

APN# : 1220-04-111-010



00144983202109764990040047

KAREN ELLISON, RECORDER

Recording Requested By:

Jack Wyle

When Recorded Mail To:

Jack Wyle

1465 Calle Pequeno
GARDNERVILLE
N.V. 89410

Mail Tax Statements to: (deeds only)

(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 Jack Wyle
Jack Wyle Beneficiary

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT – DEATH OF TRUSTEE

Jack Wyle, of legal age, being first duly sworn, deposes and says:

1. Mary Louise Wyle, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Mary Louise Wyle named as Trustee in the Declaration of Trust dated 5/26/1993 and executed by Judith F. Kersten, an unmarried woman as Trustor(s).
2. At the time of the decedent's death, decedent was the record beneficiary, as Trustee, of certain real property commonly known as 1218 Kingslane Gardnerville, NV 89410, which property is described in a Deed of Trust which was executed by Judith F. Kersten, an unmarried woman as Grantor(s) on October 27, 2011 and recorded as Instrument No. 791542, in Book 1011, Page 4762, 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:

The land referred to herein is situated in the County of Douglas, State of Nevada, described as follows:

Lot 9 as shown on the Official Map of KINGSLANE UNIT NO. 1, filed in the office of the County Recorder of Douglas County, Nevada, on December 26, 1968, in Book 64, Page 82 as Document No. 43243.

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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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.

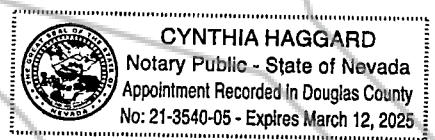
I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Dated 10/2/2021 Jack Wyle
Jack Wyle,

STATE OF NEVADA }SS
COUNTY OF Douglas

This instrument was acknowledged before me on November 2, 2021
By Jack Wyle.

Cynthia Haggard
Notary Public



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. 4108882

CERTIFICATE OF DEATH

2019020499
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Mary Louise WYLE		2. DATE OF DEATH (Mo/Day/Year) October 16, 2019		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Gardnerville Health and Rehab		3e. If Hosp. or Inst. indicate DOA/OP/Emer. Rm. Inpatient(Specify) Nursing Home	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 94	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		8. DATE OF BIRTH (Mo/Day/Yr) July 12, 1925	
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 14	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Jack WYLE			
PARENTS	13. SOCIAL SECURITY NUMBER 5402		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Real Estate Broker		14b. KIND OF BUSINESS OR INDUSTRY REAL ESTATE	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1465 Calle Pequeno		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Eugene WATTS	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ruth MACMILLAN		18a. INFORMANT- NAME (Type or Print) Catherine STANFORD			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1446Calle Pequeno Gardnerville, Nevada 89410				19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	
	19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Cremations 1600 Buckeye Rd Minden NV 89423	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JOSE AGUIRRE MD 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) October 17, 2019		21c. HOUR OF DEATH 06:59		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR 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) Jose Aguirre MD 1600 Medical Parkway Carson City, NV 89703			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER 11479		24a. REGISTRAR (Signature) BREECE D FLORES SIGNATURE AUTHENTICATED			
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 18, 2019		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I				Interval between onset and death	
	(a) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Squamous Carcinoma DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(c) Nontraumatic Hemorrhage DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(d) Hypertension DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Constipation; Adult Failure To Thrive; Unknown Etiology				26. AUTOPSY (Specify Yes or No) No		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		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		

000792036



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: 10/22/2019

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

Jose Aguirre
Administrator
STATE REGISTRAR

