

APN# : 1321-32-001-028

DOUGLAS COUNTY, NV **2021-974407**
Rec:\$40.00
\$40.00 Pgs=3 09/22/2021 02:19 PM
STEWART TITLE COMPANY - NV
KAREN ELLISON, RECORDER

Recording Requested By:

When Recorded Mail To:

Mary Wright
P.O. Box 362
Wellington, NV 89444

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

Mary Wright
Mary Wright

AFFIDAVIT – DEATH OF TRUSTEE

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

1. Danny Danforth Wright, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Danny Wright named as Trustee in the Declaration of Trust dated 3/28/2018 and executed by Danny Wright and Mary Wright as Trustor(s).
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 2360 Calle Hermosa Road Gardnerville, NV 89410, which property is described in a Deed which was executed by William V. Merrill and Kathy Merrill, Trustees of The Bill and Kathy Merrill Family Trust dated March 16, 2016 and Amended on August 3, 2018 as Grantor(s) on January 4, 2021 and recorded as Instrument No. 2021-959487, 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:

Parcel D-4 as shown on Parcel Map No. 2 (DP 19-0259) for Windmill Ranch Estates, filed for record in the office of the Douglas County Recorder, State of Nevada, on January 16, 2020 as Document No. 2020-940966, 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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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.

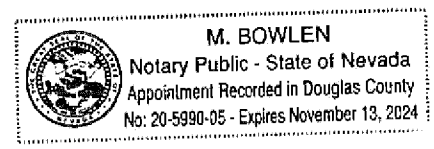
Dated 9/21/21 Mary Wright
Mary Wright,

STATE OF NEVADA }SS

COUNTY OF Douglas

This instrument was acknowledged before me on September 21,
2021 By Mary Wright.

M. Bowlen
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4208066

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	4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 70		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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 LACKEDIE			
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-3537		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	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		
TRADE CALL	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			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Masonic Memorial Gardens		19c. LOCATION City or Town State Reno Nevada 89503	
CERTIFIER	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	
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED AMANDA M GRIFFITH DO					
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) April 08, 2021		21c. HOUR OF DEATH 20:47		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)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
CAUSE 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) Amanda M Griffith DO 1600 Medical Pkwy Carson City, NV 89703				23b. LICENSE NUMBER DO1685	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		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	(a) Cardiopulmonary Arrest		Interval between onset and death			
	(b) Bilateral Pulmonary Emboli		Interval between onset and death			
PART II	(c) Aspiration Pneumonia		Interval between onset and death			
	(d) Esophageal Cancer		Interval between onset and death			
26. AUTOPSY (Specify Yes or No) No				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		
28a. ACC., SUICIDE, HOM., UNDET. 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		

000866828



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**

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

Blaise Satariano
STATE REGISTRAR

