

APN# 1319-03-710-002

**Recording Requested by:**

Name: First American Title Insurance Company

Address: 1663 US Highway 395, Suite 101

City/State/Zip: Minden, NV 89423

Order Number: 143-2490245

Affidavit death of 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 239B-030

(State specific law)

*Karen Ellison*  
Signature Title

J. Lane  
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:**

Carol I. Sesser  
2497 Genoa Aspen  
Genoa NV 89411

2490245JL

Space Above This Line for  
Recorder's Use Only

**A.P.N. 1319-03-710-002**

File No.: 143-2490245 (JL)

**Affidavit - Death of Trustee**

State of Nevada )  
County of Douglas )ss.  
)

**Carol I. Sesser** ("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. **James Dakota Sesser** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **December 7, 2014** at **Surprise Arizona** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **November 19, 1991** executed by **James D. Sesser and Carol I. Sesser** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Quitclaim Deed** dated **July 27, 1999** which was recorded as Instrument No. **0475150** in Book **0899**, Page **4443**, of Official Records of **Douglas** County, Nevada as legally described as follows:

**LOT 49 IN BLOCK J OF GENOA LAKES PHASE 1 PLANNED UNIT DEVELOPMENT,  
ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY  
RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON MARCH 16, 1993 IN BOOK  
393, PAGE(S) 3260 AS DOCUMENT NUMBER 302137.**

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: September 22, 2015

**DECLARANT:**

Carol I. Sesser  
Carol I. Sesser, Successor Trustee

State of Arizona )  
 )ss  
County of Maricopa )

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Maricopa and State Arizona, this 23 day of Sept, 20 15 by Carol I Sesser, 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.

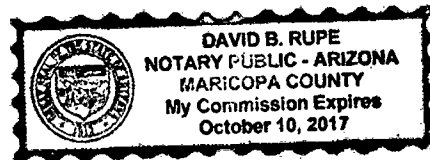
*This area for official notarial seal*

Signature David B. Rupe

My Commission Expires: 10/10/17

Notary Name: David B. Rupe Notary Phone: 480-726-0290

Notary Registration Number: 256590 County of Principal Place of Business Maricopa



**CERTIFICATION OF VITAL RECORD**

**STATE OF ARIZONA**

STATE OF ARIZONA  
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS  
CERTIFICATE OF DEATH

State File NO. 102- 2014-048131

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) <b>JAMES DAKOTA SESSER</b>		2. AKA'S (IF ANY)		3. DATE OF DEATH <b>DECEMBER 07, 2014</b>	
4. SEX <b>MALE</b>	5. SOCIAL SECURITY NUMBER: <b>██████████ 7058</b>	6. DATE OF BIRTH <b>03/16/1929</b>	7. AGE <b>85</b>	8. UNDER 1 YEAR 8. MONTHS    9. DAYS    10. HOURS    11. MINUTES	
12. PLACE OF DEATH - HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL		13. PLACE OF DEATH - OTHER THAN HOSPITAL: <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input checked="" type="checkbox"/> OTHER		<b>ROCK CREEK ASSISTED LIVING</b>	
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY): <b>14552 W PARKWOOD DR</b>			15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH: <b>SURPRISE 85374</b>		16. COUNTY OF DEATH: <b>MARICOPA</b>
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>LEMMON, SOUTH DAKOTA</b>		18. MARITAL STATUS AT TIME OF DEATH: <b>MARRIED</b>	19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) <b>CAROL IRENE MARCHINI</b>		
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: <b>2497 GENOA ASPEN DR</b>		21. CITY AND COUNTY: <b>GENOA, DOUGLAS</b>		22. STATE <b>NEVADA</b>	23. ZIP CODE <b>89411</b>
24. EVER IN THE ARMED FORCES <b>YES</b>		25. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY)  <input type="checkbox"/> UNKNOWN			
26. DECEDEENT'S RACE(S): <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE		27. IF AMERICAN INDIAN OR ALASKA NATIVE, SPECIFY UP TO 4 TRIBES, PRIMARY OR ENROLLED TRIBE:  ADDITIONAL TRIBE:  ADDITIONAL TRIBE:  ADDITIONAL TRIBE:			
28. OCCUPATION: <b>MEAT CUTTER</b>		29. FATHER'S NAME (FIRST, MIDDLE, LAST) <b>JOSEPH SESSER</b>			
30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE) <b>EDITH MARIE ALMAN</b>		31. INFORMANT'S NAME <b>CAROL IRENE SESSER</b>			
32. RELATIONSHIP: <b>SPOUSE</b>		33. INFORMANT'S MAILING ADDRESS: <b>2497 GENOA ASPEN DR, GENOA, NEVADA 89411</b>			
34. NAME AND ADDRESS OF FUNERAL FACILITY: <b>CAMINO DEL SOL FUNERAL CHAPEL &amp; CREMATION 13738 CAMINO DEL SOL, SUN CITY WEST, AZ</b>		35. FUNERAL DIRECTOR: <b>HERBERT J. ROBERTS, FUNERAL DIRECTOR</b>		36. LICENSE NUMBER: <b>F0634</b>	
37. METHOD(S) OF DISPOSITION: <b>CREMATION</b>		38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: <b>CAMINO DEL SOL CREMATORY, SUN CITY WEST, ARIZONA</b>		39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY: <b>NONE</b>	
<b>MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART 1</b>					
40. A IMMEDIATE CAUSE OF DEATH <b>NATURAL CAUSES, NOT OTHERWISE SPECIFIED</b>	41. APPROXIMATE INTERVAL: <b>UNKNOWN</b>				42. B DUE TO OR AS A CONSEQUENCE OF:
43. APPROXIMATE INTERVAL:	44. C DUE TO OR AS A CONSEQUENCE OF:				45. APPROXIMATE INTERVAL:
46. D DUE TO OR AS A CONSEQUENCE OF:	47. APPROXIMATE INTERVAL:				48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE:
49. INJURY? <b>NO</b>		50. INJURY AT WORK? <b>NO</b>		51. MANNER OF DEATH <b>NATURAL DEATH</b>	52. TIME OF DEATH <b>2000</b>
53. WAS AN AUTOPSY PERFORMED? <b>NO</b>		54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
<b>CAUSE AND MANNER OF DEATH CERTIFICATION</b>					
<input checked="" type="checkbox"/> Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - 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) and manner stated.		55. NAME OF PERSON COMPLETING CAUSE OF DEATH: <b>RAGHAV MOHINDRA, M.D.</b>		56. DATE CERTIFIED: <b>12/08/2014</b>	
57. CERTIFIER'S ADDRESS: <b>13634 N 93RD AVE., STE. 100 PEORIA, AZ 85381</b>		58. NAME OF REGISTRAR: <b>MICHELE CASTANEDA-MARTINEZ</b>		59. DATE REGISTERED: <b>12/16/2014</b>	

DATE ISSUED: 12/17/2014

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA  
Revised 12/2012.

**KHALEEL HUSSAINI**  
ASSISTANT STATE REGISTRAR

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

41072082

Arizona  
Department of  
Health Services