

APN# 1420-08-314-033

Recording Requested by/Mail to:

Name: FATCO

Address: 1663 US HWY 395 STE 101

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: Mark Williams

Address: 225 Annapolis Ave

City/State/Zip: Carson City NV 89703

**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

EMILY TOBIAS

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:**  
Mark Williams

Space Above This Line for  
Recorder's Use Only

**A.P.N. 1420-08-314-033**

File No.: 143-2614003 (et)

**Affidavit - Death of Trustee**

State of NV )  
County of DOUGLAS )ss.  
)

**Mark Williams** ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

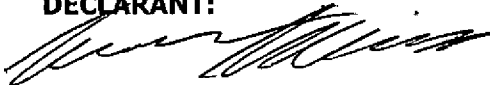
1. **James William O'Connor** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **November 30, 2020** at **Carson City, NV** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **7/31/2003** executed by **James W. O'Connor and Eleanor R. O'Connor** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **GRANT, BARGAIN AND SALE DEED** dated **11/04/2014** which was recorded as Instrument No. **2014-852601** 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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:**



**Mark Williams**

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 7 day of MAY, 2021 by MARK WILLIAMS, 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 

My Commission Expires: 5/31/21

Notary Name: Emily Tobias Notary Phone: 775.782.5411  
Notary Registration Number: 17-2785-5 County of Principal Place of Business Douglas

**EXHIBIT 'A'**

**LOT 84, IN BLOCK D, AS SET FORTH ON THAT CERTAIN FINAL MAP LDA #99-054-4  
SUNRIDGE HEIGHTS III, PHASE 4, A PLANNED UNIT DEVELOPMENT, RECORDED IN THE  
OFFICE OF THE DOUGLAS COUNTY RECORDER ON MAY 29, 2002, IN BOOK 0502, PAGE  
8960, AS DOCUMENT NO. 543297.**

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. 4181516

**CERTIFICATE OF DEATH**

2020027432

STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

DECEDENT

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>James William O'CONNOR</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 30, 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 or number) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp or Inst indicate DOA, OP/Emer Rm Inpatient (Specify) <b>Emergency Room / Outpatient</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE - Last birthday (Years) <b>84</b>		7b. UNDER 1 YEAR <b>MOS DAYS HOURS MINS</b>		7c. UNDER 1 DAY <b>MINS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>September 19, 1936</b>		9a. STATE OF BIRTH (If not US/CA name country) <b>England</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>13</b>		11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER <b>-5470</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Shipping Broker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Import/Export</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>3491 Long Dr</b>		15e. INCIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>Yes</b>	
16. FATHER/PARENT NAME (First Middle Last Suffix) <b>James O'CONNOR</b>			17. MOTHER/PARENT NAME (First Middle Last Suffix) <b>Mary DAVIES</b>		
18a. INFORMANT NAME (Type or Print) <b>Elaine WILLIAMS</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>3491 Long Drive Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CARLEN THOMAS</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD951</b>		20c. NAME AND ADDRESS OF FACILITY <b>Cremation Society of Nevada - Capitol City</b> <b>1814 N Curry Street Carson City NV 89703</b>	
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) <b>DAVID M BAKER MD</b> 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) <b>December 09, 2020</b>		21c. HOUR OF DEATH <b>15:22</b>		22b. DATE SIGNED (Mo/Day/Yr)	
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) <b>David M Baker MD 1470 Medical Pkwy Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>11681</b>	
24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 10, 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				Interval between onset and death	
(a) <b>Myocardial Infarction</b>				Acute	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) <b>Coronary Artery Disease</b>				Chronic	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c) <b>Hypertension</b>				Chronic	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(d) <b>Unknown Etiology</b>				Chronic	
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) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
28a. ACC. SUICIDE, HOMICIDE 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: **12/10/2020**

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

*Wesley T Storey*  
STATE REGISTRAR

