

APN# 1418-03-802-002

Recording Requested by/Mail to:

Name: Simpson Trust

Address: PO Box 182

City/State/Zip: Glenbrook NV 89413

Mail Tax Statements to:

Name: same as above

Address: _____

City/State/Zip: _____

2022 PC 20 12 - JL

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

J Lane

Printed Name

**This document is being recorded
as an accommodation only
by Signature Title Company, LLC**

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

RECORDING REQUESTED BY:
Signature Title Company LLC

AND WHEN RECORDED MAIL TO:
Simpsons Trust
PO Box 182
Glenbrook NV 89413

A.P.N.: 1418-03-802-002
Order No.:
Escrow No.:

SPACE ABOVE THIS LINE IS FOR RECORDER'S USE

AFFIDAVIT – DEATH OF TRUSTEE

STATE OF NEVADA
COUNTY OF DOUGLAS

Nancy A. Simpson, of legal age, being first duly sworn, deposes and says:

That **Deborah Ann Simpson** the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Deborah Ann Simpson, trustee of the **Simpson Family Trust UAD 10/28/91**, named as one of the parties in that certain **Grant Deed** dated **November 17, 2009**, executed by **Nancy Ann Simpson and Deborah Ann Simpson**, to **Nancy Ann Simpson, Trustee of the Nancy Ann Simpson Revocable Trust** dated **March 29, 2005** as to an undivided one-half interest, and to **Deborah Ann Simpson, Trustee of the Deborah Ann Simpson Revocable Trust** dated **March 29, 2005** as to an undivided one-half interest, recorded as Instrument No. **2009-0754191**, on **11/18/2009**, of Official Records of **Douglas** County, Nevada covering the following described real property situated in the County of **Douglas**, State of Nevada:

SEE ATTACHED EXHIBIT A

A section of the trust provides that if either **Deborah Ann Simpson** or **Nancy Ann Simpson** is, through death, disability or refusal to act, unable or unwilling to act as Trustee, the other shall act alone as Trustee. That at the date hereof, **Nancy Ann Simpson** is the sole Trustee of the above named Trust.

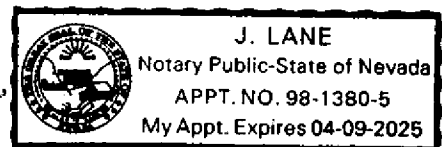
Dated: December 12, 2022

Nancy Ann Simpson
Nancy Ann Simpson

STATE OF NEVADA
COUNTY OF DOUGLAS

} ss:

This instrument was acknowledged before me on 12-16-2022



by Nancy Ann Simpson _____

J. Lane

Notary Public (seal)

This document is being recorded
as an accommodation only
by Signature Title Company, LLC

EXHIBIT "A"

Parcel 1:

BEING A PORTION OF SW ¼ OF SE ¼ OF SECTION 3 TOWNSHIP 14 NORTH, MDB&M, DESCRIBED AS FOLLOWS:

BEGINNING AT THE SOUTHEASTERLY CORNER OF W. W. POTTER PROPERTY, RECORD OF WHICH IS IN BOOK V OF DEED, PAGE 133, RECORDED DECEMBER 22, 1938, DOUGLAS COUNTY, WHENCE THE MEANDER CORNER OF LAKE TAHOE BETWEEN SECTIONS 3 AND 10, TOWNSHIP 14 NORTH, 18 EAST, M.D.B. & M. BEARS S. 65 DEGREES 40 MINUTES WEST, 1013.72 FEET; THENCE N. 14 DEGREES 26 MINUTES WEST, 322.06 FEET TO NORTHEASTERLY CORNER OF W. W. POTTER PROPERTY; THENCE S. 80 DEGREES 55 MINUTES EAST, 218.1 FEET; THENCE SOUTH 14 DEGREES 40 MINUTES EAST, 286.54 FEET; THENCE S. 79 DEGREES 35 MINUTES WEST, 91.3 FEET; THENCE NORTH 82 DEGREES 8 MINUTES WEST, 118.97 FEET TO THE POINT OF BEGINNING.

NOTE: THAT ABVEL METES AND BOUNDS DESCRIPTION APPEARED IN PREVIOUSLY IN THAT CERTAIN DOCUMENT RECORDED FEBRUARY 14, 1992, IN BOOK 292, PAGE 2145, AS INSTRUMENT NO 271038.

PARCEL 2:

EASEMENTS AS SET FORTH IN THAT CERTAIN CONVEYANCE OF EASEMENTS BY AND BETWEEN GLENBROOK PROPERTIES AND G.D. SIMPSON RECORDED JULY 10, 1983 IN BOOK 983, PAGE 1474 AS INSTRUMENT NO. 84344, TOGETHER WITH RIGHT OF WAY OVER PRESENT ROAD FROM U.S. HIGHWAY 50.

APN: 1418-03-802-002

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4256718

CERTIFICATE OF DEATH

2021032576
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

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

PARENTS

DISPOSITION

TRADE CALL

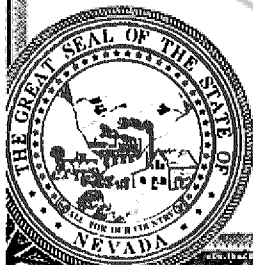
CERTIFIER

REGISTRAR

CAUSE OF DEATH

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

1a DECEASED-NAME (FIRST,MIDDLE LAST,SUFFIX) Deborah Ann SIMPSON		2. DATE OF DEATH (Mo/Day/Year) December 23, 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 and number) Carson Tahoe Sierra Surgery		3e. If Hosp or Inst, indicate DOA,OP:Emer Rm. Inpatient(Specify) Inpatient	
5 RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 72	
7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) December 30, 1948	
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 18	
11. MARITAL STATUS (Specify) Never Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER 7184		14a. USUAL OCCUPATION (Give Kind of Work Done Durng Most of) Bank Vice President		14b. KIND OF BUSINESS OR INDUSTRY BANKING	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Glenbrook	
15d. STREET AND NUMBER 141 Pray Meadow Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) George Davis SIMPSON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mildred FINN		
18a. INFORMANT- NAME (Type or Print) Nancy Ann SIMPSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 182 Glenbrook, Nevada 89413			
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) DENICE PORTILLO		20b. FUNERAL DIRECTOR LICENSE NUMBER FD872		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706	
20a. SIGNATURE AUTHENTICATED					
20b. SIGNATURE AUTHENTICATED					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JOSHUA S TARTAKOFF DO		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) December 28, 2021		21c. HOUR OF DEATH 13:17		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
21e. SIGNATURE AUTHENTICATED		22e. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Joshua S Tartakoff DO 1664 N Virginia St Reno, NV 89557				23b. LICENSE NUMBER DO2736	
24a. REGISTRAR (Signature) DARAN GRISSOM		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 29, 2021		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a. SIGNATURE AUTHENTICATED					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I				Interval between onset and death	
(a) Cardiopulmonary Arrest				Interval between onset and death	
DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) Acute Respiratory Failure With Hypoxia				Interval between onset and death	
DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death	
(c) Multifocal Pneumonia				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(d) Unkown Etiology				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 Developing Sepsis, Advanced Stage Metastatic Pancreatic Cancer, Perforated Abdominal Viscous				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	



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:

1/5/2022

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

Jan Shugh
STATE REGISTRAR

