

DOUGLAS COUNTY, NV

2014-851163

Rec:\$18.00

\$18.00 Pgs=5

10/15/2014 03:34 PM

ETRCO, LLC

KAREN ELLISON, RECORDER

APN# : 1022-09-002-013

**Recording Requested By:**

Western Title Company, Inc.

**Escrow No.:** 066491-MHK

**When Recorded Mail To:**

Loren Bracci

23901 Rustico Court

Valencia CA 91354

**Mail Tax Statements to: (deeds only)**

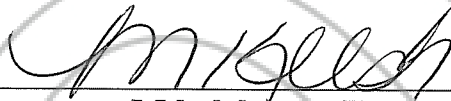
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of any person or persons.

(Per NRS 239B.030)

Signature \_\_\_\_\_



**M kelsh**

**Escrow Officer**

\_\_\_\_\_  
**Affidavit of Death of Trustee**

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



3. I am the surviving or successor Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Dated OCTOBER 6, 2014

By: Loren L. Bracci Trustee  
Loren L. Bracci Surviving Trustee

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day \_\_\_\_\_ 2014  
Loren L. Bracci Successor Trustee personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(seal)

*see California Jurat attached 10/6/14*

Signature \_\_\_\_\_  
Notary public

**CALIFORNIA JURAT WITH AFFIANT STATEMENT**

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

State of California

County of Los Angeles

Subscribed and sworn to (or affirmed) before me

on this 6<sup>th</sup> day of October, 2014,  
Date Month Year

by  
(1) Loren L. Bracci  
Name of Signer

proved to me on the basis of satisfactory evidence to be the person who appeared before me (.) ~~(X)~~

(and

(2) \_\_\_\_\_  
Name of Signer

proved to me on the basis of satisfactory evidence to be the person who appeared before me.)

Signature Michael C. Kozonis  
Signature of Notary Public



Place Notary Seal Above

**OPTIONAL**

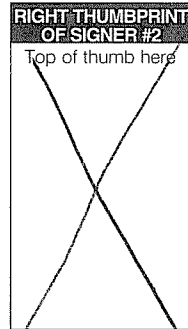
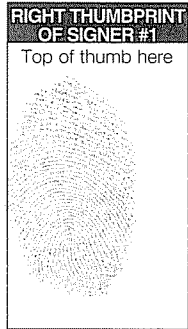
*Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

**Further Description of Any Attached Document**

Title or Type of Document: Affidavit Death of Trustee

Document Date: October 6 2014 Number of Pages: 2

Signer(s) Other Than Named Above: \_\_\_\_\_



# CERTIFICATION OF VITAL RECORD

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

2012017190

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT LACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Phyllis Rhea BRACCI</b>			2. DATE OF DEATH (Mo/Day/Year) <b>October 24, 2012</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Wellington</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>1335 Sandstone Dr.</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm Inpatient(Specify) <b>Home</b>		4. SEX <b>Female</b>
DECEASED	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) <b>85</b>	7b. UNDER 1 YEAR MOS    DAYS	7c. UNDER 1 DAY HOURS    MINS	8. DATE OF BIRTH (Mo/Day/Yr) <b>March 14, 1927</b>
	9a. STATE OF BIRTH (if not U.S.A., name country) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	10. EDUCATION <b>12</b>	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE (if wife, give maiden name)
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER <b>1420</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Homemaker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		Ever in US Armed Forces? <b>No</b>
	15a. RESIDENCE - STATE <b>Nevada</b>	15b. COUNTY <b>Douglas</b>	15c. CITY, TOWN OR LOCATION <b>Wellington</b>		15d. STREET AND NUMBER <b>1335 Sandstone Dr.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>William Harris VALENTINE</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Margaurite STRUMQUIST</b>			
	18a. INFORMANT - NAME (Type or Print) <b>Dana BRACCI</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>3773 Hillway Drive Glendale, California 91208</b>			
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>RICK NOEL</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>620</b>	20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> <b>1521 Church Street Gardnerville NV 89410</b>			
TRADE CALL	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>SIGNATURE AUTHENTICATED ROBIN LEE TITUS M.D.</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)			
CERTIFIER	21b. DATE SIGNED (Mo/Day/Yr) <b>October 31, 2012</b>		21c. HOUR OF DEATH <b>09:00</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)	
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Robin Lee Titus M.D. P.O. Box 377 Wellington, NV 89444</b>					23b. LICENSE NUMBER <b>4617</b>	
	24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 31, 2012</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					Interval between onset and death	
	PART I					Minutes	
CONDITIONS IF ANY WHICH AVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(a) <b>Cardiac Arrest</b>					Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF:					5 Years	
	(b) <b>Congestive Heart Failure</b>					Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF:					10 Years	
(c) <b>Atherosclerotic Heart Disease</b>					Interval between onset and death		
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.					26. AUTOPSY (Specify Yes or No) <b>No</b>	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</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



VRS-Rev-20120523a

457033

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: 10/31/2012

*R. D. White*  
SIGNATURE AUTHENTICATED

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

