DOC # 836706
01/15/2014 08:45AM Deputy: SG
 OFFICIAL RECORD
 Requested By:
Northern Nevada Title CC
 Douglas County - NV
 Karen Ellison - Recorder
Page: 1 of 5 Fee: \$18.00
BK-114 PG-2049 RPTT: 0.00



FOR RECORDER'S USE ONLY

APN: <u>1419-12-511-010</u> ORDER NO.: <u>1101052-LI</u>

TITLE OF DOCUMENT: <u>AFFIDAVIT - DEATH OF TRUSTEE - SUCCESSION OF SUCCESSOR TRUSTEE</u>

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 TATALE COMPANY

Signed By:

Print Name/Title: Dawn Cuellar, Assistant

RECORDING REQUESTED BY

Northern Nevada Title Company 307 W Winnie Lane, Suite 1 Carson City, NV 89703

MAIL TAX STATEMENTS AND WHEN RECORDED, MAIL TO

Nancy E. McCain & Betsy L. Gould 3626 Jarrard Court Carson City, NV 89701

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RECORDING REQUESTED BY

Northern Nevada Title Company 307 W Winnie Lane, Suite 1 Carson City, NV 89703

MAIL TAX STATEMENTS AND WHEN RECORDED, MAIL TO

Nancy E. McCain and Betsy L. Gould, as Joint Successor Trustees of the Gilbert L. De Laura and Laura R. De Laura Revocable Living Trust

3626 Janord Ct Carson City, NV 89701

THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT - DEATH OF TRUSTEE - SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada County of Carson City

Nancy E. McCain, of legal age, being duly sworn, deposes and says:

1. That Gilbert L. DeLaura and Laura R. DeLaura, the decedents mentioned in the attached certified copies of Certificate of Death, is the same person as Gilbert L. DeLaura and Laura R. DeLaura, husband and wife named as the/one of the trustee(s) in that certain Grant, Bargain, Sale Deed dated executed by Gilbert L. DeLaura and Laura R. DeLaura to Gilbert L. DeLaura, Trustees of the Gilbert L. De Laura and Laura R. DeLaura Revocable Living Trust as Trustee(s), recorded November 3, 1997 as Document #425407 Book 1197 at Page 141 of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Carson City, County of Douglas, State of Nevada.

All that certain real property situated in the County of Douglas, State of Nevada, described as follows:

Lot 10 as shown on the map of VALLEY VIEW SUBDIVISION UNIT NO. 2, recorded in the office of the County Recorder of Douglas County, State of Nevada, on April 6, 1964, as File No. 24786.

- 2. That I am Nancy E. McCain, named within the aforementioned trust as successor trustee;
- 3. That I hereby consent to act as successor trustee(s) of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
- 4. That this Affidavit is made for the protection and benefit of all person hereafter acquiring an interest in or dealing with the Property.



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Dated: January 2, 2014

SUBSCRIBED AND SWORN to before me, the undersigned Notary Public in and for said County and State this 10th day of January 204



J. FERRELL
NOTARY PUBLIC
STATE OF NEVADA
My Appt Exp. July 8, 2017

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

Carson Tahoe Regional Medical Center

20	11	00	88	7	5
STATE	PIL	E NL	IMBI	ER	

3e.if Hosp. or Inst. indicate DOA, OP/Emer. Rm.

i)	т	YPE		OR	
-		RIN			
P	E	W	١N	EN	ľ

1a DECEASED-NAME (FIRST MIDDLE LAST SUFFIX) DELAURA Gilbert Lawrence 35. CITY, TOWN, OR LOCATION OF DEATH [3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street

5. RACE White

(Specify)

Carson City

2. DATE OF DEATH (Mo/Day/Year) June 01, 2011

Inpatient(Specify)

Carson City

Male

IF DEATH OCCURRED IN INSTITUTION

DECEDENT

9a. STATE OF BIRTH (If not U.S.A., name country) Connecticut 13. SOCIAL SECURITY NUMBER

9b. CITIZEN OF WHAT COUNTRY 10 EDUCATION 11. MARRIED, NEVER MARRIED, WIDOWED, **United States** 16

No - Non-Hispanic

Hispanic Origin? Specify

and numbe

Douglas

DIVORCED (Specify) Married

7b. UNDER 1 YEAR 7c. UNDER 1 DAY 8. DATE OF BIRTH (Mo/Day/Yr)
MOS | DAYS HOURS | MINS February 17, 1930 12. SURVIVING SPOUSE (If wife, give

maiden name) Laura T REYNOLDS 14b. KIND OF BUSINESS OR INDUSTRY Ever in US Armed

3a. COUNTY OF DEATH

EE HANDSOOK REGARDING COMPLETION OF RESIDENCE

-9504 15a. RESIDENCE - STATE

Nevada

Working Life, Even if Retired) Chief Inspector 15c. CITY, TOWN OR LOCATION

Carson City

14a LISUAL OCCUPATION (Give Kind of Work Done During Most of

15d. STREET AND NUMBER 3583 Cherokee Drive Forces? Yes 15a. INSIDE CITY

PARENTS

18. FATHER/PARENT - NAME (First Middle Last Suffix) Silvio Lawrence DELAURA

Ane Mathilde ANDERSEN

17. MOTHER/PARENT - NAME (First Middle Last Suffix)

LIMITS (Specify Yea or No) Yes

18a. INFORMANT- NAME (Type or Print) Laura T DELAURA

(Street or R.F.D. No, City or Town, State, Zip) 185, MAILING ADDRESS 3583 Cherokee Drive Carson City, Nevada 89705

19c. LOCATION City or Town

DISPOSITION

198. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME Cremation

Fitzhenry's Crematory

7a. AGE-Last

pirthday (Years)

Carson City Nevada 89701 20c. NAME AND ADDRESS OF FACILITY

20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI

DIRECTOR LICENSE 217

Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 69701

Civil Engineering

SIGNATURE AUTHENTICATED

TRADE CALL TRADE CALL - NAME AND ADDRESS

21a. To the best of my knowledge, death occurred at the time, date and place and ature & Title) SIGNATURE AUTHENTICATED due to the cause(s) stated. (Signi VIJAY MAIYA 21b. DATE SIGNED (Mo/Day/Yr) 21c. HOUR June 03, 2011 23:33

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) 22c. HOUR OF DEATH 22b DATE SIGNED (Mo/Day/Yr)

9 Be 22d. PRONOUNCED DEAD (Mo/Day/Yr)

22e, PRONOUNCED DEAD AT (Hour)

CERTIFIER

21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

239. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type of Print) Dr. Vijay Maiya 1600 Medical Parkway Carson City, NV 89703

23b. LICENSE NUMBER 11909

REGISTRAR 24a. REGISTRAR (Signature)

JENELLE ENGLISH

24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 10, 2011

24c. DEATH DUE TO COMMUNICABLE DISEASE NO X interval between onset and death

Interval between coset and death

Interval between onset and death

Interval between onset and death

CAUSE OF 25. IMMEDIATE CAUSE DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE -> UNDERLYING CAUSE LAST

SIGNATURE AUTHENTICATED (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

Intraabdominal Hemorrhage - Splenic Hematoma

DUE TO, OR AS A CONSEQUENCE OF: Cirrhosis

Atrial Fibrillation, Pneumonia

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.

26. AUTOPSY (Specify Yes or No)

YES [

27, WAS CASE REFERRED TO CORONER (Specify Yes No

289. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)

28b. DATE OF INJURY (Me/Day/Yr) 128c. HOUR OF INJURY

28d, DESCRIBE HOW INJURY OCCURRED

28e. INJURY AT WORK (Specify 28f. PLACE OF INJURY- At home, farm, street, factory, office 28g. LOCATION building, etc. (Specify)

STREET OR R.F.D. No.

CITY OR TOWN

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VR8-Rev-20110104

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CERTIFIED COPY OF VITAL RECORDS

STATE REGISTRAR

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.

06/10/2011





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

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS

5			CERTIFIC	AIEU	PUEAIR	: I		ZU I JUUC ITATE FILE HUI	IBER	:1:
TYPE OR PRINT IN	10. DECEASED-NAME (FIRST, MI	ODLE,LASY,SUFFIX)				2. DATE OF DEAT	H (Mo/Day∧	(ear) 3a. CC	HTABO TO YTHUK	
ERMANENT	Laura TR		DE LAUR				5, 2013		Carson City	
	3b. CITY, TOWN, OR LOCATION C	ied number	3			r imp ano n	(Specify)	dicate DOA,OF/A Inpatient	Fe	male
DECEDENT	5. RACE White (Specify)		Carson Tahoe Regional Medical Center 8. Hispanic Origin? Specify No - Non-Hispanic 88		7b, UNDER 1 YEA MOS DAYS	75. UNDER 1 YEAR 7C. UNDER 1 DA		Y B. DATE OF BIRTH (Mb/Dsy/Yr) October 01, 1924		
	9a, STATE OF BIRTH (If not U.S.A name country) Connecticut	United	l States	15	DIVORCED (S	NEVER MARRIED, V Decity) Wildowed	700	malden name)		
INSTITUTION IEE HANDBOOK REGARDING COMPLETION OF	13. SOCIAL SECURITY NUMBER -4038	14a. USUAL OCC af Working Life, I		Cleric	al		state Of N		Ever in US / Forces? N	lo
RESIDENCE ITEMS	159. RESIDENCE - STATE 15	b. COUNTY Douglas	1	OWN OR LO Carson C	ty 35	I STREET AND NUM 583 Cherokee D	evin		LIMITS (Spector No.) No.	ify Yes
PARENTS	18. FATHER/PARENT - NAME (FI	rat Middle Last Suffix n Henry REYNC	LDS JR	,		A AND AND A STATE OF THE ADDRESS OF	ez Nieda	LANYON		<u></u>
	18a. INFORMANT- NAME (Type or Nancy	MCCAIN .	1		3583 Che	R.F.D. No. City or To rokee Drive Car	son City,	Nevada 897		
ISPOSITION	19a BURIAL, CREMATION, REMO Crematio		19b. CEMETERY	OR CREMAT Fitzhe	inry's Cremato				or Town State / Nevada 89701	
		ATURE (Or Person Act SMOLENSKI RE AUTHENTICATE	Dii	b. FUNERAL RECTOR LIC 217	ENSE		ilzhenrys	Y Funeral Hor Carson City		
RADE CALL					/ /		A. E. Japan			
CERTIFIER	May 30, 2013 21d. NAME OF ATTENDIN (Type or Print)	(Signature & Title) St JUDD E ANDE ay/Yr) 21c. I	ERS HOUR OF DEATH 23:00 ER THAN CERTIFIE	R	to District the time	the basis of existings, date and place and place and ATE SIGNED (Mo/Date CONCUNCED DEAD	due to the ce	22c. HOUR 22a. PRON	OF DEATH	
	23a. NAME AND ADDRESS OF C	RTIFIER (PHYSICIAN Judd E Anders	ATTENDING PHYS UNSOM Brig	sician, MED gham/316	Keno, NV 08	33/	3		CENSE NUMBER 13557	NOTAGE
REGISTRAF	24a. REGISTRAR (Signature)	BIANCA SIGNÁTURE AU	GALEANO THENTICATED		24b. DATE RECE (Mo/Day/Yr)	May 31, 2013	24c.	YES 🗌	NO X	M
CAUSE OF DEATH	PARTI (a) ACUTE KES	(ENTER ONLY ONE C piratory Failure	€	OR (e), (b), Al	VD (c).)				rval between onset a rval between onset a	
CONDITIONS IF	(b) Sepsis	A CONSEQUENCE OF	v# 1494#1		<u> </u>					
ANY WHICH GAVE RISE TO IMMEDIATE CAUSE ->	OUE TO, OR AS Unknown	76.		Á	/ /				rval between onset a	
STATING THE UNDERLYING CAUSE LAST	DUE YO, OR AS	A CONSEQUENCE OF								
	PART II OTHER SIGNIFICANT	CONDITIONS-Condition	s contributing to des	eth but not re	suiting in the under	lying cause given in F	ап 1.	26. AUTOPSY (Specify Yes or	27. WAS CASE!	Specify Yes

STATE REGISTRAR

28d, DESCRIBE HOW INJURY OCCURRED

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26. AUTOPSY (Specify Yes or No)

CITY OR TOWN

VRS-Rev-20120523a

STATE

28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)

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DATE ISSUED:

TORN DATE OF INJURY (Mo/Day/Yr)

building, etc. (Specify)

28e. INJURY AT WORK (Specify 28f. PLACE OF INJURY- At home, farm, street, factory, office 28g. LOCATION

SIGNATURE AUTHENTICATED

STREET OR R.F.D. No.



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