

APN# : 1420-29-612-026
070584-TEA

DOUGLAS COUNTY, NV **2015-861434**
Rec:\$17.00
\$17.00 Pgs=4 **05/04/2015 03:11 PM**
ETRCO, LLC
KAREN ELLISON, RECORDER

Recording Requested By:
eTRCo, LLC.

When Recorded Mail To:
Joan D Kena
1135 San Marcos Dr.
Minden NV
89423

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 _____

Traci Adams

Escrow Officer

Affidavit Death of Trustee

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

AFFIDAVIT - DEATH OF TRUSTEE

Joan D. Pena, of legal age, being first duly sworn, deposes and says:

That Manuel D. Pena, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Manuel D. Pena named as one of the parties in that certain Quit Claim Deed dated 6/20/2007 executed by Manuel D. Pena & Joan D. Pena, husband and wife to Pena Family Trust; Manuel D. Pena & Joan D. Pena (Co-Trustees), recorded as instrument No. 0703737, on 6/25/2007, in Book0607, Page 7595, 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 303, Block D 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.

Dated _____

3-19-15

Pena Family Trust

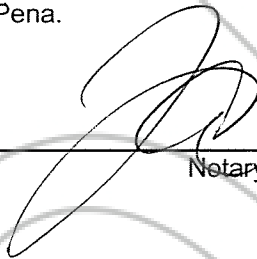

Joan D. Pena, Successor/Sole Trustee

STATE OF NEVADA } SS

COUNTY OF Douglas

This instrument was acknowledged before me on 3/19/15

by Joan D. Pena.



Notary Public

 **TRACI ADAMS**
Notary Public - State of Nevada
Appointment Recorded In Douglas County
No: 89-1891-5 - Expires January 5, 2019

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2010005632

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) Manuel D PENA		2. DATE OF DEATH (Mo/Day/Year) April 05, 2010		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or Inpatient)(Specify) Carson Valley Medical Center Inpatient		4. SEX Male	
5. RACE Hispanic (Specify) Yes - Mexican		6. Hispanic Origin? Specify Yes - Mexican		7a. AGE-Last birthday (Years) 78	
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY: HOURS		8. DATE OF BIRTH (Mo/Day/Yr) July 07, 1931	
9a. STATE OF BIRTH (If not U.S.A.) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) Diane RICHARDSON			
13. SOCIAL SECURITY NUMBER ██████████-7127		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Contractor		14b. KIND OF BUSINESS OR INDUSTRY Construction	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1135 San Marcus Circle		15e. INSIDE CITY LIMITS (Specify Yes (or No) No			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Baltazar PENA			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Antonia DELGADO		
18a. INFORMANT- NAME (Type or Print) Diane PENA		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1135 San Marcus Circle Minden, Nevada 89423			
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) BLAKE HOWE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 622		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703	
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) STEPHEN J HEWITT DO 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) April 17, 2010		21c. HOUR OF DEATH 21:53			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		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) Dr. Stephen J Hewitt DO 1090 3rd Street #1 South Lake Tahoe, CA 96150				23b. LICENSE NUMBER 1107	
24a. REGISTRAR (Signature) JENELLE BALDWIN SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 20, 2010		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				Interval between onset and death	
(a) Cardiopulmonary Arrest				Minutes	
(b) Sepsis				Weeks	
(c) Pneumonia				Weeks	
(d)				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					
26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No			
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

This is a true and exact reproduction of the original certificate registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **JAN 06 2015**

This copy is not valid unless received on a secured border delivery system and the certificate is received.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

