

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: 1419-12-511-010  
ORDER NO.: 1101052-LI

TITLE OF DOCUMENT: AFFIDAVIT - DEATH OF TRUSTEE - SUCCESSION OF SUCCESSOR 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: \_\_\_\_\_

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



**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 Janard 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.

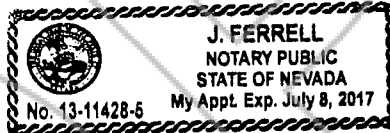


Dated: January 2, 2014

*Nancy E. McCain*  
Nancy E. McCain

SUBSCRIBED AND SWORN to before me, the undersigned Notary Public  
in and for said County and State this 10<sup>th</sup> day of January 2014

*J. Ferrell*



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

2011008875
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

Main form containing fields for deceased name (Gilbert Lawrence DELAURA), date of death (June 01, 2011), location (Carson City), cause of death (Intraabdominal Hemorrhage - Splenic Hematoma), certifier (Vijay Maiya), registrar (Jenelle English), and other vital statistics.

STATE REGISTRAR



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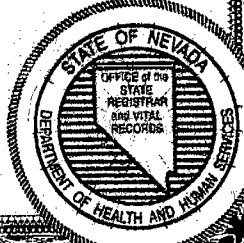
CERTIFIED COPY OF VITAL RECORDS

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: 06/10/2011

Signature of Registrar: R. English, SIGNATURE AUTHENTICATED

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

### CERTIFICATE OF DEATH

2013008860

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>Laura T R DE LAURA</b>		2. DATE OF DEATH (Mo/Day/Year) <b>May 25, 2013</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>		
6. RACE <b>White</b>		8. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>88</b>		7b. UNDER 1 YEAR <b>MOS</b>	
9a. STATE OF BIRTH (if not U.S.A., name country) <b>Connecticut</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>15</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
13. SOCIAL SECURITY NUMBER <b>4038</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Clerical</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>State Of Nevada</b>		12. SURVIVING SPOUSE (If wife, give maiden name) <b>Ever in US Armed Forces? No</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>		15d. STREET AND NUMBER <b>3583 Cherokee Drive</b>	
18. FATHER/PARENT - NAME (First Middle Last Suffix) <b>William Henry REYNOLDS JR</b>				17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Inez Nieda LANYON</b>			
18a. INFORMANT - NAME (Type or Print) <b>Nancy MCCAIN</b>				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>3583 Cherokee Drive Carson City, Nevada 89705</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>JAMES SMOLENSKI</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenrys Funeral Home</b> <b>3645 Fairview Dr. Carson City NV 89701</b>			
TRADE CALL - NAME AND ADDRESS							
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>JUDD E ANDERS</b> <b>SIGNATURE AUTHENTICATED</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>May 30, 2013</b>		21c. HOUR OF DEATH <b>23:00</b>		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22d. 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>Judd E Anders UNSOM Brigham/316 Reno, NV 89557</b>						23b. LICENSE NUMBER <b>13557</b>	
24a. REGISTRAR (Signature) <b>BIANCA GALEANO</b> <b>SIGNATURE AUTHENTICATED</b>				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 31, 2013</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).)						Interval between onset and death	
PART I (a) <b>Acute Respiratory Failure</b>						Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(b) <b>Sepsis</b>						Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(c) <b>Unknown Etiology</b>						Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(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 I.						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)		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			

STATE REGISTRAR



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VRS-Rev-20120523a

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### 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:

06/03/2013

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

*R. J. White*  
STATE REGISTRAR  
**SIGNATURE AUTHENTICATED**

