

APN# 1121-05-512-022

Recording Requested by/Mail to:

Name: FATCO

Address: 1663 Hwy 395, Ste101

City/State/Zip: Minden NV 89423

Mail Tax Statements to:

Name: Steve Smit

Address: 238 Walker Street

City/State/Zip: Gardnerville NV 89410

Affidavit- Death of Trustee

Title of Document (required)

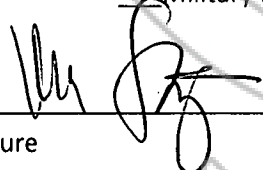
------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording.
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)



Signature

Kim Figueroa

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

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

Space Above This Line for
Recorder's Use Only

A.P.N. 1121-05-512-022

File No.: 143-2613000 (mk)

Affidavit - Death of Trustee

State of Nevada)
County of Douglas)ss.
)

Steven Smit ("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. **George E. Cummings** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **5-4-2020** at **Gardnerville, Nevada** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **11-18-2000** executed by **George E. Cummings** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Quitclaim Deed** dated **11-19-2018** which was recorded as Instrument No. **2018-922706** in Book **N/A**, Page **N/A**, 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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.

Dated:

DECLARANT:

[Signature]
Steven Smit

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 26 day of Feb, 20 21 by Steven Smit, 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.

This area for official notarial seal

Signature [Signature: Mary Kelsch]

My Commission Expires: 11-6-22



Notary Name: Mary Kelsch Notary Phone: 775-782-5411
Notary Registration Number: 98495675 County of Principal Place of Business NV

EXHIBIT 'A'

**LOT 65, AS SET FORTH ON THE AMENDED RECORD OF SURVEY FOR PINEVIEW
DEVELOPMENT, UNIT NO. 3, FILED IN THE OFFICE OF THE DOUGLAS COUNTY
RECORDER ON SEPTEMBER 10, 2002, IN BOOK 0902, PAGE 2510, FILE NO. 551762.**

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4143386

CERTIFICATE OF DEATH

202009178

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

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

PARENTS

POSITION

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) George Edward CUMMINGS			2. DATE OF DEATH (Mo/Day/Year) May 04, 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) 237 Walker St		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) 73		7b. UNDER 1 YEAR MOS: _____ DAYS: _____
7c. UNDER 1 DAY HOURS: _____ MINS: _____		8. DATE OF BIRTH (Mo/Day/Yr) April 22, 1947				
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		11. MARITAL STATUS (Specify) Divorced
12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		13. SOCIAL SECURITY NUMBER [REDACTED]-1279		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Food Service
14a. TRUCK DRIVER		14b. Food Service		Ever in US Armed Forces? Yes		
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 237 Walker St
15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last, Suffix) Herman Albert MATTHES		17. MOTHER/PARENT - NAME (First Middle Last, Suffix) Ruby Lee HOLBERN		
18a. INFORMANT - NAME (Type or Print) Krista O'NEAL		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1026 Davis Way Placentia, California 92670				
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 SIGNATURE AUTHENTICATED		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		
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 MD SIGNATURE AUTHENTICATED		22: 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 05, 2020		21c. HOUR OF DEATH 00:15		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) 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) May 06, 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) Esophageal Cancer With Metastasis						
DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death						
(b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death						
(c) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death						
(d) DUE TO, OR AS A CONSEQUENCE OF: 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					26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No						
28a. ACC, SUICIDE, HON, 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		



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:

5/8/2020

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

Wesley T Storey
STATE REGISTRAR

