/320 - 32 - 6/3 - 00/
/320 - 32 - 6/3 - 00/
APN# 1320-32-612-012

Recording Requested by/Mail to:
Name: Anzelle M. Horsley
Address: P.O. Box 655

City/State/Zip: Minden, NV 89423

Mail Tax Statements to:
Name: Anzelle M. Horsley
Address: P.O. Box 655

City/State/Zip: Minden, NV 89423

City/State/Zip: Minden, NV 89423

DOUGLAS COUNTY, NV

Rec:\$40.00

2021-963241

03/10/2021 01:11 PM

Pas=5

Total:\$40.00
ANZELLE M. HORSLEY



KAREN ELLISON, RECORDER

# Affidavit of Death of Trustee

	Title of Document (required)
Th	e undersigned hereby affirms that the document submitted for recording
	OOES contain personal information as required by law: (check applicable)
	XAffidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)
	Judgment – NRS 17.150(4)
	Military Discharge – NRS 419.020(2)
Signature	
•	elle M. Horsley
Printed N	lame

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

Recording requested by: Annzelle M. Horsley P.O. Box 655 Minden. NV 89423

And when recorded, mail to: Annzelle M. Horsley P.O. Box 655 Minden, NV 89423

APN: 1320-32-611-007 & 1320-32-813-001

For recorder's use

# AFFIDAVIT OF DEATH OF TRUSTEE

State of Nevada	) ) ss.	
County of Douglas	)	-

Annzelle M. Horsley, of legal age, being first duly sworn, deposes and says:

- 1. Fred Burton Horsley, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Fred B. Horsley named as Trustee in the Declaration of Trust dated June 30, 1994, and executed by Fred B. Horsley and Annzelle M. Horsley as Settlors and Trustees.
- 2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known 1523 Wildrose Drive, Gardnerville, which property is described in a Deed which was executed by Fred B. Horsley and Annzelle M. Horsley as Grantor(s) on June 30, 1994, and recorded as Instrument No. 348172, in Book 1094, Page 1609, of Official Records of Douglas County, Nevada.
- The legal description of said property is as follows:
   SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.
- 4.. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known 1173 Mill Street, Gardnerville, which property is described in a Deed which was executed by Fred B. Horsley and Annzelle Horsley as Grantor(s) on September 27, 1994, and recorded as Instrument No. 348171, in Book 1094, Page 1607, of Official Records of Douglas County, Nevada.
- The legal description of said property is as follows:
   SEE EXHIBIT "B" ATTACHED HERETO AND MADE A PART HEREOF
- 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

5.	I nere is no read	erai estate tax as the resu	iii oi liie uealii oi	the decedent mention	o iii aaag	14pii 1, 45010.	
I declare	under penalty of	perjury, under the laws o	f the State of Nev	vada, that the foregoing	g is true an	d correct	
Dated V	narch 1	0-21		(Signature)	z M	Horske	4
The state of the s				(Signature) Annzell	. 60	HorsLe	ارا
State of N		/ /		Hnnzell	e /·(	[ ] [	)
County of	Douglas		. n				
The state of the s		and the second s	//				

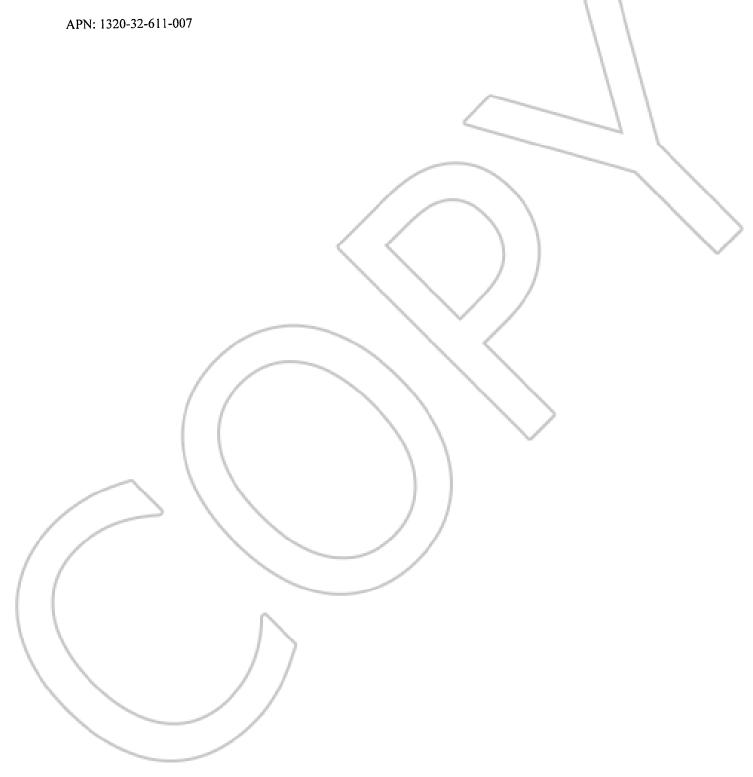
Subscribed and sworn to (or affirmed) before me on this // day of MARCH , 20 21 , by Annzelle M. Hors frowed to me on the basis of satisfactory-evidence to be the person who appeared before me.

Signature Notary

NOTARY PUBLIC
STATE OF NEVADA
County of Douglas
03-79473-5
JODI O. STOVALL
My Appointment Expires August 5, 2024

## EXHIBIT "A"

Lot No. 1 of WILDHORSE SUBDIVISION PLAT NO. 1, in the County of Douglas, State of Nevada



### **EXHIBIT "B"**

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

All that certain piece or parcel of. land situate in the Town of Gardnerville, County of Douglas, State of Nevada, that is described as follows:

Commencing at a point on Douglas Avenue 50 feet Southeasterly from the Southwest Corner of the intersection of Mill Street and Douglas Avenue and in Lot 10, Block "B" of Hawkins Addition; thence Southeasterly along Douglas Avenue 85 feet; thence at right angle Southwesterly 238 feet and 5 inches to an alley; thence Northwesterly along said alley 138 feet and 1 inch to Mill Street; thence easterly along Mill Street 135 feet to the rear of the property conveyed to George A. Montrose by deed recorded in Book P of Deeds, at page 375, Douglas County, Nevada, records.; thence Southerly along said property conveyed to George A. Montrose 50 feet; thence easterly 135 feet to the point of beginning;

EXCEPTING THEREPEOM the following described piece or parcel of land: Commencing at a point on Douglas Avenue 50 feet Southwesterly from the Southwest corner of the intersection of Mill Street and Douglas Avenue and in Lot 10, Block "B" in Hawkins Addition to the Town of Gardnerville; thence in a Southeasterly direction along Douglas Avenue 85 feet.; thence at right angle in a Southwesterly direction 135 feet; thence at right angle in a Northwesterly direction 85 feet to corner of parcel conveyed by George A. Montrose by deed recorded in Book P of Deeds, at page 375, Douglas County, Nevada, records; thence at right angle in a Northeasterly direction 135 feet to the place of beginning, deeded to Christ Hellwinkel and recorded in Book "T" of Deeds, at page 122, Douglas County; Nevada, records.

APN: 1320-32-813-001.

Legal description frewously shown Doc number 3 48111



## **DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**

**VITAL STATISTICS** 

### CERTIFICATE OF DEATH

્ર લુ	LE NO. 4146692	OLK	SERTIFICATE OF BEATT				2020010738 STATE FILE NUMBER					
TYPE OR PRINT IN	1a. DECEASED-NAME (FIRST,N	-	SUFFIX)	<del>*····································</del>			2. DATE OF	DEATH (Mo/	Day/Year)	3a. COU	INTY OF DE	EATH
PERMANENT	Fredrick		HORSLEY'				May 24, 2020 Douglas					
	3b. CITY, TOWN, OR LOCATION	3c. HOSPITAL OR OTH number)	TAL OR OTHER INSTITUTION -Name(If not either, give street				treet an 3e.If Hosp. or Inst. indicate DOA,OP/Erner. Rm. 4. SEX					
DECEDENT	Gardnerville	,	1523 Wildro		<del>(                                    </del>	. 1		~ Home		\	Male	
े हर ज	5. RACE (Specify) Wh	ite	6. Hispanic Or No - No	rigin? Specify on-Hispanic	(Years)		MOS	1 YEAR /c. I	UNDER 1 DAY	T [1]	1	
d d if Death	9a. STATE OF BIRTH (If not US/0	TIZEN OF WHAT COU	NTRY 10 FOUCA	TION 11 MA	82 RITAL STATE	US (Specify)	12 SURVIVIN	L G SPOUSE'S NA	ME (Last na	October 2	:/, 193/	
OCCURRED IN INSTITUTION SEE HANDBOOK	name country) Idaho	United States	12		Marrie	ed		Ann	zelle l	MORI	<b></b>	
HANDBOOK REGARDING COMPLETION OF	13. SOOM SEQURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of						SS OR INDUS			n US Armed	
RESIDENCE ITEMS	-5029	5b. COUNTY		HER/MEAT C		115/ CT	REET AND N		CKING PLA	MT		s? No
	Nevada		uglas	Gardnen			3 Wildros			7	LIMIT or No	NSIDE CITY S (Specify Yes Yes
or at	16. FATHER/PARENT - NAME (I			Garuner					liddle Last S	uffix)	7	103
PARENTS			as HORSLEY			and the same of th	79/4	Erma	Eliza SNO	WC		
er Gr	18a. INFORMANT- NAME (Type		,	18b. MAILING AD	- 4		.F.D. No, City	1				\ /
8	Annzeile 19a. BURIAL, CREMATION, REN	HORSLEY		TERV OR COEM			trose Dr. C		e, Nevada c. LOCATION		. T (	
SPOSITION	Crematic		r (apecily) 195. Calvid	76.	henry's C		, /	118		-	Nevada 8	State 39701
	20a. FUNERAL DIRECTOR - SIG					OF 20c. NA	ME AND ADD	RESS OF FA				
		IE D WIL		LICENSE NU	JMBER 1917	The same of			arson Valle			
RADE CALL	TRADE CALL - NAME AND ADD	JRE AUTHE	NTICATED		317		163	87 Esmereio	da Place Mi	nden N	V 89423	·
ADL VALL	≥ 21a. To the best of my kno		occurred at the time, d	ate and place and	due >	22a, On the	basis of exam	ination and/or	investigation, in	myopinio	n death occu	rred
Circles Ser	to the cause(s) stated. (Signature & Title)  SIGNATURE AUTHENTICATED  S											
CERTIFIER	21b. DATE SIGNED (Mo/	21c. HOUR OF D	DEATH 22b. DATE SIGNED (Mo/I				fo/Day/Yr)	/Day/Yr) 22c. HOUR OF DEATH				
;; З	May 27, 2020		12:18									
61 11 12	21d. NAME OF ATTENDI	NG PHYSICIA	NIF OTHER THAN CE	THAN CERTIFIER ## 22d. PRONOUNCED				ED DEAD (Mo/Day/Yr) 22e. PRONOUNCED DEAD AT (Hour)				
	23a. NAME AND ADDRESS OF (							(Type or Prir	nt)	23b. LICE	NSE NUME	BER
(i) (i) (ii)	24a. REGISTRAR (Signature)		ne MD 925 Irony				89423 ED BY REGIS	TOAR	Ode DEATH	VIE TO O	7134	ABLE DISEASE
EGISTRAR	TEME INCOME (Gighaule)	1. 1.	ESLEY T STOR TURE AUTHENTICA		(Mo/Day/	N/-)	May 28, 20		YE		-	X
CAUSE OF	25. IMMEDIATE CAUSE	(ENTER ON	Y ONE CAUSE PER L		AND (c).)	1	,,					nset and death
DEATH	PARTI (a) Sudden C									Seco	onds	
gi Sa	DUE TO, OR AS A CONSEQUENCE OF:									1 .		nset and death
CONDITIONS IF ANY WHICH GAVE RISE TO	(b) Ischemic Cardiomyopathy  Due To, or As A consequence of:  Interval between onset and de											
IMMEDIATE	Caronany Artony Dispases									! Interva		nset and death
CAUSE > STATING THE UNDERLYING CAUSE LAST	# BOL 10, OK A					<del>//</del>						onset and death
CAUSE LASI	(d) Metabolic		The state of the s		and the same of th					40 Y	ears	
i d	PART II OTHER SIGNIFICANT	CONDITIONS	-Conditions contributing	to death but not r	resulting in th	ie underlyin	g cause giver	in Part 1.	26. AUTO Yes or No	OPSY (Spe	27. WAS REFERR (Specify	CASE ED TO CORONER Yes or No.) Yes
	28a. ACC., SUICIDE, HOM., UNDET OR PENDING INVEST. (Specify)	285 DATE OF	INJURY (Mo/Day/Yr)	28c HOUR OF IN	IJURY 28	d DESCRIBE	HOWINJURY	OCCURRED	1			168
1 \	28e, INJURY AT WORK (Specify	28f, PLACE	OF INIURY- At home, for	arm, street, factor	v. office 28	Sa. LOCATIO	ON STI	REET OR R.F	D No C	TY OR TO	NWN	STATE

000818163

building, etc. (Specify)

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:

Yes or No)

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar. 6/3/2020

