

DOUGLAS COUNTY, NV

2021-960443

Rec:\$40.00

\$40.00

Pgs=5

01/22/2021 11:41 AM

ETRCO

KAREN ELLISON, RECORDER

APN#: 1420-31-000-004

Recording Requested By:

eTRCo, LLC.

When Recorded Mail To:

Diane Phillips Ferree

3827 S. Carson Street #211

Carson City, NV 89701

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

Diane Phillips Ferree, of legal age, being first duly sworn, deposes and says:

1. Wayne Everett Ferree, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Wayne Everett Ferree named as Trustee in the Declaration of Trust dated 10/4/2004 and executed by Wayne E Ferree and Diane Phillips Ferree, husband and wife 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 991 Stephanie Way Minden, NV 89423, which property is described in a Deed which was executed by Wayne E. Ferree and Diane Phillips Ferree, husband and wife as Grantor(s) on October 4, 2004 and recorded as Instrument No. 0629678, in Book 1104, Page 8822, 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 1:

A parcel of land situated in and being portions of the Southwest 1/4 of Section 29, and the Northwest 1/4 of Section 32, and the Southeast 1/4 of Section 30, and the Northeast 1/4 of Section 31, in Township 14 North, Range 20 East, M.D.B.&M., more particularly described as follows, to-wit:

Commencing at the Section corner common to Sections 28, 29, 32 and 33 in Township 14 North, Range 20 East, M.D.B.&M.; thence North 89°24'38" West, a distance of 2,650.74 feet to a point; thence South 89°59'47" West, a distance of 2,613.71 feet to the True Point of Beginning; thence continuing South 89°59'47" West, a distance of 653.43 feet to a point; thence South 00°02'19" West, a distance of 1,333.37 feet to a point; thence North 89°59'47" East, a distance of 653.35 feet to a point; thence North 00°02'30" East, a distance of 1,333.37 feet to the Point of Beginning.

Said land more fully shown as Parcel 24B more fully set forth on that certain Parcel Map filed for record in the office of the County Recorder of Douglas County, Nevada, on July 13, 1981 as Document No. 58149.

Parcel 2:

Together with a 60 foot appurtenant non-exclusive easement for access and utilities over and across those parcels of land situated in and being a portion of the Southeast 1/4 of Section 30 and South 1/2 of Section 29, in Township 14 North, Range 20 East, M.D.B.&M.; said 60 foot appurtenant non-exclusive easement lying 30 feet on each side of the following described centerline, to-wit:

Beginning at the Section corner common to Sections 28, 29, 32 and 33 in Township 14 North, Range 20 East, M.D.B.&M.; thence North 89°24'38" West, a distance of 2,650.74 feet to a point; thence South 89°59'47" West, a distance of 5,227.50 feet to the Easterly right of way line of U.S. Highway 395, to the Point of Termination,

Excepting therefrom the Northerly 30 feet of Parcel No. 1, here-in-above.

NOTE: The above metes and bounds description appeared previously in that certain Deed recorded in the office of the County Recorder of Douglas County, Nevada on November 18, 2004, as Document No. 629678 of 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 January 18, 2021 Diane Phillips Ferree
Diane Phillips Ferree,

STATE OF NEVADA }SS

COUNTY OF Douglas

This instrument was acknowledged before me on Jan. 18, 2021
By Diane Phillips Ferree.

[Signature]

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. 4137053

CERTIFICATE OF DEATH

2020006569
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

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

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|---|--|--------------------------------|--|---------------------------------|--|--|--|---|-------|--|--|
| 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Wayne Everett FERREE | | | 2. DATE OF DEATH (Mo/Day/Year) March 29, 2020 | | | 3a. COUNTY OF DEATH Douglas | | | | | | | | | | | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Minden | | | 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 991 Stephanie Way | | | 3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home | | | 4. SEX Male | | | | | | | | |
| 5. RACE (Specify) White | | | 6. Hispanic Origin? Specify No - Non-Hispanic | | | 7a. AGE-Last birthday (Years) 88 | | 7b. UNDER 1 YEAR MOS | | 7c. UNDER 1 DAY HOURS | | 7d. UNDER 1 DAY MIN | | 8. DATE OF BIRTH (Mo/Day/Yr) January 07, 1932 | | | |
| 9a. STATE OF BIRTH (if not US/CA, name country) Missouri | | | 9b. CITIZEN OF WHAT COUNTRY United States | | | 10. EDUCATION 20 | | | 11. MARITAL STATUS (Specify) Married | | | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Diane PHILLIPS | | | | | |
| 13. SOCIAL SECURITY NUMBER ██████████-5340 | | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Owner Consultant | | | | | | 14b. KIND OF BUSINESS OR INDUSTRY Civil Engineer | | | Ever in US Armed Forces? Yes | | | | | |
| 15a. RESIDENCE - STATE Nevada | | | 15b. COUNTY Douglas | | | 15c. CITY, TOWN OR LOCATION Minden | | | 15d. STREET AND NUMBER 991 Stephanie Way | | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | | | | |
| 16. FATHER/PARENT -NAME (First Middle Last Suffix) Everett Amos FERREE | | | | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Maxine Adele WINKLER | | | | | | | | | | | |
| 18a. INFORMANT-NAME (Type or Print) Diane FERREE | | | | | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 991 Stephanie Way Minden, Nevada 89423 | | | | | | | | | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | | 19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park | | | 19c. LOCATION City or Town State Minden Nevada 89423 | | | | | | | | | | | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER | | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD854 | | | 20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Cremations 1600 Buckeye Rd Minden NV 89423 | | | | | | | | | | | |
| 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) ANTOINE A BOU DOUMIT MD | | | | | | 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) April 01, 2020 | | | 21c. HOUR OF DEATH 15:33 | | | 22b. DATE SIGNED (Mo/Day/Yr) | | | 22c. HOUR OF DEATH | | | | | | | | |
| 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) Antoine A Bou Doumit MD 975 Kirman Ave Reno, NV 89502 | | | | | | | | | 23b. LICENSE NUMBER 10808 | | | | | | | | |
| 24a. REGISTRAR (Signature) BLAISE SATARIANO | | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 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 | | | | | | | | | | | | | | | | | |
| (a) Congestive Heart Failure | | | | | | | | | | | | | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | | | | | | | | | | | | | |
| (b) Severe Aortic Stenosis | | | | | | | | | | | | | | | | | |
| 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 I. Atrial Fibrillation, Chronic Kidney Disease | | | | | | | | | 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. | | | CITY OR TOWN | | | STATE | | |

000811900



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:

4/8/2020

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

Blaise Satariano
STATE REGISTRAR

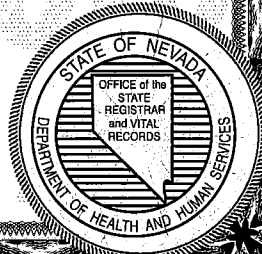


EXHIBIT "A"

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**Assessor's Parcel Number(s):
1420-31-000-004**