

APN# 1320-07-801-010

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: Suzanne Flood

Address: 15605 Fawn Lane

City/State/Zip: Reno, NV 89511

AFFIDAVIT - DEATH OF TRUSTEE

Title of Document (required)

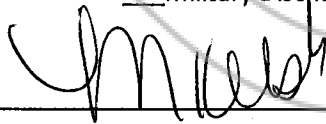
----- (Only use if applicable) -----

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

Mary Kelsh

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:**

Suzanne Flood
15605 Fawn Lane
Reno, NV 89511

Space Above This Line for
Recorder's Use Only

A.P.N. 1320-07-801-010

File No.: 143-2634811 (mk)

Affidavit - Death of Trustee

State of NV)
County of Douglas)ss.
)

Suzanne Arlene Flood ("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. **Jeanette W. Waldrep** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **4/12/2019** at **Carson City, Nevada** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **4-24-1985** executed by 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 Sale Deed** dated **11-7-2012** which was recorded as Instrument No. **0812521** in Book **1112**, Page **2434**, 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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:

DECLARANT:

Suzanne Arlene Flood
Suzanne Arlene Flood, Trustee

State of NV)
County of Douglas)ss

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State NV, this 29th day of Dec., 2021 by Suzanne Arlene Flood Trustee 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 Mary Kelsh
My Commission Expires: 11-6-22

Notary Name: Mary Kelsh Notary Phone: 775-782-5411
Notary Registration Number: 9845675 County of Principal Place of Business: Douglas
Minden



EXHIBIT 'A'

A PARCEL OF LAND SITUATE IN SECTIONS 7, 8, 17 AND 18, TOWNSHIP 13 NORTH, RANGE 20 EAST, M.D.B. & M., DOUGLAS COUNTY, NEVADA, AND BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

**COMMENCING AT THE SECTION CORNER COMMON TO SECTION 7, 8, 17 AND 18, SAID CORNER BEING MARKED WITH A 1/2" STEEL PIN;
THENCE ALONG THE SECTION LINE COMMON TO SECTIONS 8 AND 17, NORTH 89°38'01" EAST, 429.43 FEET TO THE TRUE POINT OF BEGINNING;
THENCE LEAVING SAID SECTION LINE, SOUTH 00°00'43" WEST, 1321.62 FEET TO A POINT ON SOUTH LINE OF THE NORTH HALF (1/2) OF THE NORTHWEST QUARTER (NW 1/4) OF SECTION 17;
THENCE ALONG THE SOUTH LINE, SOUTH 89°43'06" WEST, 429.43 FEET TO THE SOUTHWEST CORNER OF THE NORTH HALF (N 1/2) OF THE NORTHWEST QUARTER (NW 1/4) OF SECTION 17;
THENCE LEAVING SAID SOUTH LINE, AND ALONG THE SECTION LINE COMMON TO SECTIONS 17 AND 18, NORTH 00°00'43" EAST, 157.62 FEET TO A POINT;
THENCE LEAVING SAID SECTION LINE, NORTH 88°26'42" WEST, 377.33 FEET TO A POINT;
THENCE NORTH 00°07'48" WEST, 688.75 FEET TO A POINT;
THENCE NORTH 88°54'17" WEST 693.19 FEET TO A POINT;
THENCE NORTH 00°07'00" EAST 462.76 FEET TO A POINT ON THE SECTION LINE COMMON TO SECTIONS 7 AND 18;
THENCE NORTH 00°07'00" EAST, 1239.23 FEET TO A POINT ON THE SOUTHERLY RIGHT OF WAY LINE OF AIRPORT ROAD;
THENCE ALONG SAID SOUTHERLY RIGHT OF WAY LINE, NORTH 89°42'04" EAST, 1071.16 FEET TO THE POINT OF INTERSECTION OF SAID SOUTHERLY RIGHT OF WAY LINE WITH THE SECTION LINE COMMON TO SECTIONS 7 AND 8;
THENCE CONTINUING ALONG SAID SOUTHERLY RIGHT OF WAY LINE, NORTH 89°46'14" EAST 429.43 FEET TO A POINT;
THENCE LEAVING SAID SOUTHERLY RIGHT OF WAY LINE, SOUTH 00°07'00" WEST 1255.43 FEET TO THE TRUE POINT OF BEGINNING.**

NOTE: THE ABOVE METES AND BOUNDS LEGAL DESCRIPTION APPEARED PREVIOUSLY IN THAT CERTAIN DOCUMENT RECORDED DECEMBER 01, 2014 AS INSTRUMENT NO. 2014-853546 OF OFFICIAL RECORDS.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4076627

CERTIFICATE OF DEATH

2019007539
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Jeanette Marie WALDREP		2. DATE OF DEATH (Mo/Day/Year) April 12, 2019		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) Ormsby Post Acute Care		3e. If Hosp. or Inst. indicate DOA/OP/Emer. Rm. Inpatient (Specify) Residential Care Facility	
4. SEX Female		6. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 87		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS	
8. DATE OF BIRTH (Mo/Day/Yr) August 06, 1931		9a. STATE OF BIRTH (If not US/CA, name country) Texas		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER ██████████-5468		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Legal Secretary		14b. KIND OF BUSINESS OR INDUSTRY Phone Company	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 961 Airport Road		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Fred Albert THAEHL			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mildred FETTING		
18a. INFORMANT-NAME (Type or Print) Suzanne A. FLOOD			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 15605 Fawn Lane Reno, Nevada 89511		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Cremations 1600 Buckeye Rd Minden NV 89423	
21. SIGNATURE AUTHENTICATED					
TRADE CALL - NAME AND ADDRESS					
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			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 13, 2019		21c. HOUR OF DEATH 04:30		22b. DATE SIGNED (Mo/Day/Yr)	
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) Jose Aguirre MD 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 11479	
24a. REGISTRAR (Signature) ANGELICA RAMIREZ		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 17, 2019		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			
PART I (a) Cardiopulmonary Arrest		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death			
(b) Dementia		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death			
(c) Chronic Hypertension		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death			
(d) Atrial Fibrillation		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. Hypomagnesemia; Urinary Tract Infection; 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	



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: 4/17/2019

Jan Shugh
Interim Administrator
STATE REGISTRAR

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

