

DOUGLAS COUNTY, NV

2024-1011721

Rec:\$40.00

\$40.00

Pgs=4

09/03/2024 09:07 AM

FIRST CENTENNIAL - RENO (MAIN OFFICE)

SHAWNYNE GARREN, RECORDER

APN No.: 1320-30-612-014

Escrow No.: 24043288-SA

Recording Requested By:  
First Centennial Title Company of Nevada  
1352 Hwy 395, Ste 114  
Gardnerville, NV 89410

When Recorded Return to:  
Mary Wanser, Surviving Trustee, under The Wanser  
Living Trust Dated July 12, 2019, and any  
amendments thereto  
2091 Bethany Ct  
Concord, CA 94518

Mail Tax Statements to:  
Richard J. Menge and Sandra L. Bain, Trustees  
of The Richard J. Menge And Sandra L. Bain  
Revocable Living Trust, Dated The 6th Day Of  
September, 2023.  
986 Bella Rosa Drive  
Minden, NV 89423

SPACE ABOVE FOR RECORDERS USE

**AFFIDAVIT- DEATH OF TRUSTEE**

(Title of Document)

Please complete Affirmation Statement below:

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 as required by law:

Affidavit of Death - NRS 440.380 (1)(A) & 40.525 (5) (state specific law).

*Cynthia Haggard*  
\_\_\_\_\_  
SIGNATURE

*Escrow Assistant*  
\_\_\_\_\_  
TITLE

*Cynthia Haggard*  
\_\_\_\_\_  
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

SPACE BELOW FOR RECORDER

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Escrow No. 24043288-SA

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Minden, NV 89423

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### **AFFIDAVIT - DEATH OF TRUSTEE**

MARY WANSER, of legal age, being duly sworn, deposes and says

That RAYMOND WANSER the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as RAYMOND WANSER named as one of the parties in that certain Grant, Bargain and Sale Deed dated August 13, 2019 executed by Raymond Wanser and Mary Wanser, husband and wife as community property with rights of survivorship to Raymond Wanser and Mary Wanser, Trustees, or their successors in trust, under the Wanser Living Trust dated July 12, 2019 and any amendments thereto recorded as Instrument No. 2019-935913, on September 30, 2019 of Official Records of Douglas County, Nevada, covering the following described property.

Lot 47, in Block G, of Final Map for La Costa at Monte Vista, Phase 1, Map 02-04, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on April 25th, 2005, as Document No. 642625.

Assessors Parcel No.: 1320-30-612-014

The Wanser Living Trust dated July 12, 2019

Mary K. Wanser  
MARY WANSEER, Surviving Trustee

Dated: 8/26/24

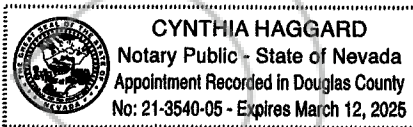
STATE OF NEVADA

COUNTY OF Douglas

This instrument was acknowledged before me on this 26 day of August, 2024, by

Mary Wanser

Cynthia Haggard  
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. 4169636

**CERTIFICATE OF DEATH**

2020021152  
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>Raymond WANSER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>September 24, 2020</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or number) <b>986 Bella Rosa Drive</b>		3e. If Hosp. or Inst. Indicate DOA, OP/ Emer. Rm. Inpatient (Specify) <b>Home</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>68</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>New York</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
13. SOCIAL SECURITY NUMBER <b>0958</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of BANKER (Financial Manager))		14b. KIND OF BUSINESS OR INDUSTRY <b>BANKING</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>986 Bella Rosa Drive</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Richard William WANSER</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Orsola LUCHESE</b>	
18a. INFORMANT - NAME (Type or Print) <b>Mary Katherine WANSER</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>986 Bella Rosa Drive Minden, Nevada 89423</b>			
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>CHRISTIE D WILDE</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD917</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1637 Esmeralda Place Minden NV 89423</b>	
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>NITA SCHWARTZ MD</b> <b>SIGNATURE AUTHENTICATED</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>September 28, 2020</b>		21c. HOUR OF DEATH <b>23:16</b>			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
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)				22b. DATE SIGNED (Mo/Day/Yr)	
22c. 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) <b>Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>9114</b>	
24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 28, 2020</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>Renal Cell Cancer With Metastasis</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(b)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(d)				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.					
28a. ACC. SUICIDE, HON., 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	
26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>			

000834445



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: 10/6/2020

*Wesley T Storey*  
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

