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KAREN ELLISON, RECORDER

APN: 1320-33-718-027
ORDER NO.: N1500146-WD

FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: Affidavit of Death

The undersigned hereby affirms that this document submitted for recording contains a Social Security number as required by law:

State Law: NRS 40.525 Sec. 5 - Death Certificates Attached to Affidavit Death of Joint Tenant
State Law: NRS 440.380 Sec. 1.(a) - Medical Certificate of Death; Contents

NORTHERN NEVADA TITLE COMPANY

Signed By:

Print Name/Title: Wendy Dunbar

WHEN RECORDED MAIL TO:

Mary Sierra

WHEN RECORDED MAIL TO:
**Mary Sierra, Successor Trustee of the
Esther Simpson Trust Agreement U.T.D.
October 13, 2005**

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. N1500146WD

APN No.: 1320-33-718-027

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of **Douglas** }

Mary Sierra, being duly sworn, deposes and says:

1. Esther Simpson, the decedent mentioned in attached copy of Certificate of Death, is the same person as Esther Simpson named as one of the trustee(s) in that certain Quit Claim Deed, executed by Esther Simpson, Trustee of the Esther Simpson Trust Agreement U.T.D. October 13, 2005 to Esther Simpson, Trustee, of the Esther Simpson Trust Agreement U.T.D. October 13, 2005, recorded on February 13, 2009 as instrument number 0737640, official records of Douglas County, Nevada, covering the following described property:

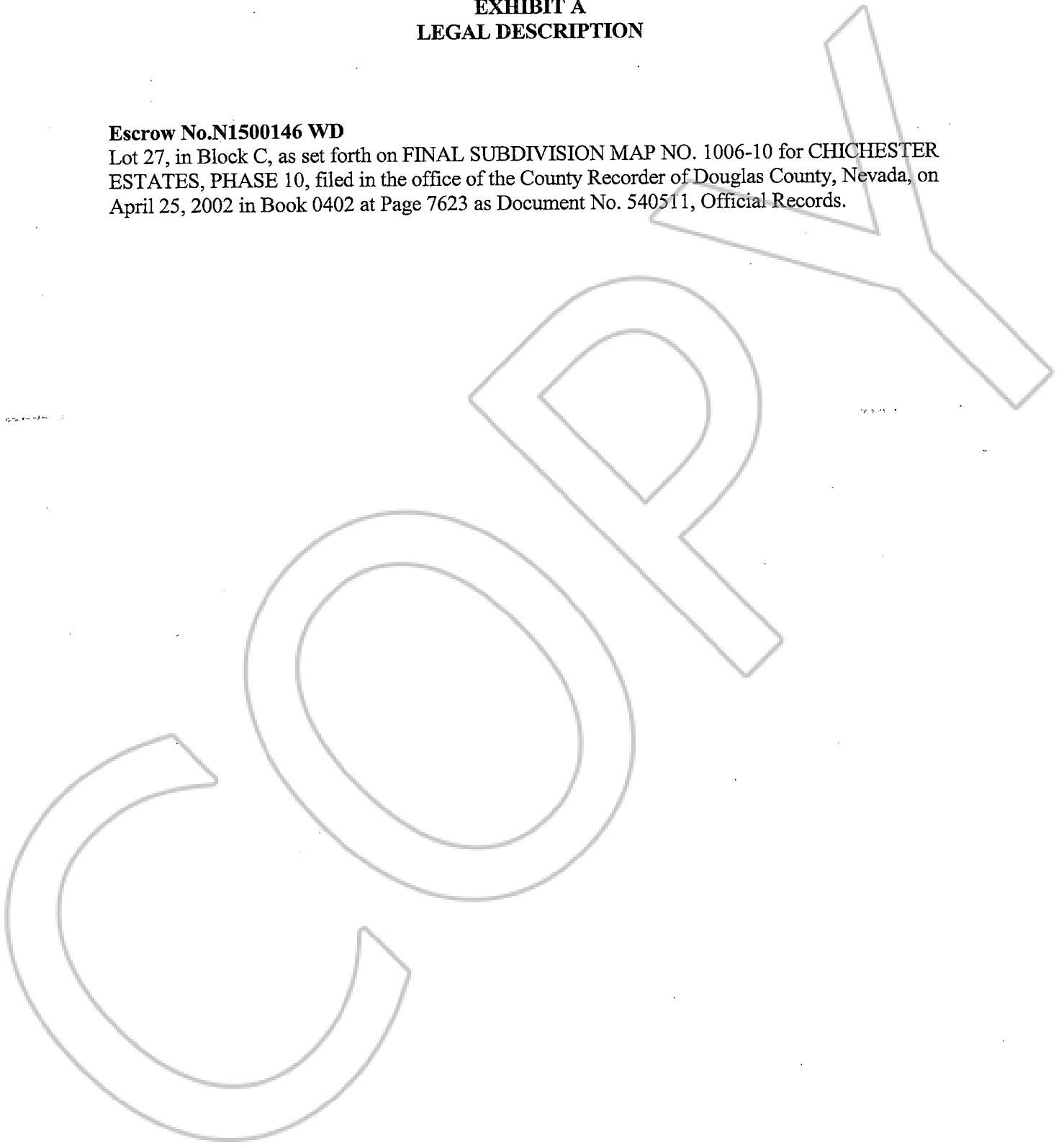
See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

2. That I, Mary Sierra, am named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

**EXHIBIT A
LEGAL DESCRIPTION**

Escrow No. N1500146 WD

Lot 27, in Block C, as set forth on FINAL SUBDIVISION MAP NO. 1006-10 for CHICHESTER ESTATES, PHASE 10, filed in the office of the County Recorder of Douglas County, Nevada, on April 25, 2002 in Book 0402 at Page 7623 as Document No. 540511, Official Records.



Dated: 3-25-15

Mary L Sierra
Mary Sierra

STATE OF NEVADA
COUNTY OF DOUGLAS

} SS:

This instrument was acknowledged before me on March 25, 2015, by Mary Sierra.

Wendy Dunbar
NOTARY PUBLIC



COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2014016825
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) Esther SIMPSON | | 2. DATE OF DEATH (Mo/Day/Year) October 09, 2014 | | 3a. COUNTY OF DEATH Douglas | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville | | 3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) 1378 Winwood | | 3e. If Hosp. or Inst. indicate DOA, OPI, Emer. Rm. Inpatient (Specify) Home | |
| 4. SEX Female | | 5. RACE White | | 6. Hispanic Origin? Specify Yes - SPANISH | |
| 7a. AGE - Last birthday (Years) 81 | | 7b. UNDER 1 YEAR MOS: DAYS | | 7c. UNDER 1 DAY HOURS: MINS | |
| 8. DATE OF BIRTH (Mo/Day/Yr) April 14, 1933 | | 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 9675 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Business Owner | | 14b. KIND OF BUSINESS OR INDUSTRY Jewelry | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Gardnerville | |
| 15d. STREET AND NUMBER 1378 Winwood | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | Ever in US Armed Forces? No | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) Edward CANO | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Juanita | | |
| 18a. INFORMANT - NAME (Type or Print) Mary SIERRA | | 18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1376 Winwood Gardnerville, Nevada 89410 | | | |
| 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 89706 | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE 823 | | 20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 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) JOHN PAUL KELLY M.D. SIGNATURE AUTHENTICATED | | | | | |
| 21b. DATE SIGNED (Mo/Day/Yr) October 14, 2014 | | 21c. HOUR OF DEATH 14:57 | | 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | |
| 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) | | | | 22b. DATE SIGNED (Mo/Day/Yr) | |
| 22c. HOUR OF DEATH | | | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) | |
| 22e. PRONOUNCED DEAD AT (Hour) | | | | 22f. PRONOUNCED DEAD AT (Hour) | |
| 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) John Paul Kelly M.D. 1535 Medical Parkway Carson City, NV 89706 | | | | 23b. LICENSE NUMBER 6376 | |
| 24a. REGISTRAR (Signature) RHONDA PENA SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 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) Gallbladder Cancer DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death 6 Weeks | |
| (b) DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | |
| (c) DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | |
| (d) DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | |
| PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part 1. | | | | 26. AUTOPSY (Specify Yes or No) No | |
| 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes | | 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

3796301

550495

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: 10/17/2014

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a

