

APN# : 1420-29-610-001
066417-TEA

Recording Requested By:
eTRCo, LLC.

When Recorded Mail To:
Cindy L. Guenther
5140 E. Patterson St.
Long Beach CA
90815

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. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature _____

Print name

Title

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312
(additional recording fee applies)

AFFIDAVIT - DEATH OF TRUSTEE

Cindy L. Guenther, Successor Trustee, of legal age, being first duly sworn, deposes and says:

That Leslie P. Lumbattis, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Leslie P. Lumbattis named as one of the parties in that certain Grant, Bargain, Sale Deed dated 5/8/2007 executed by Leslie Lumbattis, an unmarried man to Leslie P. Lumbattis, Trustee of the Leslie P. Lumbattis Family Trust dated April 2, 1997 as joint tenants, recorded as instrument No. 0700733, on 5/8/2007, in Book0507, Page 3017, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

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

Lot 326, in Block E, as shown on the map of SARATOGA SPRINGS ESTATES UNIT 7, (The Final Map #PD99-02-07), in the office of the Douglas County Recorder on August 19, 2003, File No. 587125, Official Records of Douglas County, State of Nevada.

Dated _____

9/16/14

The Leslie P. Lumbattis Family Trust dated
April 2, 1997

Cindy L. Guenther
Cindy L. Guenther, Successor Trustee

STATE OF ~~NEVADA~~ California }SS
COUNTY OF Los Angeles

This instrument was acknowledged before me on
9/14, 2014,

by Cindy L. Guenther

Laura Hilke
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2014011260
 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 HAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Leslie P LUMBATTIS		2. DATE OF DEATH (Mo/Day/Year) May 04, 2014		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) 1144 Buck Brush Rd		3d. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Home	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE Last birthday (Years) 78		7b. UNDER 1 YEAR MOS: _____ DAYS: _____		7c. UNDER 1 DAY HOURS: _____ MINS: _____	
8. DATE OF BIRTH (Mo/Day/Yr) May 01, 1936		9a. STATE OF BIRTH (if not U.S.A. name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 9		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER 7178		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired) Plumber		14b. KIND OF BUSINESS OR INDUSTRY Construction	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1144 Buck Brush Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) No		12. SURVIVING SPOUSE (if wife, give maiden name)	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Thoburn LUMBATTIS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Maria DINE		
18a. INFORMANT - NAME (Type or Print) Pat NEALES			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 233, 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'S SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville, NV 89410	
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) RYAN GRANT SIGNATURE AUTHENTICATED			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) RYAN GRANT SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) July 02, 2014		21c. HOUR OF DEATH 09:28		22b. DATE SIGNED (Mo/Day/Yr) July 02, 2014	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 09:28		22d. PRONOUNCED DEAD (Mo/Day/Yr) May 04, 2014	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Ryan Grant P O Box 218 Minden, NV 89423			
23b. LICENSE NUMBER		24a. REGISTRAR (Signature) BIANCA GALEANO SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 17, 2014		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) Oxycodone Intoxication					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) 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 I. Amotrophic Lateral Sclerosis, Hypertensive and Arteriosclerotic Cardiovascular Disease				26. AUTOPSY (Specify Yes or No) Yes	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC, SUICIDE, HDM, UNDET OR PENDING INVEST. (Specify) Suicide			
28b. DATE OF INJURY (Mo/Day/Yr) May 04, 2014		28c. HOUR OF INJURY 0928		28d. DESCRIBE HOW INJURY OCCURRED Suicide	
28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Home		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 1144 Buck Brush Rd Minden Nevada	

STATE REGISTRAR

VRS-Rev-20120523a

541454

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: 08/11/2014

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

R. D. White
 STATE REGISTRAR
 SIGNATURE AUTHENTICATED

