

APN# 1220-16-210-052

**Recording Requested by:**

**Name:** First American Title Insurance  
Company

**Address:** 1663 US Highway 395, Suite 101

**City/State/Zip:** Minden, NV 89423

**Order Number:** 143-2482944

Affidavit of Death - 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 239B.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)

4/29/2015

**Signature**

**Title**

**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:**

Howard Hughes  
871 Barber Way  
Gardnerville, NV  
89460

Space Above This Line for  
Recorder's Use Only

**A.P.N. 1220-16-210-052**

File No.: 143-2482944 (Rt)

**Affidavit - Death of Trustee**

State of Nevada )  
)ss.  
County of Douglas )

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

1. **Providenzia Hughes** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **April 5, 2015** at **Gardnerville, NV** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **February 13, 1997** executed by **Providenzia Hughes** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant Deed** dated **08/10/1997** which was recorded as Instrument No. **0419060** in Book **0897**, Page **1559**, of Official Records of **Douglas** County, Nevada as legally described as follows:

**LOT 26, BLOCK B, AS SAID LOT AND BLOCK ARE SHOWN ON THE AMENDED MAP OF RANCHOS ESTATES, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON OCTOBER 30, 1972, DOCUMENT NO. 62493.**

4. 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.

Dated:

**DECLARANT:**

*Howard Hughes, Successor Trustee*  
**Howard Hughes, Successor Trustee**

State of Nevada )  
 )ss  
County of Douglas )

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State NV this 28 day of April, 2015 by Howard Hughes, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

*This area for official notarial seal*

Signature: *Rishele L Thompson*

My Commission Expires: 4/10/19



Notary Name: \_\_\_\_\_ Notary Phone: \_\_\_\_\_

Notary Registration Number: \_\_\_\_\_ County of Principal Place of Business: \_\_\_\_\_

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

**CERTIFICATE OF DEATH**

2015006091

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

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>Providenzia HUGHES</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 05, 2015</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or <b>Carson Valley Medical Center</b> )		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Emergency Room / Outpatient</b>	
4. SEX <b>Female</b>		7a. AGE-Last birthday (Years) <b>95</b>		7b. UNDER 1 YEAR 7c. UNDER 1 DAY <b>MOS DAYS HOURS MINS</b>	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		8. DATE OF BIRTH (Mo/Day/Yr) <b>January 31, 1920</b>	
9a. STATE OF BIRTH (If not U.S.A.) <b>Illinois</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 (Maiden name)			
13. SOCIAL SECURITY NUMBER <b>8596</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Homemaker</b> )		14b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1282 Bolivia Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Girolanio BARRILE</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Caterina CANCELLA</b>		
18a. INFORMANT- NAME (Type or Print) <b>Howard HUGHES</b>			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>871 Barber Way, Gardnerville, Nevada 89460</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>FitzHenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV 89410</b>	
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>GERALD LAWRENCE COTTRELL M.D.</b> SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) <b>April 09, 2015</b>		21c. HOUR OF DEATH <b>23:17</b>			
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. LICENSE NUMBER <b>6778</b>	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Gerald Lawrence Cottrell M.D. 1702 County Rd Ste. 3 Minden, NV 89423</b>					
24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 14, 2015</b>		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) <b>Respiratory Arrest</b> Interval between onset and death <b>2 Minutes</b>					
(b) <b>Cerebrovascular Accident</b> Interval between onset and death <b>30 Minutes</b>					
(c) <b>Arteriosclerotic Cardiovascular Disease</b> Interval between onset and death <b>Years</b>					
(d) <b>INTOXICATION</b> Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Arteriosclerotic Coronary Artery Disease, Hypertension</b>				25. AUTOPSY (Specify Yes or No) <b>No</b>	
26a. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. 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	

AKA: Florence HUGHES

STATE REGISTRAR

**574765**

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:

**4/15/2015**

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

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

VRS-Rev-20120523a

