

1220-16-210-045

Assessor's Parcel Number: ~~27-653-03~~)
RECORDING REQUESTED)
AND RETURN TO:)
Hilde Lopez)
916 Tillman Lane)
Gardnerville, NV 89460)
)
)



KAREN ELLISON, RECORDER

(SPACE ABOVE THIS LINE FOR RECORDER'S USE)

AFFIDAVIT OF DEATH OF TRUSTEE

State of Nevada)

County of Douglas)

I, **HILDEGARD A. LOPEZ**, of legal age, being first duly sworn, deposes and says:

1. Julio Lopez, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person named as Trustee in the certain Grant Deed, Dated March 27, 1998 executed by Julio Lopez and Hildregard A. Lopez, as Trustees.
2. At the time of the decedent's death, decedent was the owner, as Trustee, of certain real property acquired by deed recorded on July 2, 1987, as instrument No. 157655, in the Official Records of Douglas County, Nevada, covering the following described property situated in said County, State of Nevada:

Lot 3, in Block B, as said Lot and Block are shown on the AMENDED MAP OF RANCHOS ESTATES, filed in the office of the Court Recorder of Douglas County, State of Nevada, on October 30, 1972 as Document No. 62493.

3. I am the surviving Trustee of the same trust under which said Decdent and I held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING DOES NOT CONTAIN A SOCIAL SECURITY NUMBER.

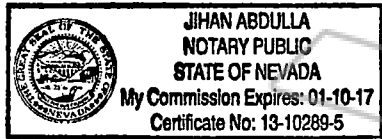
Hildegard A. Lopez
Hildegard A. Lopez

6-8-2015
Date

Subscribed and sworn to on this 08 day of June, in the year 2015, before me, Jihan Abdulla, by Hildegard A. Lopez.

On this 08 day of June, in the year 2015, before me, Jihan Abdulla, personally appeared Hildegard A. Lopez personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that she executed it.

Jihan Abdulla
NOTARY SEAL



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2015002092
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) Julio J. LOPEZ		2. DATE OF DEATH (Mo/Day/Year) February 07, 2015		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 Inpatient (Specify)) 916 Tillman Lane Home		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify		7a. AGE - Last birthday (Years) 89	
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. HOURS HOURS	
7e. MINS MIN		8. DATE OF BIRTH (Mo/Day/Yr) July 27, 1925		9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
9a. STATE OF BIRTH (If not U.S.A.) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. SURVIVING SPOUSE (Maiden name) Hildegard A BINDER		12. SOCIAL SECURITY NUMBER 8359		13. USUAL OCCUPATION (Give Kind of Work Done During Most of)	
14a. USUAL OCCUPATION Leaderman		14b. KIND OF BUSINESS OR INDUSTRY Tour Boat		15. Ever in US Armed Forces? Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 916 Tillman Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Joseph LOPEZ	
17. MOTHER/PARENT - NAME (First Middle Last Suffix)		18a. INFORMANT - NAME (Type or Print) Hildegard A LOPEZ		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 916 Tillman Lane Gardnerville, Nevada 89460	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Reno		19c. LOCATION City or Town State Reno Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such): DUSTIN OLSON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 779		20c. NAME AND ADDRESS OF FACILITY Nevada Funeral Services 3094 Research Way #63 Carson City NV 89706	
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) NITA SCHWARTZ M.D. SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) February 10, 2015		21c. HOUR OF DEATH 20:54	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. DATE SIGNED (Mo/Day/Yr)		22b. HOUR OF DEATH	
22c. PRONOUNCED DEAD (Mo/Day/Yr)		22d. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703	
23b. LICENSE NUMBER 9114		24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 11, 2015	
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) Metastatic Cancer, Primary Unknown DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (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 1.		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28a. ACC., SUICIDE, HQM., 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

566725

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:

2/19/2015

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

STATE REGISTRAR
R. D. White
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

