

APN# 1320-31514-008

Recording Requested by:

Name: Northern Nevada Title

Address: 1485 Hwy 315 Suite B

City/State/Zip: Gardnerville NV 89410

Order Number: NIS20716 R1

Attidavit of Death/Trustee (for Recorder's use only)
(Title of Document)

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 440330

(State specific law)

R Thompson

Signature

ESGROD

Title

R Thompson

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)

WHEN RECORDED MAIL TO:
**Rachel Hall, Trustee of the Hall
Revocable Trust dated September 6, 2005
5607 Grizzley Hollow Way
Stockton, CA 95207**

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. N1500716RJT

APN No.: 1320-31-514-002

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

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

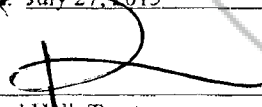
Rachel Hall, being duly sworn, deposes and says:

1. Janice G. Hall, the decedent mentioned in attached copy of Certificate of Death, is the same person as Janice G Hall named as one of the trustee(s) in that certain Grant Deed dated September 6, 2005, executed by Janice G Hall to Janice G Hall, Trustee of the Hall Revocable Trust dated September 6, 2005 , recorded on October 10, 2005 as instrument number 0658333, 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, Rachel Hall, 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.

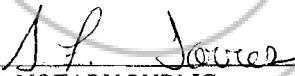
Dated: July 27, 2015



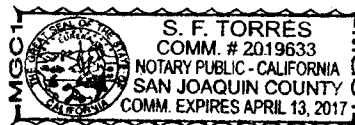
Rachel Hall, Trustee

^{SFT}
STATE OF NEVADA } ^{California}
COUNTY OF ~~DOUGLAS~~ } ^{San Joaquin} } ss:
_{SFT}

This instrument was acknowledged before me on August 17, 2015,
by Rachel Hall



NOTARY PUBLIC



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

CITY AND COUNTY OF SAN FRANCISCO

3052014092231

CERTIFICATE OF DEATH

3201438002112

STATE FILE NUMBER		STATE OF CALIFORNIA <small>USE BLACK INK ONLY / HIGHLIGHTS, WRITINGS OR ALTERATIONS VS. 1 (REV. 3/08)</small>				LOCAL REGISTRATION NUMBER	
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) JANICE		2. MIDDLE GRACE		3. LAST (Family) HALL		
	4. DATE OF BIRTH mm/dd/ccyy 07/30/1938				5. AGE Yrs. 75		6. SEX F
	9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER ████████-4974		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LINK		12. MARITAL STATUS/RDP* (at Time of Death) WIDOWED
	13. EDUCATION - Highest Level/Degree BACHELOR		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? If yes, see worksheet on back <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN		7. DATE OF DEATH mm/dd/ccyy 05/11/2014
17. USUAL OCCUPATION - Type of work (or most of life. DO NOT USE RETIRED) TEACHER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) EDUCATION			19. YEARS IN OCCUPATION 30		8. HOUR (24 Hours) 0835
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number, or location) 8408 GALLOWAY DRIVE						
	21. CITY STOCKTON		22. COUNTY/PROVINCE SAN JOAQUIN		23. ZIP CODE 95210		24. YEARS IN COUNTY 75
INFORMANT	26. INFORMANT'S NAME, RELATIONSHIP RACHEL ELLEN HALL, DAUGHTER				27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 5607 GRIZZLY HOLLOW WAY, STOCKTON, CA 95207		
	28. NAME OF SURVIVING SPOUSE/RDP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)		
SPOUSE/RDP OR PARENT INFORMATION	31. NAME OF FATHER/PARENT - FIRST DONALD		32. MIDDLE A		33. LAST ANDREWS		34. BIRTH STATE CA
	35. NAME OF MOTHER/PARENT - FIRST MARGARET		36. MIDDLE K		37. LAST (BIRTH NAME) GALLAGHER		38. BIRTH STATE CA
FUNERAL DIRECTOR/ LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/ccyy 05/20/2014		40. PLACE OF FINAL DISPOSITION CHEROKEE MEMORIAL PARK HARNEY LANE & HWY 99, LODI, CA 95240				
	41. TYPE OF DISPOSITION BU		42. SIGNATURE OF EMBALMER SHIRLEY ISAAK			43. LICENSE NUMBER EMB7562	
44. NAME OF FUNERAL ESTABLISHMENT DEYOUNG SHORELINE CHAPEL		45. LICENSE NUMBER FD1479		46. SIGNATURE OF LOCAL REGISTRAR TOMAS ARAGON, MD, DR.P.H.		47. DATE mm/dd/ccyy 05/19/2014	
PLACE OF DEATH	101. PLACE OF DEATH CALIFORNIA PACIFIC MEDICAL CENTER				102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/ED <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other
	104. COUNTY SAN FRANCISCO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2333 BUCHANAN STREET			106. CITY SAN FRANCISCO	
	107. CAUSE OF DEATH <small>Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.</small>						
	IMMEDIATE CAUSE (A) LIVER CIRRHOSIS		Time Interval Between Onset and Death (AT) 4 WKS		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (C) ADENOCARCINOMA, HEAD OF PANCREAS		(BT) 6 WKS		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
(D) ADENOCARCINOMA, HEAD OF PANCREAS		(CT) ADENOCARCINOMA, HEAD OF PANCREAS		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
(E) ADENOCARCINOMA, HEAD OF PANCREAS		(DT) ADENOCARCINOMA, HEAD OF PANCREAS		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 ANEMIA DUE TO BLOOD LOSS, ACUTE RENAL FAILURE, DIABETES MELLITUS TYPE II							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO					113A. IF FEMALE, PREGNANT IN LAST YEAR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LINK		
PHYSICIAN'S CERTIFICATION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: _____ Decedent Last Seen Alive: _____		115. SIGNATURE AND TITLE OF CERTIFIER IVAN DEDRICK HAMILTON M.D.		116. LICENSE NUMBER A104632		
	(A) mm/dd/ccyy 05/07/2014		(B) mm/dd/ccyy 05/11/2014		117. DATE mm/dd/ccyy 05/19/2014		
(C) mm/dd/ccyy 05/07/2014		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE IVAN DEDRICK HAMILTON M.D. 2333 BUCHANAN STREET, SAN FRANCISCO, CA 94115					
CORONER'S USE ONLY	118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LINK						
	123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)						
	124. DESCRIBE HOW INJURY OCCURRED. (Event(s) which resulted in injury)						
	125. LOCATION OF INJURY (Street and number, or location, and city, and zip)						
126. SIGNATURE OF CORONER / DEPUTY CORONER				127. DATE mm/dd/ccyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A		B		C	
D		E		F		G	
FAX AUTH.#				CENSUS TRACT			

STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO
This is to certify that the image reproduced hereupon is a true copy of the record on file in the SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH as of the date issued.

DATE ISSUED

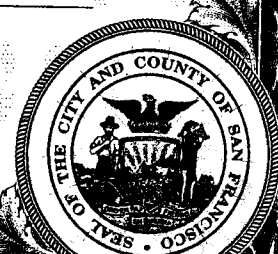
JUL 23 2014

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the City and County Health Officer.
FINCO (Rev) 6/13



* 0 0 3 3 8 6 2 5 1 *

Tomás Aragón
Tomás Aragón, M.D., Dr.P.H.
Health Officer and Local Registrar
of the City and County Health Officer.



Escrow No. N1500716-RJT

**EXHIBIT A
LEGAL DESCRIPTION**

Lot 3, as shown on the Official Map of GREENBELT NO. 1, filed for record in the office of the County Recorder of Douglas County, Nevada, on January 8, 1976 in Book 176 at Page 205 as Document No. 86596.

