

APN# 1320-32-111-079

Recording Requested by:

Name: Wayne Wood
Address: P.O. BOX 1333
City/State/Zip: Minden, NV 89423
143-2609637-MK

Affidavit-Death of Trustee
(Title of Document)

Recorder Affirmation Statement

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

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 as required by law: Nevada

(State specific law)

Kelly Shinkevich EA
Signature Title

Kelly Shinkevich
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**

Wayne Woods
P.O. Box 1333
Minden, NV 89423

Space Above This Line for
Recorder's Use Only

A.P.N. 1320-32-111-079

File No.: 143-2609637 (mk)

Affidavit - Death of Trustee

State of NV)
County of Douglas)ss.
)

Wayne M. Woods ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

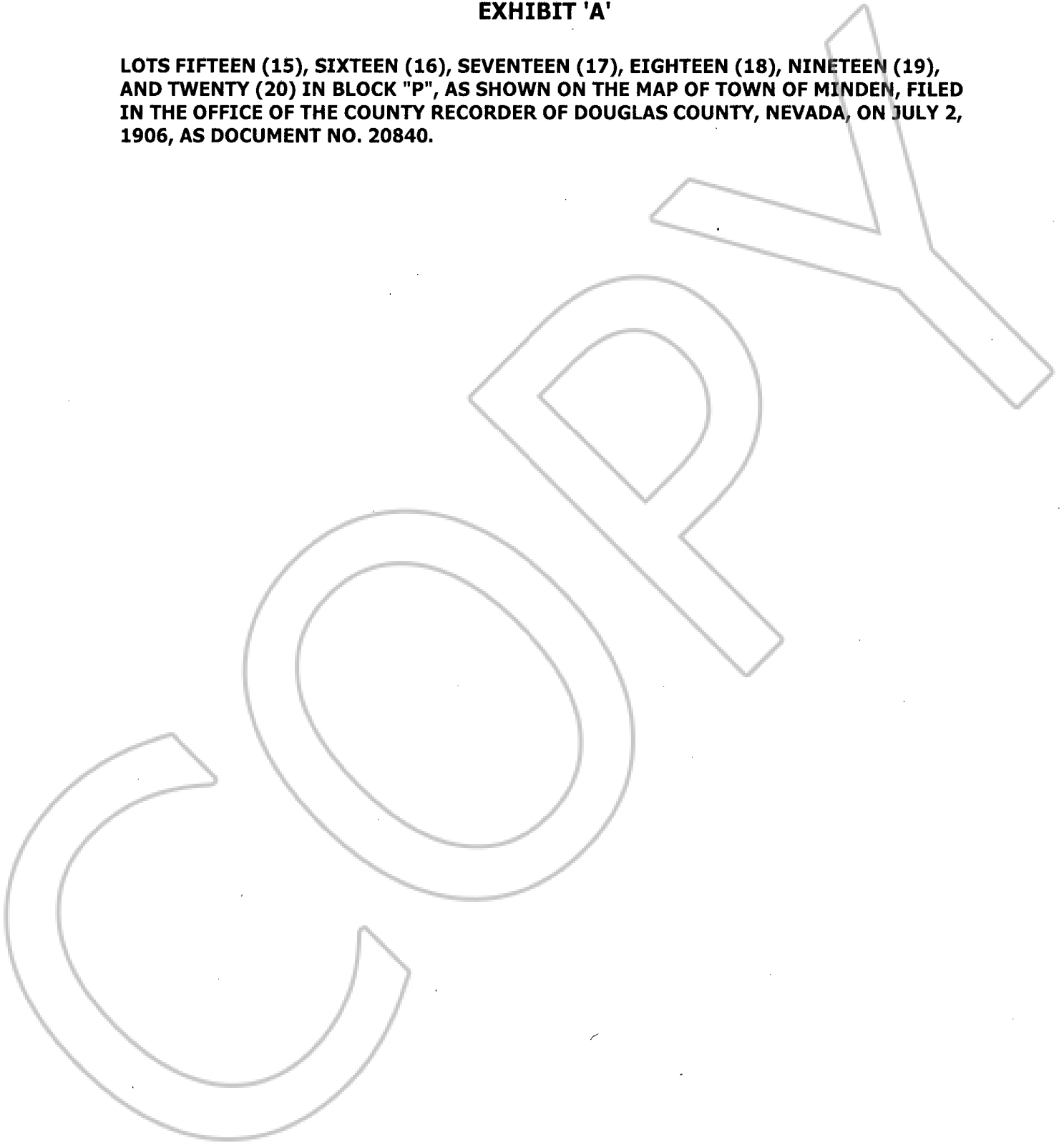
1. **Suzanne W. Woods** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **12-18-2014** at **Gardnerville, NV** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **1-18-2011** executed by **Wyane M. Woods and Suzanne W. Woods** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant Deed** dated **1-18-2011** which was recorded as Instrument No. **0778035** in Book **0211**, Page **0557**, of Official Records of **Douglas** County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

EXHIBIT 'A'

LOTS FIFTEEN (15), SIXTEEN (16), SEVENTEEN (17), EIGHTEEN (18), NINETEEN (19), AND TWENTY (20) IN BLOCK "P", AS SHOWN ON THE MAP OF TOWN OF MINDEN, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON JULY 2, 1906, AS DOCUMENT NO. 20840.



Dated: 1-20-2021

DECLARANT:

Wayne M. Woods
Wayne M. Woods, successor trustee

State of NV)
)ss
County of Douglas)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State NV, this 20 day of January, 2021 by Wayne M. Woods, 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.

Signature Mary Kelsh

My Commission Expires: 11-6-22

This area for official notarial seal



Notary Name: MARY KELSH Notary Phone: 775-782-5411
Notary Registration Number: 98495675 County of Principal Place of Business: Minden

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2014021496

STATE FILE NUMBER

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Suzanne W WOODS		2. DATE OF DEATH (Mo/Day/Year) December 18, 2014		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street or 1428 Orchard Rd.		3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify) Home	
4. SEX Female		5. RACE White (Specify)		8. DATE OF BIRTH (Mo/Day/Yr) June 01, 1933	
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		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) Marvin Wayne WOODS	
9a. STATE OF BIRTH (if not U.S.A.) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
13. SOCIAL SECURITY NUMBER ██████████6437		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Bookkeeper		14b. KIND OF BUSINESS OR INDUSTRY Lumber Store	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1428 Orchard Rd.		15e. INSIDE CITY LIMITS? (Specify Yes or No) Yes		15f. Ever in US Armed Forces? No	
18. FATHER/PARENT - NAME (First Middle Last Suffix) Cecil WALLACE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Alethea BINGHAM		
18a. INFORMANT - NAME (Type or Print) Janet BLAKE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1559 Wildrose 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) CURT KOESTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 823		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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) NITA SCHWARTZ M.D. 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) December 24, 2014		21c. HOUR OF DEATH 21:39		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) Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703			
23b. LICENSE NUMBER 9114		24a. REGISTRAR (Signature) RHONDA PENA SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 02, 2015	
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) Cerebral Atherosclerosis DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____			
26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			
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.		28h. CITY OR TOWN STATE	

STATE REGISTRAR

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

ISPOSITION

TRADE CALL

CERTIFIER

To Be Completed by CERTIFYING PHYSICIAN

To Be Completed by CORONERS OFFICE

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

371735

CERTIFIED COPY OF VITAL RECORDS

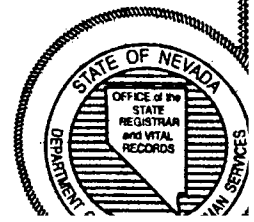
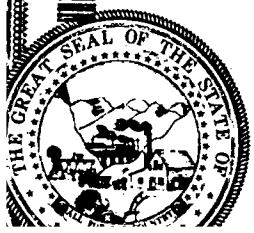
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

MAR 19 2015

Rhonda Whelan
STATE REGISTRAR

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



VRS-Rev-20120523a