

APN# 1420-29-612-017

Recording Requested by:  
Name: First American Title Insurance  
Company  
Address: 5310 Kietzke Lane, Suite 100  
City/State/Zip: Reno, NV 89511-2043  
Order Number: 12-2475210 (LS)

Affidavit - Death of Trustee  
(Title of Document)

(for Recorder's use only)

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 239E.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 440.380  
(State specific law)

Rebecca Robinson - recorder  
Signature Title

Rebecca Robinson  
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:**

Cecilia G Yale

*1044 MAVERICK CT.  
GARDNERVILLE, NV  
89460*

Space Above This Line for  
Recorder's Use Only

**A.P.N. 1420-29-612-017**

File No.: 121-2475210 (LS)

**Affidavit - Death of Trustee**

State of Nevada )  
)ss.  
County of Douglas )

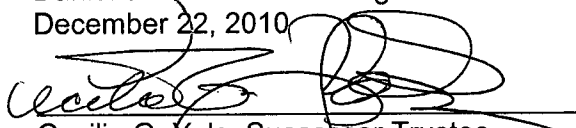
**Cecilia G Yale** ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

- Daniel Yale** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **April 19, 2013** at **Carson City, Nevada** (city and state of death).
- Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **December 22, 2010** executed by **Daniel Yale & Cecilia G Yale** as trustors(s) of the The Daniel & Cecilia Yale Living Trust, Dated December 10, 2010.
- Decedent as a trustee is the same person who was named as a grantee in that certain **The Quit Claim Deed** dated **January 24, 2011** which was recorded as Instrument No. **0777443** in Book **NA**, Page **NA**, of Official Records of **Douglas** County, Nevada as legally described as follows:

**LOT 294, IN BLOCK C, AS SHOWN ON THE FINAL MAP #PD99-02-08 OF SARATOGA SPRINGS ESTATES UNIT 8, A PLANNED DEVELOPMENT, FILED IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER ON OCTOBER 18, 2004, AS DOCUMENT NO. 626992.**

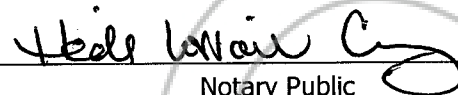
- Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Cecilia G. Yale as successor trustee of The Daniel & Cecilia Yale Living Trust Dated December 22, 2010

  
Cecilia G. Yale, Successor Trustee

STATE OF **NEVADA** )  
 : **ss.**  
COUNTY OF **WASHOE** )  
*Douglas*

This instrument was acknowledged before me on 12-1-2014 by Cecilia G. Yale

  
Notary Public  
(My commission expires: 9-12-2016 )



This Notary Acknowledgement is attached to that certain Grant, Bargain Sale Deed dated **November 04, 2014** under Escrow No. **121-2475210**.

STATE OF NEVADA  
**CERTIFICATION OF VITAL RECORD**

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

**CERTIFICATE OF DEATH**

**2013006778**

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>Daniel YALE</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 19, 2013</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 (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>90</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS MINS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>October 31, 1922</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>New York</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>18</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Cecilia TWIN</b>	
13. SOCIAL SECURITY NUMBER <b>4804</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Musician</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Music</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>1140 San Marcos Circle</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Christos YALE</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Helen PENIRLI</b>		
18a. INFORMANT - NAME (Type or Print) <b>Cecilia YALE</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>1140 San Marcos Circle Minden, Nevada 89423</b>			
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>CURT KOESTLER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>823</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> <b>1521 Church Street 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>DINADELLE B. VIOLA M.D.</b> 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)		
21b. DATE SIGNED (Mo/Day/Yr) <b>April 24, 2013</b>		21c. HOUR OF DEATH <b>19:06</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) <b>DINADELLE B. VIOLA M.D., 1600 Medical Parkway Carson City, NV 89703</b>			
23b. LICENSE NUMBER <b>14436</b>		24a. REGISTRAR (Signature) <b>BIANCA GALEANO</b> SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 26, 2013</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).)					
PART I					
(a) <b>Acute on Chronic Respiratory Failure</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Chronic Obstructive Pulmonary Disease</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) <b>Pulmonary Fibrosis</b>					
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. <b>End Stage Renal Disease on Hemodialysis</b>				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

**CERTIFIED COPY OF VITAL RECORDS**

**481199**

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:

**04/29/2013**

*R. J. ...*  
 STATE REGISTRAR  
 SIGNATURE AUTHENTICATED

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

VRS-Rev-20120523a

