

APN# 1420-07-117-008

Recording Requested by/Mail to:

Name: Day R. Williams, Esq.

Address: 1601 Fairview Drive, Suite C

City/State/Zip: Carson City, NV 89701

Mail Tax Statements to:

Name: Betty Lou Gasaway

Address: 857 Valley Crest Drive

City/State/Zip: Carson City, NV 89705



KAREN ELLISON, RECORDER

**Affidavit of 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)

Betty Lou Gasaway  
Signature

Betty Lou Gasaway

Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MAIL TAX STATEMENTS TO:  
BETTY LOU GASAWAY, Trustee  
857 Valley Crest Drive  
Carson City NV 89705

The person executing this document hereby affirms that this document submitted for recording does contain the social security number of a deceased person as required pursuant to NRS 440.380.

**AFFIDAVIT OF DEATH OF TRUSTEE**

BETTY LOU GASAWAY, whose mailing address is 857 Valley Crest Drive, Carson City NV 89705, being first duly sworn, deposes and says:

1. That TIMOTHY GRANT GASAWAY died on February 5, 2022. A Certificate of Death is attached hereto and incorporated herein by this reference.
2. That TIMOTHY GRANT GASAWAY was one of the Grantors and original Trustees of THE TIMOTHY GRANT GASAWAY AND BETTY LOU GASAWAY REVOCABLE LIVING TRUST, created on November 15, 2021.
3. That THE TIMOTHY GRANT GASAWAY AND BETTY LOU GASAWAY REVOCABLE LIVING TRUST, created on November 15, 2021, is the owner of that certain parcel of real property situated in Carson City, State of Nevada, commonly known as 857 Valley Crest Drive, Carson City NV 89705 (Douglas County), being Assessor's Parcel Number 1420-07-117-008, bounded and described as follows:

Lot F3, of the Final Map for Valley Vista Estates, Phase 5, Map #97-1007-6, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on September 24<sup>th</sup>, 2001, in Block 0901, Page 5362, as Document No. 523333.

4. That due to the passing of TIMOTHY GRANT GASAWAY, BETTY LOU

GASAWAY is the currently acting sole Trustee of "THE TIMOTHY GRANT GASAWAY AND BETTY LOU GASAWAY REVOCABLE LIVING TRUST," created on November 15, 2021.

5. That Affiant certifies and declares under penalty of perjury that the foregoing is true and correct.

DATED 2/28/22

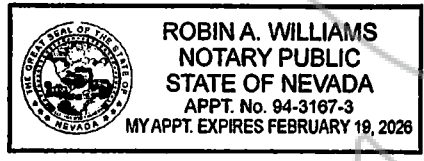
Betty Lou Gasaway  
BETTY LOU GASAWAY, Trustee

STATE OF NEVADA        )  
                                      :  
CARSON CITY            )

This instrument was subscribed and sworn to before me this 28<sup>th</sup> day of February, 2022

by BETTY LOU GASAWAY:

Robin A. Williams  
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. 4265908

**CERTIFICATE OF DEATH**

2022003403  
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) <b>Timothy Grant GASAWAY</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 05, 2022</b>		3a COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) <b>Carson Tahoe Regional Medical Center</b>		3e If Hosp or Inst. indicate DOA,OP/Emer Rm. Inpatient(Specify) <b>Inpatient</b>	
4 SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>83</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>October 20, 1938</b>		9a STATE OF BIRTH (if not US/CA, name country) <b>Iowa</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Betty Lou WACHTER</b>	
13. SOCIAL SECURITY NUMBER <b>6216</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>TRUCK DRIVER</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Bakery</b>	
15a RESIDENCE - STATE <b>Nevada</b>		15b COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
15d STREET AND NUMBER <b>857 Valley Crest Drive</b>		15e INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		Ever in US Armed Forces? <b>Yes</b>	
16 FATHER/PARENT - NAME (First Middle Last Suffix)			17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Pansy LEADER</b>		
18a INFORMANT- NAME (Type or Print) <b>Betty Lou GASAWAY</b>		18b MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) <b>857 Valley Crest Drive Carson City, Nevada 89705</b>			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Autumn Cremation Services</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD304</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations</b> <b>1575 N Lompa Ln Carson City NV 89701</b>	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Stephen T Hewitt DO 1600 Medical Pkwy Carson City, NV 89703</b>					
23b. LICENSE NUMBER <b>DO1107</b>		24a. REGISTRAR (Signature) <b>DARAN GRISSOM</b> <b>SIGNATURE AUTHENTICATED</b>			
24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 09, 2022</b>		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) <b>Cardiopulmonary Arrest</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Acute On Chronic Respiratory Failure With Hypoxemia</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) <b>Pneumonia</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
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) <b>No</b>		27 WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>			
28a AGC, 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	



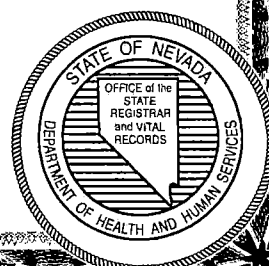
**CERTIFIED COPY OF VITAL RECORDS**

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: **2/14/2022**

STATE REGISTRAR

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



**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**