

Doc Number: **0844330**

06/12/2014 09:38 AM

OFFICIAL RECORDS

Requested By:
JOSEPH W. TILLSON

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 3 Fee: \$ 16.00

Bk: 0614 Pg: 2481



Deputy ar

Document Transfer Tax \$0
Assessor's Parcel No. 1318-22-002-023

WHEN RECORDED AND
MAIL TAX STATEMENTS TO:

✓ Debora Lu Peverada, Trustee
3279 Mount Diablo Ct #31
Lafayette, CA 94549

The grantor declares:
Documentary transfer tax is \$ -0-
 computed on full value of property conveyed,

AFFIDAVIT--DEATH OF SETTLOR, TRUSTEE AND BENEFICIARY

DEBORA LU PEVERADA, of legal age, being first duly sworn, deposes and says:

That MIRIAM JO LINCOLN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as is named as the party in that certain Grant, Bargain, Sale, Deed dated November 18, 2013, executed by MIRIAM JO LINCOLN, an unmarried woman to MIRIAM JO LINCOLN Trustee of the MIRIAM JO LINCOLN REVOCABLE TRUST dated November 18, 2013, wherein MIRIAM JO LINCOLN was the trustee of the MIRIAM JO LINCOLN REVOCABLE TRUST dated November 18, 2013, as well as the beneficiary under said trust; it being further acknowledged that DEBORA LU PEVERADA is the successor trustee under said declaration of trust on the death of MIRIAM JO LINCOLN.

The original Grant, Bargain, Sale Deed aforementioned is recorded as Document No.0834974 at Book 1213, Page 668, on December 5, 2013, in the Official Records of Douglas County, State of Nevada, covering the following described property situate in the County of Douglas, State of Nevada:

LOT 5, AS SHOWN ON THE MAP OF STANFORD SQUARE, RECORDED SEPTEMBER 9, 1980, IN BOOK 980, OF OFFICIAL RECORDS AT PAGE 575, DOUGLAS COUNTY, STATE OF NEVADA AS DOCUMENT NO. 48290

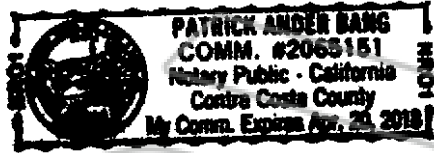
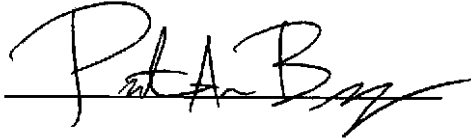
Dated: 5/31/2014

DEBORA LU PEVERADA

JURAT

State of California
County of CONTRA COSTA

Subscribed and sworn to (or affirmed) before me on this 31 day of MAY
2014, by DEBORA LU PEVERADA, proved to me on the basis of satisfactory evidence to be
the person who appeared before me.



AFFIDAVIT-DEATH OF SETTLOR, TRUSTEE
AND BENEFICIARY

APN: 1318-22-002-023

COOPER

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH

VITAL STATISTICS

CERTIFICATE OF DEATH

2013020636

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

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) Miriam Jo LINCOLN			2. DATE OF DEATH (Mo/Day/Year) December 03, 2013		3a. COUNTY OF DEATH Douglas		
3b. CITY, TOWN, OR LOCATION OF DEATH (If not either, give street and number) Stateline 132 Kahle Dr. #1			3c. If Hosp. or Inst. indicate DOA, Emer. Rm. (Inpatient) (Specify) Home		4. SEX Female		
5 RACE White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 68		7b. UNDER 1 YEAR MOS. DAYS HOURS MINS	
7c. UNDER 1 DAY		8. DATE OF BIRTH (Mo/Day/Yr) January 04, 1945		9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (If wife, give maiden name)		13. SOCIAL SECURITY NUMBER 3445	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Self-employed		14b. KIND OF BUSINESS OR INDUSTRY Property Management		15a. INSIDE CITY LIMITS (Specify Yes or No) Yes		15b. COUNTY Douglas	
15c. CITY, TOWN OR LOCATION Stateline		15d. STREET AND NUMBER 132 Kahle Dr. #1		16. FATHER/PARENT - NAME (First Middle Last Suffix)		17. MOTHER/PARENT - NAME (First Middle Last Suffix)	
18a. INFORMANT - NAME (Type or Print) Debora PEVERADA		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 3279 Mt. Diablo Ct. #31 Lafayette, California 94549		19a. BURIAL - CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory	
19c. LOCATION City or Town State Carson City Nevada 89705		20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER		20b. FUNERAL DIRECTOR LICENSE 823		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1527 Church Street Gardnerville NV 89410	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) STEVEN LAURENCE BROOKS M.D.		21b. DATE SIGNED (Mo/Day/Yr) December 16, 2013		21c. HOUR OF DEATH 05:30		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
22a. On the basis of examination 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) Steven Laurence Brooks, M.D., PO Box 5637 Stateline, NV, 89449		23b. LICENSE NUMBER 5124		24a. REGISTRAR (Signature) BIANCA GALEANO	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 23, 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).) Lung Cancer		26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC. SUICIDE, HOA, 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	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1		29a. ACC. SUICIDE, HOA, UNDET OR PENDING INVEST. (Specify)		29b. DATE OF INJURY (Mo/Day/Yr)		29c. HOUR OF INJURY	
29d. DESCRIBE HOW INJURY OCCURRED		29e. INJURY AT WORK (Specify Yes or No)		29f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		29g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR.



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BK 06 14
PG 2483
6/12/2014

VRS-Rev-2012052a

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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: 12/26/2013

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

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

