

DOC # 837158
01/22/2014 12:57PM Deputy: SG

OFFICIAL RECORD

Requested By:
First American Title Mindel
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: \$17.00
BK-114 PG-3602 RPTT: 0.00



APN# 1319-03-312-006

Recording Requested by:
Name: First American Title Insurance
Company
Address: 1663 US Highway 395, Suite 101
City/State/Zip: Minden, NV 89423
Order Number: 143-2459900rt

Affidavit-Death of Trustee (for Recorder's use only)
(Title of Document)

Recorder Affirmation Statement

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

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: NRS 440380

(State specific law)

Signature: [Handwritten Signature] Title: [Handwritten Title]

Print Signature: [Handwritten Print Signature]

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

(Additional recording fee applies)



RECORDING REQUESTED BY

First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**

Roger C. Cole
PO Box 898
Genoa, NV 89411

Space Above This Line for
Recorder's Use Only

A.P.N. 1319-03-312-006

File No.: 143-2459900 (Rt)

Affidavit - Death of Trustee

State of Nevada)
)ss.
County of Douglas)

Roger Clyde Cole ("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. **Mariann Helen Cole** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **04/27/2013** 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 4, 1993** executed by **The Roger Clyde Cole & Mariann Helen Cole Family Trust** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant, Bargain, Sale Deed** dated **June 6, 2007** which was recorded as Instrument No. **0702923** in Book **0607**, Page **3777**, of Official Records of **Douglas** County, Nevada as legally described as follows:

LOT 7, AS SHOWN ON THE FINAL SUBDIVISION MAP PLANNED UNIT DEVELOPMENT PD 04-001 FOR EAGLE RIDGE AT GENOA, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON JULY 29, 2005 IN BOOK 0705, PAGE 13949, AS DOCUMENT NO. 650856.



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: 01/15/2014

DECLARANT:

Roger Clyde Cole
Roger Clyde Cole

State of Nevada)
)ss
County of Douglas)

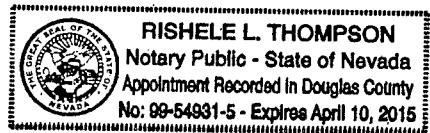
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State Nevada, this 15 day of January, 2014 by Roger Clyde Cole, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

This area for official notarial seal

Signature *Rishele L. Thompson*

My Commission Expires: 4/10/15



Notary Name: _____ Notary Phone: _____

Notary Registration Number: _____ County of Principal Place of Business _____

CERTIFICATION OF VITAL RECORD

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

2013007812
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) Mariann Helen COLE		2. DATE OF DEATH (Mo/Day/Year) April 27, 2013		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION-Name (If not alther, give street and number) Evergreen at CC Health and Rehab Ctr		3e. If Hosp. or Inst. Indicate DOA, OP/ Emer. Rm. Inpatient (Specify) Nursing Home	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 69		7b. UNDER 1 YEAR MOS: DAYS HOURS MINS		7c. UNDER 1 DAY MOS: DAYS HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) January 29, 1944		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
9a. STATE OF BIRTH (If not U.S.A., name country) California		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Roger C COLE	
13. SOCIAL SECURITY-NUMBER 1335		14a. USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired) Property Manager		14b. KIND OF BUSINESS OR INDUSTRY Commercial Rentals	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Genoa	
15d. STREET AND NUMBER 2476 Eagle Ridge Road		15e. INSIDE CITY LIMITS (Specify Yes or No) No		15f. EVER IN U.S. Armed Forces? No	
16. FATHER/PARENT -NAME (First Middle Last Suffix) Keliel M EREM			17. MOTHER/PARENT -NAME (First Middle Last Suffix) Helen G DENZIN		
18a. INFORMANT- NAME (Type or Print) Roger C COLE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2476 Eagle Ridge Road Genoa, Nevada 89411			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JUDITH KIMPTON		20b. FUNERAL DIRECTOR LICENSE 677		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 969 West Moana Lane Reno NV 89509	
20d. SIGNATURE AUTHENTICATED					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JOSE AGUIRRE MD					
21b. DATE SIGNED (Mo/Day/Yr) May 13, 2013		21c. HOUR OF DEATH 04:10		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. HOUR OF DEATH				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) Jose Aguirre MD 1600 Medical Parkway Carson City, NV 89703	
23b. LICENSE NUMBER 11479				24a. REGISTRAR (Signature) BIANCA GALEANO	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 13, 2013				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) Unknown Etiology					
DUE TO, OR AS A CONSEQUENCE OF					
(b) Multiple Sclerosis					
DUE TO, OR AS A CONSEQUENCE OF					
(c) 					
DUE TO, OR AS A CONSEQUENCE OF					
(d) 					
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) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No				28a. ACC., SUICIDE, HOMICIDE, 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



BK 114
PG-3605

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VRS-Rev-20120523a

485274

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: 05/21/2013

R. J. [Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

