

DOUGLAS COUNTY, NV **2021-975775**
Rec:\$40.00
\$40.00 Pgs=3 10/20/2021 02:11 PM
STEWART TITLE COMPANY - NV
KAREN ELLISON, RECORDER

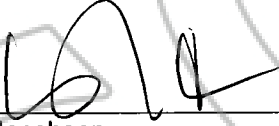
A.P.N. No.:	1420-33-112-013
File No.:	1400797 KDJ
Recording Requested By:	
Stewart Title Company	
When Recorded Mail To:	
Ames Family Trust	
28431 State HWY 49	
Nevada City, CA 95959	

(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: _____ NRS 440.380 _____
(State specific law)



Kayla Jacobsen

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 L. Ames
The Ames Family Trust

ORDER NO. 1400797
A.P.N. No.: 1420-33-112-013

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of Carson City } ss.

Mary L. Ames 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 Grant, Bargain, Sale Deed dated June 15, 2009, executed by Robert N. Ames and Mary L. Ames, husband and wife, as joint tenants with rights of survivorship to Robert N. Ames and Mary L. Ames, Co-Trustees, U/D/T dated May 8, 2009, F/B/O The Ames Family Trust, recorded as Instrument No. 0744813 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:

Lot 120, in Block A, as set forth on the Final Map of WILDHORSE UNIT NO. 4, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 31, 1990, in Book 1290, Page 3944, as Document No. 241974, 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: October 14, 2021

Mary L. Ames
By: Mary L. Ames, as Successor Trustee of The Ames Family Trust, dated May 8, 2009

State of Nevada
County of Carson City

Subscribed and sworn to (or affirmed) before me on this 14th day of October, 2021 by
MARY L. AMES

Signature [Signature] (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. 3749683

CERTIFICATE OF DEATH

2013021460
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Robert Nelson AMES			2. DATE OF DEATH (Mo/Day/Year) December 28, 2013		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 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) 85		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) August 28, 1928	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not US/CA, name country) Iowa		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13		11. MARITAL STATUS (Specify) Married	
	13. SOCIAL SECURITY NUMBER ██████-1295			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)			14b. KIND OF BUSINESS OR INDUSTRY	
PARENTS	15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden		
	15d. STREET AND NUMBER 1320 Bridle Way			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Mary Louise RYDER		
DISPOSITION	16. FATHER/PARENT - NAME (First Middle Last Suffix) Russell AMES			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Pearl CHILDES				
	18a. INFORMANT- NAME (Type or Print) Mary Louise AMES			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1320 Bridle Way Minden, Nevada 89423				
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER			20b. FUNERAL DIRECTOR LICENSE NUMBER 823		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Rloop Carson City NV 89706		
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) CRAIG STEVEN RAU MD			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) January 03, 2014		21c. HOUR OF DEATH 09:55		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Jayaraman, Vijay			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) CRAIG STEVEN RAU MD 1600 Medical Parkway Carson City, NV 89703			23b. LICENSE NUMBER 10991				
CAUSE OF DEATH	24a. REGISTRAR (Signature) NICOLE SHORE			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 03, 2014		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).)			Interval between onset and death				
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART I (a) Cardiorespiratory Failure			Minutes				
	(b) Gram Negative Sepsis from Cholangitis			Hours				
(c) Gallstones Pancreatitis			Days					
(d) Cause Otherwise Unknown			Interval between onset and death					
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) 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				



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:

9/24/2021

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

Jane Shyne
STATE REGISTRAR

