

APN#: 1420-07-715-006

**Recording Requested By:**

Western Title Company

**When Recorded Mail To:**

Anastasia Marie Young

2318 Greenwich Rd  
San Pablo, CA 94806

**Mail Tax Statements to: (deeds only)**

same as above

(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

Wendy Dunbar, Assistant

Wendy Dunbar

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

Anastasia Marie Young, of legal age, being first duly sworn, deposes and says:

1. Hubert Virgil Harris and Anita Harris (aka Anastasia Harris), the decedents mentioned in the attached certified copies of Certificate of Death, are the same persons as Hubert Virgil Harris and Anita Harris (aka Anastasia Harris) named as Trustee in the Declaration of Trust dated 11/22/2005 and executed by Hubert Virgil Harris and Anita Harris as Trustor(s).
2. At the time of the decedent's deaths, decedents were the record owners, as Trustee's, of certain real property commonly known as 960 Parkview Court Carson City, NV 89705, which property is described in a Deed which was executed by Hubert V. Harris and Anita Harris, Husband and Wife as community proeprty with right of survivorship as Grantor(s) on December 22, 2005 and re-recorded as Instrument No. 2021-963760, 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 81, in Block M, as set forth on the Final Map of SUNRIDGE HEIGHTS, PHASE 6A AND 8A, A PLANNED UNIT DEVELOPMENT, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on May 1, 1995, Book 595, Page 1, as Document no. 361213 and by Certificate of Amendment Recorded May 17, 1995, Book 595, Page 2588, as Document no. 362268, and also by Certificate of Amendment Recorded August 7, 1995, in Book 895, at Page 816, as Document no. 367680, and Certificate of Amendment Re-Recorded August 10, 1995, in Book 895, at Page 1500 as Document no. 368005, 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 4/1/2021

Anastasia Marie Young  
Anastasia Marie Young,

STATE OF \_\_\_\_\_

}SS

COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_

By Anastasia Marie Young

*see attached  
California Acknowledgment*

\_\_\_\_\_  
Notary Public

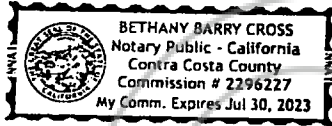
**CALIFORNIA ACKNOWLEDGMENT**

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }  
County of Contra Costa }  
On April 1, 2021 before me, Bethany Barry Cross, Notary Public  
Date Here Insert Name and Title of the Officer  
personally appeared Anastasia Marie Young  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Bethany Barry Cross  
Signature of Notary Public

Place Notary Seal and/or Stamp Above

**OPTIONAL**

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**  
Title or Type of Document: Affidavit - Death of a Trustee  
Document Date: 4/1/2021 ABC 04/01/2021  
Number of Pages: 2  
Signer(s) Other Than Named Above: none

**Capacity(ies) Claimed by Signer(s)**  
Signer's Name: Anastasia Marie Young Signer's Name: \_\_\_\_\_  
 Corporate Officer - Title(s): \_\_\_\_\_  
 Partner -  Limited  General  Corporate Officer - Title(s): \_\_\_\_\_  
 Individual  Attorney in Fact  Individual  Attorney in Fact  
 Trustee  Guardian or Conservator  Trustee  Guardian or Conservator  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_  
Signer is Representing: \_\_\_\_\_ Signer is Representing: \_\_\_\_\_

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4183755

**2020028376**  
STATE FILE NUMBER

**CERTIFICATE OF DEATH**

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

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) <b>Hubert Virgil HARRIS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 10, 2020</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and Inpatient)(Specify) <b>960 Parkview Ct Home</b>		4. SEX <b>Male</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>89</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Missouri</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>15</b>	
13. SOCIAL SECURITY NUMBER <b>3101</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of		14b. KIND OF BUSINESS OR INDUSTRY <b>U.S. Navy</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Carson City</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>John Floyd HARRIS</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Alice Marie EAGLEBURGER</b>			
18a. INFORMANT - NAME (Type or Print) <b>Anastasia YOUNG</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2318 Greenwich Dr San Pablo, California 94806</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>PHILLIP R MAYFIELD</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD887</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno</b> <b>5890 S Virginia St. Suite 4-E Reno NV 89502</b>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>B A BOTTENBERG DO</b> SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) <b>December 17, 2020</b>		21c. HOUR OF DEATH <b>14:32</b>			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
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)				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) <b>B-A Bottenberg DO 550 W Washington #1 Carson City, NV 89706</b>	
23b. LICENSE NUMBER <b>DO674</b>				24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b> SIGNATURE AUTHENTICATED	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 18, 2020</b>				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) <b>Sepsis</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Aspiration Pneumonia</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) <b>Dysphagia</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) <b>Unknown Etiology</b>					
PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>End Stage Renal Disease, Coronary Artery Disease, Obesity</b>					
26. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		28a. INJURY AT WORK (Specify Yes or No)		27. AUTOPSY (Specify Yes or No) <b>No</b>	
28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
28d. DESCRIBE HOW INJURY OCCURRED		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	

STATE REGISTRAR

000849022



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.

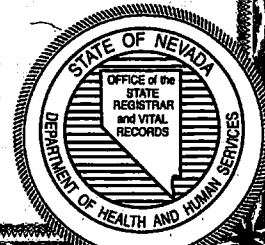
DATE ISSUED:

**JAN 22 2021**

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

*Blaise Satariano*  
STATE REGISTRAR  
Administrator

VRS-Rev-20120523a



**STATE OF TEXAS**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF STATE HEALTH SERVICES**  
**VITAL STATISTICS UNIT**

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS  
DEC 28 2016  
**STATE OF TEXAS**      **CERTIFICATE OF DEATH**      **STATE FILE NUMBER 142-16-185312**

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

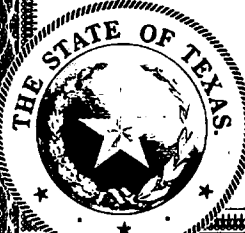
1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) <b>ANITA HARRIS AKA ANASTASIA HARRIS</b>			2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy) <b>DECEMBER 19, 2016</b>		
3. SEX <b>FEMALE</b>			GANNON		
4. DATE OF BIRTH (mm-dd-yyyy) <b>AUGUST 21, 1933</b>		5. AGE - Last Birthday (Years) <b>83</b>		6. BIRTHPLACE (City & State or Foreign Country) <b>SAN FRANCISCO, CA</b>	
7. SOCIAL SECURITY NUMBER <b>3522</b>		8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) <b>HUBERT V. HARRIS</b>	
10a. RESIDENCE STREET ADDRESS <b>960 PARKVIEW CT</b>			10b. APT. NO.		10c. CITY OR TOWN <b>CARSON CITY</b>
10d. COUNTY <b>CARSON CITY (CITY)</b>		10e. STATE <b>NEVADA</b>		10f. ZIP CODE <b>89705</b>	
10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
11. FATHER'S NAME PRIOR TO FIRST MARRIAGE <b>MICHAEL J. GANNON</b>			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE <b>ANASTASIA G. ROCHE</b>		
13. PLACE OF DEATH (CHECK ONLY ONE)					
IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		
14. COUNTY OF DEATH <b>HARRIS</b>		15. CITY/TOWN, ZIP (If outside city limits, give precinct No.) <b>HOUSTON, 77030</b>		16. FACILITY NAME (If not institution, give street address) <b>M.D. ANDERSON CANCER CENTER</b>	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED <b>HUBERT V. HARRIS - HUSBAND</b>			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) <b>960 PARKVIEW CT, CARSON CITY, NV 89705</b>		
19. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)			20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>ESMERALDA ALVARADO-MERCADO, BY ELECTRONIC SIGNATURE - 12099</b>		21. <input checked="" type="checkbox"/> Unknown Section _____ Block _____ Lot _____ Space _____
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) <b>BROOKSIDE CREMATORY</b>			23. LOCATION (City/Town, and State) <b>HOUSTON, TX</b>		
24. NAME OF FUNERAL FACILITY <b>NEPTUNE SOCIETY-HOUSTON</b>			25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) <b>3425 S. SHEPHERD DR. STE. 100, HOUSTON, TX 77098</b>		
26. CERTIFIER (Check only one)					
<input checked="" type="checkbox"/> Certifying physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated.					
<input type="checkbox"/> Medical Examiner/Justice of the Peace - 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) and manner stated.					
27. SIGNATURE OF CERTIFIER <b>DONNA ZHUKOVSKY, BY ELECTRONIC SIGNATURE</b>		28. DATE CERTIFIED (mm-dd-yyyy) <b>DECEMBER 21, 2016</b>		29. LICENSE NUMBER <b>L1506</b>	30. TIME OF DEATH (Actual or presumed) <b>06:37 AM</b>
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) <b>DONNA ZHUKOVSKY 1515 HOLCOLUMBE BLVD UNIT B, HOUSTON, TX 77030</b>					32. TITLE OF CERTIFIER <b>MD</b>
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.					Approximate Interval Onset to death <b>6 MONTHS</b>
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>a. METASTATIC ADENOCARCINOMA OF LUNG</b> Due to (or as a consequence of):					
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated, the events resulting in death) LAST					
b. _____ Due to (or as a consequence of):					
c. _____ Due to (or as a consequence of):					
d. _____ Due to (or as a consequence of):					
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1.					
34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No		
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year	
39. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
40a. DATE OF INJURY (mm-dd-yyyy)		40b. TIME OF INJURY		40c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)				40e. COUNTY OF INJURY	
41. DESCRIBE HOW INJURY OCCURRED					
42a. REGISTRAR FILE NO. <b>0222738</b>		42b. DATE RECEIVED BY LOCAL REGISTRAR <b>DECEMBER 28, 2016</b>		42c. REGISTRAR <b>REGISTRAR - CITY OF HOUSTON, ELECTRONICALLY FILED</b>	
EDR NUMBER 00002018527					

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 195, 199b)



0A10014713

VS-112 REV 7/2006



This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED DEC 28 2016

*Victor A. Farinelli*  
VICTOR A. FARINELLI  
ACTING STATE REGISTRAR

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

