Carol SMITH | | 2. DATE OF DEATH (Mo/Day/Year) August 28, 2020 | | 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) 1934 Morgan Ct | | 3e. If Hosp. or Inst indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home | |
| 4. SEX Female | | 5. RACE (Specify) White | | 6. Hispanic Origin? Specify No - Non-Hispanic | |
| 7a. AGE-Last birthday (Years) 62 | | 7b. UNDER 1 YEAR MOS DAYS | | 7c. UNDER 1 DAY HOURS MINS | |
| 8. DATE OF BIRTH (Mo/Day/Yr) October 29, 1957 | | 9a. STATE OF BIRTH (if not US/CA, name country) Tennessee | | 9b. CITIZEN OF WHAT COUNTRY United States | |
| 10. EDUCATION 12 | | 11. MARITAL STATUS (Specify) Widowed | | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) | |
| 13. SOCIAL SECURITY NUMBER ██████-5399 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) HOMEMAKER | | 14b. KIND OF BUSINESS OR INDUSTRY OWN HOME | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Gardnerville | |
| 15d. STREET AND NUMBER 1934 Morgan Ct | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | Ever in US Armed Forces? No | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) John B HOOK | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Minnie Lou LOONEY | | |
| 18a. INFORMANT - NAME (Type or Print) Alice SMITH | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1178 Zerolene Road Minden, Nevada 89423 | | | |
| 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) CHRISTIE D WILDE SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR OF LICENSE NUMBER FD917 | | 20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmeralda Place Minden NV 89423 | |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) NITA SCHWARTZ MD SIGNATURE AUTHENTICATED | | | | | |
| 21b. DATE SIGNED (Mo/Day/Yr) August 31, 2020 | | 21c. HOUR OF DEATH 01:24 | | 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) | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22b. DATE SIGNED (Mo/Day/Yr) | | 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) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703 | | | | 23b. LICENSE NUMBER 9114 | |
| 24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 03, 2020 | | 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) Bladder Cancer With Metastasis | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF | | | | | |
| (b) | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF | | | | | |
| (c) | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF | | | | | |
| (d) | | | | | |
| PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. | | | | 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 | |

000830451



CERTIFIED COPY OF VITAL RECORDS

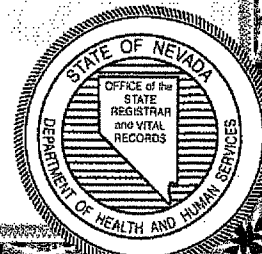
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

9/10/2020

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

Wesley T Storey
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE