4

DOUGLAS COUNTY, NV

2015-861848

Rec:\$16.00 Total:\$16.00

05/12/2015 11:30 AM

LAW OFFICE OF LORNA J. DROPE

Pgs=3



Lorna J. Drope, J.D., LL.M. 1550 The Alameda, Suite 206 San Jose, CA 95126



KAREN ELLISON, RECORDER

MAIL TAX STATEMENTS TO:

Penny Hunter 6314 Culvert Drive San Jose, CA 95123

APN: 1121-05-515-012

AFFIDAVIT AND CERTIFICATE OF SUCCESSOR TRUSTEE

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS) _

PENNY HUNTER, being first duly sworn, deposes and says:

- 1. That POLLY ANN MEARS, the decedent in the attached certified copy of Certificate of Death, is the same person as POLLY ANN MEARS, named as Trustee of Trust A, the Survivor's Trust, created under the MEARS FAMILY TRUST dated April 28, 1998.
- 2. That at the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 50 Conner Way, Minden, Nevada 89410, acquired by a Grant, Bargain and Sale Deed recorded on May 6, 2011 as Instrument No. 0782888 of Official Records of Douglas County, Nevada.
- 3. That PENNY HUNTER hereby files this certificate and accepts the Trusteeship, to serve as Trustee of Trust A, the Survivor's Trust, created under the MEARS FAMILY TRUST DATED APRIL 29, 1998; and
- 4. The legal description of said property is as follows:

Lot 141, as set forth on Record of Survey for PINEVIEW DEVELOPMENT, UNIT NO. 5 filed for record in the office of the Douglas County Recorder on July 26, 2004, in Book 0704, page 10502, as Document No. 619666.

The undersigned hereby affirms that this document submitted for recording does not contain a social security number.

Dated this 27 day of 10° , 2015.

PENNY HUNTER

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Santa Clara

Subscribed and sworn to (or affirmed) before me on this day of 1/2/1 day of 2015, by PENNY HUNTER, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature

(Seal)

BERNADET ELISHAPOUR
Commission # 2099944
Notary Public - California
Santa Clara County
My Comm. Expires Feb 11, 2019



COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT
VITAL RECORDS AND REGISTRATION

	STATE FILE NUMBER	CERTIFICATE OF DEATH STATE OF CALPORNIA OUT OF ACTENATIONS (SEE BLUCK WAS ONLY / NO FRANCES, WORLDITE OUTS OR ACTENATIONS (SEE BLUCK WAS TRAKET) 2015.	3201543001080		
DECEDENT'S PERSONAL DATA	1, NAME OF DECEDENT-FIRST (Given) 2: MIDI POLLY ANI	DLE	LOCAL REGISTRATION NUMBER		
	AKA, ALSO KNOWN AS - Include tull AKA (FIRST, MIDDLE, LAST)	4. DATE OF BIRTH .mm/dd/ccyy 5. AGE Yrs. 03/19/1942: 72			
	CA (13) \ \ \ 10)	11. EVER IN U.S. ARMED FORCES? 12. MARITAL STATUS/SRDP* (a) Time of C	02/04/2015 1130		
	13. EDUCATION - Habbast Level/Degree 14/15, WAS DECEDENT HISPANICALATING/AVSI (Inter workshired on back) HS GRADUATE YES YES	ANISH7: (1) yes, see worksheef oit back) 18. DECEDENT'S RACE — Up to 1 rac	es may be Ested (see worksheet on back)		
	17. USUAL OCCUPATION - Type of work for most of Me: CO NOT USE RETIRED. PRESS OPERATOR	.18. KIND OF BUSINESS OR INDUSTRY (e.g.: grocery store, road con	struction, employment agency, etc.) 15, YEARS IN OCCUPATION		
USUAL	20. DECEDENT'S RESIDENCE (Street and number, or location)				
	21/ CITY 22/ COUNTY/PROV		OUNTY 25. STATE/FOREIGN COUNTRY W		
E P	# Sa INFORMANTS NAME, REATIONSHIP # 1 PENNY HUNTER, DAUGHTER 7 INFORMANTS NAME, REATIONSHIP 6314, CULVERT DR, SAN JOSE; CA 95123				
SPOUSE/SRDP AND IN	28, NAME OF SURVIVING SPOUSE/SRDP-FIRST 29, MIDDI				
	31. NAME OF FATHER/PARENT-FIRST 32. MIDDL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	34, BIRTH STATE		
	RALPH F ss. NAME OF MOTHER/PARENT-FIRST 36. MIDDI	DAUGHERTY:	DV 38. BIRTH STATE		
	CATHERINE H 99. DISPOSITION DATE: ####################################	MARCOLETTE	OK		
ECTOR	02/10/2015 300 CURTNER AVE,	SAN JOSE, CA 95125			
FUNERAL DIRE LOCAL REGIS	CR/BU.	NOT EMBALMED: NOT EMBALMED:	43. LICENSE NUMBER		
	OAK HILL FUNERAL HOME	45. LICENSE NUMBER 48, SIGNATURE OF LOCAL REGISTRAN SARA H CODY, MD	3 55 47, DATE mm/dd/ccyy 02/06/2015		
PLACE OF DEATH	OWN RESIDENCE	102. IF HOSPITAL SPECIFY ONE 16	S. IF OTHER THAN HOSPITAL, SPECIFY ONE Hospita Nursing X Decedent's Other		
	SANTA CLARA 361 MANILA DRIVE	N WHERE FOUND (Street and number, or location)	108.GITY SAN JOSE		
· :	as cardiac arrest, respiratory arrust, or ventri	a, or complications — that directly caused death, DO NOT enter terminal events such puter for factor without showing the stology, DO NOT ASSREYATE.	Time interval Behaven 108, DEATH REPORTED TO CORONER? Order and Death YES X NO.		
	IMMEDIATE CAUSE W SMALL CELL LUNG CANCER (Final disease or condition resulting BRIAN, PANCREAS, LYMPH N In death)		YRS		
	(S) Sequentially, list coincillors, if any,		(BT) 159, BIDPSY PERFORMED? X YES NO		
. M			(CT) 110. AUTOPSY PERFORMED?		
YUSE O	hipty that (0) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		(DT) 111, USED IN DETERMINING CAUSE?		
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RENOUNCE.	SULTING IN THE UNDEALYING CAUSE GIVEN IN 107			
	113, WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 1127 I	If yes, list type of operation and date)	113A IF FEMALE PREGNANT IN LAST YEAR? YES X NO UNK		
Σ Š	AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	JRE AND TITLE OF CERTIFIER	118: LICENSE NUMBER 177, DATE: mm/dd/ceyy		
TYSICIA	(A) mm/dd/ceyy (B) mm/dd/ceyy 118. TYPE AT	UHATAKIA M.D	型 A88424 02/05/2015 JHATAKIA M.D.		
E 18	111/10/2011 WY OPPNON PEATH OCCURRED AT THE HOUR, DATE AND PLACES	TATED FROM THE CAUSES STATED. 120. INJURED AT WORK?	5119 121: INJURY DATE mandid/cosy 122: HOUR! (24 Hours)		
à	MANNER OF DEATH Matural Accident Homidde Suicid	A Pending Could not be YES NO Mestigation investigation determined	UNK "" ""		
USEO	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)				
ONER'S	.125. LOCATION OF INJURY (Street and number, or location, and city, and zip)				
8	128. SIGNATURE OF CORONER / DEPUTY CORONER				
:		127. DATE mm/dd/ceyy 128. TYPE NAME, TITLE OF COI	**************************************		
STATE: A B C D E FAXAUTH.# CENSUS TRACT PEGISTRAR O10001002854232*					
79		or the first of the second of	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

STATE OF CALIFORNIA
COUNTY OF SANTA CLARA

CERTIFIED COPY OF VITAL RECORDS

DATELSHED 2 0 2015

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

Effective 10/12/2013

Jan & Colyrus



MARTIN D. FENSTERSHEIB
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

OF BIFTHS AND DEATHS
This copy not valid unless frepared on engraved border displaying seal and signature of Registrar.

