

APN# 1220-16-412-011

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: Marcia Furtado

Address: 1887 Arabian Lane

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

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:**

Marcia L. Furtado  
1887 Arabian Lane  
Gardnerville NV 89410

Space Above This Line for  
Recorder's Use Only

**A.P.N. 1220-16-412-011**

File No.: 143-2623133 (et)

**Affidavit - Death of Trustee**

State of NV )  
County of DOUGLAS )ss.  
)

**Marcia L. Furtado, previously known as Marcia L. Parks** ("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. **Teddy Leroy Winger** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **3/5/2007** at **El Dorado, CA** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **JUNE 11, 1990** executed by **Ted L. Winger** 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 **July 29, 2004** which was recorded as Instrument No. **0620255** in Book **0704**, Page **13784**, 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: 5-24-21

**DECLARANT:**

Marcia L. Furtado  
Marcia L. Parks  
FURTADO

State of Nevada )  
 )ss  
County of Washoe )  
DOUGLAS

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County DOUGLAS and State Nevada, this 24 day of May, 2021 by Marcia L. FURTADO, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

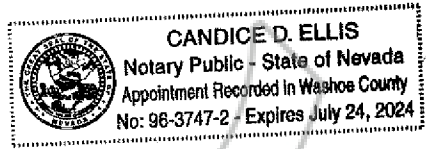
WITNESS my hand and official seal.

*This area for official notarial seal*

Signature Candice D. Ellis

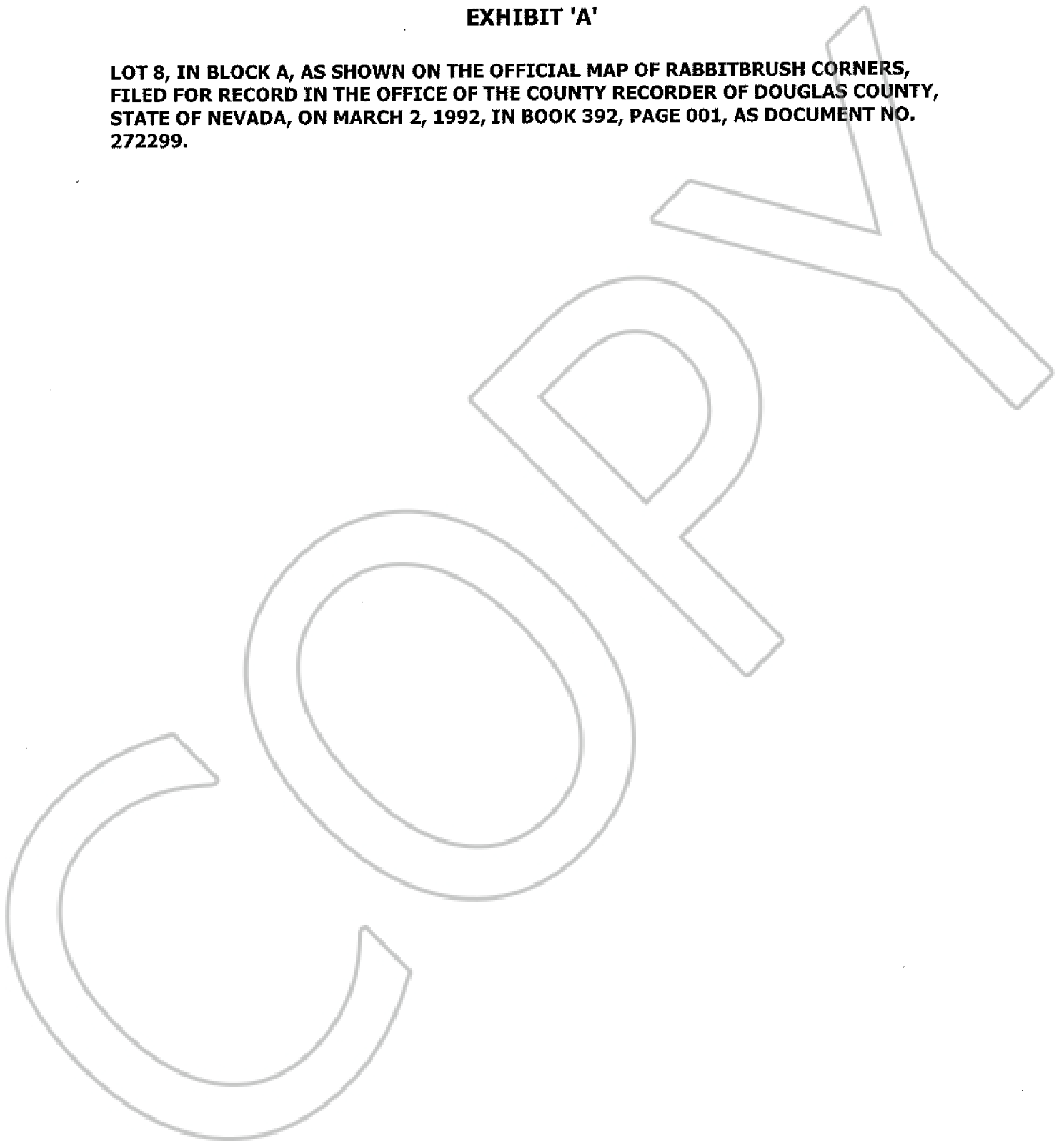
My Commission Expires: 7-24-24

Notary Name: Candice D. Ellis Notary Phone: 775-823-6200  
Notary Registration Number: 96-3747-2 County of Principal Place of Business Washoe Co. Nevada



**EXHIBIT 'A'**

**LOT 8, IN BLOCK A, AS SHOWN ON THE OFFICIAL MAP OF RABBITBRUSH CORNERS,  
FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY,  
STATE OF NEVADA, ON MARCH 2, 1992, IN BOOK 392, PAGE 001, AS DOCUMENT NO.  
272299.**



CERTIFICATION OF VITAL RECORD

**EL DORADO COUNTY**  
HEALTH DEPARTMENT  
PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH

3200709000215

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given)		2. MIDDLE	3. LAST (Family)
TEDDY		LEROY	WINGER
4. DATE OF BIRTH <small>month/day</small>			
04/10/1928			
5. AGE Yrs		6. SEX	7. DATE OF DEATH <small>month/day</small>
78		M	03/05/2007
8. HOUR (24 Hours)		9. DECEASED'S RACE — Up to 3 races may be listed (see worksheet on back)	
1105		WHITE	
10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
3269		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death)		13. DATE OF DEATH <small>month/day</small>	
WIDOWED		03/05/2007	
14. EDUCATION — Highest Level/Degree (See worksheet on back)		15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)	
HS GRADUATE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, real construction, employment agency, etc.)	
PACIFIC TELEPHONE		PHONE	
19. YEARS IN OCCUPATION		20. DECEDENT'S RESIDENCE (Street and number or location)	
25		1335 NORTH HAMPTON CIR	
21. CITY		22. COUNTY/PROVINCE	23. ZIP CODE
GARDNERVILLE		DOUGLAS	89410
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY	
24		NV	
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)	
MARCIA PARKS, DAUGHTER		1887 ARABIAN LN, GARDNERVILLE, NV 89410	
28. NAME OF SURVIVING SPOUSE — FIRST		29. MIDDLE	30. LAST (Maiden Name)
-		-	-
31. NAME OF FATHER — FIRST		32. MIDDLE	33. LAST
VICTOR		FRANCIS	WINGER
34. NAME OF MOTHER — FIRST		35. MIDDLE	36. LAST (Maiden)
MARGUERITE		SALOME	JONES
37. BIRTH STATE		38. BIRTH STATE	
PA		PA	
39. DISPOSITION DATE <small>month/day</small>		40. PLACE OF FINAL DISPOSITION	
03/12/2007		GENOA, NV 89411	
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER	
CR/TR/BU		NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
-		MC FARLANE MORTUARY INC	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
-		J EBERHART-PHILLIPS, MD	
47. DATE <small>month/day</small>		48. SIGNATURE OF LOCAL REGISTRAR	
03/09/2007		-	
49. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
HOSPITAL		<input checked="" type="checkbox"/> IP <input type="checkbox"/> ENOP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Domicile/CA <input type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	
EL DORADO		2170 SOUTH AVE	
106. CITY		107. CAUSE OF DEATH	
SOUTH LAKE TAHOE		Under the cause of death — disease, injury, or complication — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator fluctuation without showing the etiology. DO NOT abbreviate.	
108. IMMEDIATE CAUSE (first disease or condition resulting in death)		109. DATE REPORTED TO CORONER (Date and Day)	
A) CARDIOPULMONARY ARREST		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
B) METASTATIC ADENOCARCINOMA		110. IMMEDIATE CAUSE	
111. UNDERLYING CAUSE (disease or injury that initiated the events leading to death) LAST		112. BIOPSY PERFORMED?	
-		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		114. AUTOPSY PERFORMED?	
MALNUTRITION, ASCITES		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
115. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		116. USED IN DETERMINING CAUSE?	
PARACENTESIS 03/02/2007		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
117. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		118. SIGNATURE AND TITLE OF CERTIFIER	
Decedent's Assigned Sex		119. SIGNATURE AND TITLE OF CERTIFIER	
-		BRUCE CHARLES DAUGHERTY M.D.	
120. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		121. LICENSE NUMBER	
BRUCE CHARLES DAUGHERTY M.D.		C40455	
122. DATE		123. DATE	
02/28/2007		03/09/2007	
124. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		125. INJURED AT WORK?	
126. INJURED AT WORK?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
127. PLACE OF INJURY (e.g., home, construction site, unattended auto, etc.)		128. INJURY DATE <small>month/day</small>	
-		-	
129. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		130. HOUR (24 Hours)	
-		-	
131. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		132. SIGNATURE OF CORONER / DEPUTY CORONER	
-		-	
133. SIGNATURE OF CORONER / DEPUTY CORONER		134. DATE <small>month/day</small>	
-		-	
135. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		136. DATE	
-		-	
STATE REGISTRAR		FAX AUTH. #	
A B C D E		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF EL DORADO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Department.

DATE ISSUED 04/02/2007

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

\* 000103426 \*

Jason Eberhart-Phillips, M.D.  
COUNTY HEALTH OFFICER

