

APN# 1420-33-310-008

Recording Requested by/Mail to:

Name: FIRST AMERICAN TITLE

Address: 1663 US HWY 395 N STE 101

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: Morrison Family Trust

Address: 2688 Wildhorse Lane

City/State/Zip: Minden NV 89423

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

E.TOBIAS

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:**

Morrison Family Trust  
2688 Wildhorse Lane  
Minden NV 89423

Space Above This Line for  
Recorder's Use Only

**A.P.N. 1420-33-310-008**

File No.: 143-2672088 (et)

**Affidavit - Death of Trustee**

State of NV )  
 )ss.  
County of DOUGLAS )

**Barbara A. Morrison** ("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. **John David Morrison** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **September 5, 2023** at **Carson City, NV** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **November 22, 1999** executed by **John D. Morrison and Barbara A. Morrison** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Quitclaim Deed** dated **June 1, 2020** which was recorded as Instrument No. **2020-947210** in Book **n/a**, Page **n/a**, 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: 3.13.2024

**DECLARANT:**

Barbara A. Morrison  
**Barbara A. Morrison**

State of NV )  
 )ss  
County of DOUGLAS )

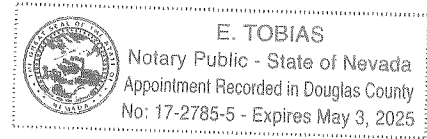
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State NV, this 13 day of March, 2024 by Barbara A. Morrison, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

*This area for official notarial seal*

Signature E. Tobias

My Commission Expires: 5/3/25



Notary Name: E. Tobias Notary Phone: 775.782.5411  
Notary Registration Number: 17-2785-5 County of Principal Place of Business Douglas



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

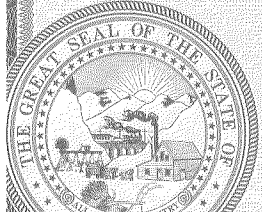
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**

CASE FILE NO. 4368460

**CERTIFICATE OF DEATH**

2023019799  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>John David MORRISON</b>		2. DATE OF DEATH (Mo/Day/Year) <b>September 05, 2023</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>	
DECEDENT	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>85</b>	
	7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>DAYS</b>		7d. UNDER 1 HOUR <b>HOURS</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>11</b>	
	13. SOCIAL SECURITY NUMBER <b>[REDACTED] 3795</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>CONSTRUCTION</b>	
PARENTS	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
	15d. STREET AND NUMBER <b>2688 Wild Horse Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Barbara Ann EGGERS</b>	
DISPOSITION	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>David Benjamin MORRISON</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Helen NEU</b>			
	18a. INFORMANT- NAME (Type or Print) <b>Barbara Ann MORRISON</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2688 Wild Horse Lane Minden, Nevada 89423</b>			
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>NORMA M FINKES</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD967</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home 1637 Esmeralda Place Minden NV 89423</b>	
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) <b>CRAIG RAU MD</b>		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) <b>September 08, 2023</b>		21c. HOUR OF DEATH <b>01:02</b>		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Oleg Odin MD</b>		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Craig Rau MD 1600 Medical Parkway Carson City, NV 89703</b>		23b. LICENSE NUMBER <b>10991</b>			
CAUSE OF DEATH	24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 08, 2023</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I		Interval between onset and death			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(a) <b>Acute Cardiorespiratory Failure</b>		Interval between onset and death			
	(b) <b>Acute Respiratory Failure</b>		Interval between onset and death			
(c) <b>Adenocarcinoma Of Colon Unknown If Metastatic</b>		Interval between onset and death				
(d) <b>Rapid Atrial Fibrillation</b>		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. <b>Unknown Etiology</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>						
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) <b>NATURAL</b>		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

*Cody J. Phinney*

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.

9/18/2023

DATE ISSUED:

STATE REGISTRAR

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



**EXHIBIT 'A'**

**Lot 150, in Block A, as set forth on Final Map of WILDHORSE UNIT 5, a Planned Unit Development filed for record in the Office of the County Recorder of Douglas County, State of Nevada on January 27, 1993, in Book 193, Page 3866, as Document No. 298258, of Official Records of Douglas County, Nevada.**

