

DOUGLAS COUNTY, NV **2021-968757**
Rec:\$40.00
\$40.00 Pgs=3 **06/08/2021 09:10 AM**
STEWART TITLE COMPANY - NV
KAREN ELLISON, RECORDER

A.P.N. No.:	1320-23-002-076
File No.:	1261120 WLD
Recording Requested By:	
Stewart Title Company	
When Recorded Mail To:	
Mary Wright	
P.O. Box 362	
Wellington, NV 89444	

(for recorders use only)

Affidavit – Death of Trustee
(Title of Document)

Please complete Affirmation Statement below:

[*] 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 as required by law: Per NRS 440.380 (1)(5) & 40.25(5)

Signature

Wendy Dunbar
Print Signature

Escrow Officer
Title

This page added to provide additional information required by NRS 111.312 Sections 1 - 2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

RECORDING REQUESTED BY:
Stewart Title Company

WHEN RECORDED MAIL TO:
Mary Wright, Successor Trustee of the D&M Wright Trust
dated March 28, 2018
P O Box 362
Wellington, NV 89444

ORDER NO. 1261120
A.P.N. No.: 1320-23-002-076

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of Douglas } ss.

Mary Wright of legal age, being first duly sworn, deposes and says:

1. That the decedent mentioned in the attached copy of Certificate of Death, is the same person as named as one of the parties in that certain Quitclaim Deed dated July 17, 2018, executed by Danny Wright and Mary Wright to Danny Wright and Mary Wright, Trustees of the D&M Wright Trust dated March 28, 2018, recorded as Instrument No. 2018-920221 of the Official Records of Douglas County, Nevada, covering the following described property situated in the City of Minden, County of Douglas, State of Nevada.

All that certain real property situate in the county of Douglas, state of Nevada, described as follows:

PARCEL - 1

Lot 37 as shown on the map (PD 99-12-01) of GRANDVIEW ESTATES PHASE-1, filed in the office of the Douglas county recorder on January 6, 2003, File No. 562908

PARCEL - 2

A Non-Exclusive Stormwater Drainage Easement as set forth in Grant of Stormwater Drainage easement and maintenance agreement dated June 27, 2011, Recorded July 22, 2011 as Instrument No. 786781 of official records.

2. That I am named within the aforementioned trust as Successor Trustee;
3. That I hereby consent to act as Successor Trustee of the aforementioned trust and do hereby assume the powers and duties of Successor Trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the subject property.

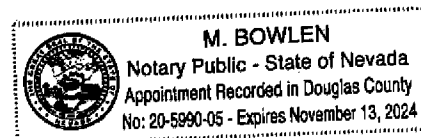
Dated: June 4, 2021

Mary Wright
By: Mary Wright, as Successor Trustee

State of Nevada
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 7th day of June, 2021 by Mary Wright.

Signature M. Bowlen (Seal)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

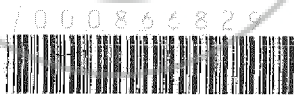
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4206066

CERTIFICATE OF DEATH

2021008787
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Danny Danforth WRIGHT		2. DATE OF DEATH (Mo/Day/Year) March 31, 2021		3a. COUNTY OF DEATH Carson City	
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street or number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Inpatient	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 70	
	7b. UNDER 1 YEAR MOS 70		7c. UNDER 1 DAY DAYS 70		7d. UNDER 1 DAY HOURS 70	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) October 04, 1950		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) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Mary MACKEDIE	
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-3537		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Heavy Equipment Operator		14b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Lyon		15c. CITY, TOWN OR LOCATION Wellington	
DISPOSITION	15d. STREET AND NUMBER 2784 State Route 208		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Wayne Danforth WRIGHT	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Nadia TARASOFF		18a. INFORMANT - NAME (Type or Print) Mary WRIGHT		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P. O. Box 362 Wellington, Nevada 89444	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Masonic Memorial Gardens		19c. LOCATION City or Town State Reno Nevada 89503	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) GERALD HITCHCOCK SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD614		20c. NAME AND ADDRESS OF FACILITY Freitas Ruprecht Funeral Home PO BOX 1271 Yerington NV 89447	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) AMANDA M GRIFFITH DO 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) April 08, 2021	
	21c. HOUR OF DEATH 20:47		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
REGISTRAR	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) Amanda M Griffith DO 1600 Medical Pkwy Carson City, NV 89703		23b. LICENSE NUMBER DO1685		24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 09, 2021		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	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) Cardiopulmonary Arrest		Interval between onset and death		26. AUTOPSY (Specify Yes or No) No	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(b) Bilateral Pulmonary Emboli		Interval between onset and death		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
	(c) Aspiration Pneumonia		Interval between onset and death		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	
(d) Esophageal Cancer		Interval between onset and death		28b. DATE OF INJURY (Mo/Day/Yr)		
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Acute Left-sided Cerebrovascular Accident; Dysphagia; Unclear Etiology.		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: 4/23/2021

Blaise Satariano
STATE REGISTRAR

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

