

DOC # 764252
05/25/2010 03:18PM Deputy: DW
OFFICIAL RECORD
Requested By:
NORTHERN NEVADA TITLE CC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: 17.00
BK-510 PG-5009 RPTT: 0.00



APN: 1420-07-816-007
ORDER NO.: DO-2091017-MK/1093328

FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: AFFIDAVIT - DEATH OF TRUSTEE

The undersigned hereby affirms that this document submitted for recording contains a Social Security number as required by law:

State Law: NRS 40.525 Sec. 5 - Death Certificates Attached to Affidavit Death of Joint Tenant
State Law: NRS 440.380 Sec. 1.(a) - Medical Certificate of Death; Contents

NORTHERN NEVADA TITLE COMPANY

Signed By:

A handwritten signature in black ink, appearing to read "T Waller".

Print Name/Title: Tamara Waller

A handwritten signature in black ink, appearing to read "Title Officer".

WHEN RECORDED MAIL TO:

Lois Mitchell
1111 Spencer Street
Carson City, NV 89703



RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

*Lois Mitchell
1111 Spencer St
Carson City NV
89703*

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF Nevada)
) SS.
COUNTY OF Douglas)

Lois J. Mitchell Successor Trustee of legal age, being first duly sworn, deposes and says:

1. Laurence A. Mitchell is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person named as Trustee in that certain Declaration of Trust dated March 7, 1996, executed by Laurence A. Mitchell and Lois J. Mitchell as trustor(s).
2. At the time of decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on June 1, 2001, as Instrument No. 515666, in Official Records of Douglas County, Nevada, describing the following real property:

Lot 9, in Block O, of Sunridge Heights Phases 7B and 9, a Planned Unit Development, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on September 5, 1995, in Book 995, Page 410 as Document No. 369825 and by certificate of Amendment recorded August 14, 1996 in Book 896, Page 2588 as Document No. 394289

3. I am the surviving or successor Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Dated April 12, 2010



**Lois J. Mitchell Successor Trustee of The L & L
Mitchell 1996 Trust dated March 7, 1996**

Lois J. Mitchell, Successor Trustee
Lois J. Mitchell, Successor Trustee

STATE OF Nevada
COUNTY OF DOUGLAS

Subscribed and sworn to (or affirmed) before me on this 27th day
of April 2010, ~~2009~~, by Lois J. Mitchell, successor
personally known to me or proved to me on the basis of satisfactory evidence to be the trustee
person(s) who appeared before me.

(seal)

Signature

Mary Kelsh

 MARY KELSH
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 98-49567-5 - Expires November 6, 2010

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH VITAL STATISTICS
CERTIFICATE OF DEATH

2009017243
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Laurence Albert MITCHELL		2. DATE OF DEATH (Mo/Day/Year) November 24, 2009		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 Regional Medical Center		3d. If Hosp. or Inst. Indicate D.O.A. or Emer. Rm. Inpatient (Specify) Inpatient	
DECEDENT	4. SEX Male		5a. RACE (Specify) White		5b. DATE OF BIRTH (Mo/Day/Yr) June 15, 1938	
	6. HISPANIC ORIGIN? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 71		7b. UNDER 1-YEAR MOS 71	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not U.S.A. name country) Kentucky		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
	11. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Lola Jean SHANNON		13. SOCIAL SECURITY NUMBER ██████████ 6552	
PARENTS	14a. USUAL OCCUPATION (G ve Kind of Work Done During Most of Working Life, Even if Retired) Entrepreneur		14b. KIND OF BUSINESS OR INDUSTRY Manufacturing		14c. Ever in US Armed Forces? Yes	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
DISPOSITION	15d. STREET AND NUMBER 1111 Spencer St		15e. INSIDE CITY LIMITS? (Specify Yes or No) Yes		16. FATHER - NAME (First, Middle, Last Suffix) Bernard MITCHELL	
	16. MOTHER - NAME (First, Middle, Last Suffix) Delphina WURTH		17. INFORMANT - NAME (Type or Print) Lola MITCHELL		17b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1111 Spencer St Carson City, Nevada 89703	
TRADE CALL	18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		18b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		18c. EDUCATION - City or Town - State Carson City, Nevada 89708	
	20a. FUNERAL DIRECTOR - SIGNATURE (If Person Acting as Such) RICK NOEL		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 284 N. Road Carson City NV 89705	
CERTIFIER	21a. To the best of my knowledge and belief, death occurred at the time, date and place, and due to the cause(s) stated. (Signature & Title) MAY MAIYA		21b. DATE SIGNED (Mo/Day/Year) November 27, 2009		21c. HOUR OF DEATH 14:20	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. On the basis of examination and 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/Year)	
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER (Type or Print) Dr. May MaIya 300 Medical Parkway Carson City NV, 89703		23b. LICENSE NUMBER 11809		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH	
	24b. REGISTRAR (Signature) CHRISTINA GRIFFITH		24c. DATE RECEIVED BY REGISTRAR (Mo/Day/Year) November 30, 2009		24d. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE Sepsis		26. INTERVAL BETWEEN ONSET AND DEATH		27. AUTOPSY (Specify Yes or No) No	
	(a) DUE TO, OR AS A CONSEQUENCE OF Methicillin-Resistant Staphylococcus Aureus Bacteremia		Interval between onset and death		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
QUESTIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(b) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death		28a. ASC, BURIAL, HOME UNDER OR PENDING INVEST. (Specify)	
	(c) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death		28b. DATE OF INJURY (Mo/Day/Year)	
(d) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death		28c. HOUR OF INJURY		
PART II:		28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)		
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		

STATE REGISTRAR



BK-510
PG-5012

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VRB-Rev-2009002

303403

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: 12/01/2009

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

R. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

