

Doc Number: **0841502**

04/24/2014 02:34 PM

OFFICIAL RECORDS

Requested By  
RACELLE J NICOLLE

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 3 Fee: \$ 16.00

Bk: 0414 Pg: 4776



Deputy. pk

APN: 1420-27-801-019

**RECORDING REQUESTED BY and  
AFTER RECORDING**

**MAIL THIS AFFIDAVIT TO:**

✓ Rachelle J. Nicolle Ltd.  
Attorney at Law  
1662 Hwy. 395, Suite 214  
Minden, NV 89423

**MAIL TAX STATEMENTS TO:**

Ofelia C. Lent, Trustee  
2815 Pamela Place  
Minden, NV 89423

I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law. [Per NRS 440.380(1)(a) and 40.525(5)]

## **AFFIDAVIT of Death of Original Co-Trustee and Continued Service of Sole Remaining Co-Trustee**

OFELIA C. LENT, being of legal age, being first duly sworn, deposes and says:

1. This Affidavit of Death refers to the RALPH C. AND OFELIA C. LENT TRUST, DATED JULY 23, 2003, (the "Trust") under a revocable trust agreement executed by RALPH C. LENT and OFELIA C. LENT as the Grantors.
2. The original Grantors and Trustees of the Trust were RALPH C. LENT and OFELIA C. LENT.
3. In accordance with the terms of the Trust, I, OFELIA C. LENT, am empowered to act as Sole Trustee for the Trust after the death of RALPH C. LENT. I hereby affirm my incumbency as sole surviving Co-Trustee, and declare my intention to act as the remaining sole Trustee of the RALPH C. AND OFELIA C. LENT TRUST, DATED JULY 23, 2003.
4. I declare and affirm that RALPH C. LENT died on March 8, 2014. I also hereby declare and affirm that the decedent cited in the attached certified copy of Certificate of Death, is the same person as RALPH C. LENT, Trustee of the RALPH C. AND OFELIA C. LENT TRUST, DATED JULY 23, 2003.
5. RALPH C. LENT is the named Trustee and Grantee in that certain Grant Deed, granting to RALPH C. LENT and OFELIA C. LENT, Trustees, and subsequent Trustees of the RALPH C. AND OFELIA C. LENT TRUST, DATED JULY 23, 2003, all right, title and interest in the following identified real property:

APN: ..... 1420-27-801-019

Commonly Known As: .... 2815 Pamela Place, Minden, NV 89423

Recorded On: ..... August 29, 2003

As Document Number: .... 0588285

In Book: ..... 0803

On Page: ..... 16740

Official Records of: ..... Douglas County, Nevada

Legal Description: ..... Being a portion of the Southeast 1/4 of Section 27, Township 14 North, Range 20 East M.D.B. & M., further described as follows:

Parcel D-4-B! As set forth on Parcel Map No. 5 for RAYMOND M. SMITH, filed in the office of the County Recorder, of Douglas County, Nevada on October 9, 1991, in Book 1091, Page 1262, as Document No. 262132.

Commonly known as: 2815 Pamela Place, Minden, Nevada 89423.

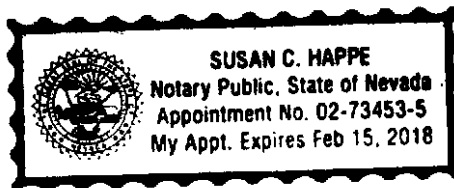
- 6. The assets held under this Trust are to be held under the following title:  
OFELIA C. LENT, Trustee  
RALPH C. AND OFELIA C. LENT TRUST, DATED JULY 23, 2003
- 7. The RALPH C. AND OFELIA C. LENT TRUST, DATED JULY 23, 2003 has not been revoked and there have been no amendments limiting the powers of the Trustee(s) over Trust property.
- 8. I hereby declare my authority to act as the authorized Trustee and the current sole Trustee. As the sole Trustee, I have all Trustee powers to sell, encumber, retain, or otherwise manage all property belonging to the RALPH C. AND OFELIA C. LENT TRUST, DATED JULY 23, 2003, including, but not limited to, the above-described real property, including any portion thereof.
- 9. I make this affirmation under penalty of perjury on April 15, 2014.

*Ofelia C. Lent*  
 \_\_\_\_\_  
 Ofelia C. Lent, Trustee  
 RALPH C. AND OFELIA C. LENT TRUST, DATED JULY 23, 2003

JURAT

State of Nevada )  
 County of Douglas )  
 Signed and sworn to (or affirmed) before me on  
 April 15, 2014, by OFELIA C. LENT.

*Susan C. Happe*  
 \_\_\_\_\_  
 Notary Public



# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

### DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH VITAL STATISTICS

#### CERTIFICATE OF DEATH

2014004457

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>Ralph C LENT</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 08, 2014</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>	
4. SEX <b>Male</b>		5. RACE <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>87</b>		7b. UNDER 1 YEAR <b>MOS</b>   <b>DAYS</b>		7c. UNDER 1 DAY <b>HOURS</b>   <b>MINS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>July 26, 1926</b>		9a. STATE OF BIRTH (if not U.S.A., name country) <b>North Carolina</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>16</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Ofelia COLETA</b>	
13. SOCIAL SECURITY NUMBER <b>0242</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Contracting Engineer</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Mechanical</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>2815 Pamela Place</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		15f. Ever in US Armed Forces? <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Ralph LENT</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Kathleen RINES</b>		
18a. INFORMANT - NAME (Type or Print) <b>Ofelia LENT</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2815 Pamela Place 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>JAMES SMOLENSKI</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV 89410</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>VIJAY MAIYA</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>March 19, 2014</b>		21c. HOUR OF DEATH <b>19:58</b>		22b. DATE SIGNED (Mo/Day/Yr)	
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>Dr. Vijay Maiya, 1600 Medical Parkway Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>11909</b>	
24a. REGISTRAR (Signature) <b>BIANCA GALEANO</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 24, 2014</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				Interval between onset and death	
PART I (a) <b>Cardiopulmonary Arrest</b>				Interval between onset and death	
(b) <b>Hypoxemia</b>				Interval between onset and death	
(c) <b>Pneumonia</b>				Interval between onset and death	
(d) <b>Atherosclerotic Coronary Disease</b>				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>Yes</b>					
28a. ACC. SLICIDE, 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	

STATE REGISTRAR



BK 0414  
PG 4778  
4/24/2014

#### 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:

03/24/2014

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

*Rod White*  
STATE REGISTRAR  
**SIGNATURE AUTHENTICATED**

VRS-REV-20120523a

