DOUGLAS COUNTY, NV

Rec:\$17.00

\$17.00 Pgs=4

2015-872890 11/17/2015 02:49 PM

ETRCO, LLC

KAREN ELLISON, RECORDER

APN#: 1022-29-411-018

074144-TEA

Recording Requested By:

Western Title Company

When Recorded Mail To:

Thomas Lee Garcia

2863 Tustin Avenue Apt F

Costa Mesa, CA 92627

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

Thomas Lee Garcia, Successor Trustee of legal age, being first duly sworn, deposes and says:

That <u>Patricia Louise Garcia</u>, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as <u>Patricia Louise Garcia</u> named as one of the parties in that certain <u>Grant</u>, <u>Bargain</u>, <u>Sale Deed</u> dated <u>5/15/2006</u> executed by <u>Thomas Lee Garcia and Patricia Louise Garcia</u>, <u>husband and wife to Thomas Lee Garcia and Patricia Louise Garcia</u>, <u>Co-Trustees of the Garcia Family Trust dated April 4, 2006</u>, recorded as instrument No. <u>0675615</u>, on <u>5/23/2006</u>, in Book<u>0506</u>, Page <u>8966</u>, of Official Records of <u>Douglas</u> County, Nevada, covering the following described property situated in the County of <u>Douglas</u>, State of Nevada:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

A parcel of land located within a portion of the Southwest one-quarter (SW 1/4) of Section 29, Township 10 North, Range 22 East, Mount Diablo Meridian, more particularly described as follows:

Beginning at a found 6" diameter concrete monument, the Northeast corner of Lot 46 as shown on the amended map of TOPAZ LODGE SUBDIVISION filed for record September 16, 1958 in the office of Recorder, Douglas County, Nevada as Document No. 13594, the point of beginning.

Thence along the Westerly line of Beatty Street South 00°04'38" West, 142.56 feet;

Thence West, 199.73 feet:

Thence along the Easterly line of Churchill Street North 00°04'55" East, 142.56 feet;

Thence East, 199.72 feet to the point of beginning.

NOTE: The above metes and bounds description appeared previously in that certain Grant, Bargain Sale Deed recorded in the office of the County Recorder of Douglas County, Nevada on May 23, 2006, as Document No. 675615, in Book 506, Page 8966 of Official Records.

| Dated | 9/ | 281 | 15 |
|-------|----|-----|----|
| | | | |

The Garcia Family Trust dated April 4, 2006

Thomas Lee Garcia, Successor Trustee

STATE OF NEVOCO

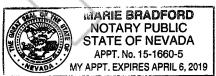
}SS

COUNTY OF_

This instrument was acknowledged before me on 128 15 ,

by Thomas Lee Garcia.

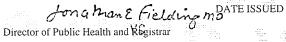
Notary Public



COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

| | 305201207255 | Paragraphic Control | | IFICATE OF E | |) <u></u> | 3201219016 | to the second | | |
|---------------------------------------|---|--|---|---|--|--|--------------------------|--|--|--|
| SEDENT'S PERSONAL DATA | STATE FILE TIVE BEER 1. NAME OF DECEDENT- FIRST (Given) PATRICIA LOUISE | | | VS-11q/REV 3/06) | LOCAL REGISTRATION NUMBER JOHN GARCIA GARCIA | | | | | |
| | AKA, ALSO KNOV: H AS - Include full AK | A (FIRST, MIDDLE, LAST) | | | 3/1941 | 5. AGE Yrs. IFU | NDER ONE YEAR IF L | Minutes 6. SEX | | |
| | 9. BIRTH STATE/FOREIGN COUNTRY | 10. SUCIAL SECURITY N -1807 | YES | | 12. MARRIEL MARRIEL | S/SRDP' (at Time of Death) 7, 1 | A/13/2012 | 1513 | | |
| | 13. EDUCATION - Highest Love/Degree (see worksheel on back) HS GRADUATE | YES | | X № | WHITE | RACE - Up to 3 races may 5 | | | | |
| 0 | 17. USUAL OCCUPATION - Type of work SALES TRAINER 20. DECEDENT'S RESIDENCE (Street an | | | CIBACCO | INDUSTRY (e.g., groc | ery store, road construction, | employment agency, etc.) | 19. YEARS IN OCCUPATION | | |
| USUAL RESIDENCE | 1966 BEATTY DRIVE | | UNTY/PROVINCE | 1 22.7 | IP CODE | 24. YEARS IN COUNTY | 25. STATE/FOREIGN C | CHATRY | | |
| | GARDNERVILLE | DOI | JGLAS | 89 | 110 | 10 | NEVADA | | | |
| INFOR- | THOMAS L. GARCIA, HUSBAND 1366 BLATTY DRIVE, GARDNERVILLE, NV 89410 | | | | | | | | | |
| SPOUSE/SRDP AND PARENT INFORMATION | THOMAS 31, NAME OF FATHER/PARENT-FIRST | | 32. MIDDLE | | GARCI 33, LAST | The state of the s | | 34 BIRTH STATE | | |
| | WOODROW 35. NAME OF MOTHER/PARENT-FIRST | | 36. MIDDLE | | BLAKE 37, LAST (BIR | TH NAME) | | MA 38. BIRTH STATE | | |
| | 39. DISPOSITION DATE mm/dd/ccyy | 40. PLACE OF FINAL DISPO | - BITION RES THO | MASI GAR | NADEA | .U | <u> </u> | MA | | |
| FUNERAL DIRECTOR/ LOCAL REGISTRAR | 39, DISPOSITION DATE IMPOSTORY AND PLACE OF FINAL DISPOSITION RES. THOMAS L. GARCIA 04/19/2012 1966 BEATTY DRIVE, GARDNERVILLE, NV. 89410 41, TYPE OF DISPOSITIONIS) 42, SIGNATURE OF EMBALMER | | | | | | <u> </u> | 43. LICENSE NUMBER | | |
| | CR/TR/RES NOT EMBALMED 46. NAME OF FUNERAL ESTABLISHMENT TODD MEMORIAL CHAPEL 10. LICENSENDIMBER 46. SIGNATURE OF LOCAL REGISTRAR 10. LICENSENDIMBER 46. LICENSENDIMBER 46. SIGNATURE OF LOCAL REGISTRAR | | | | | | FCA | 47. DATE nim/dd/ccyy | | |
| - | 101, PLACE OF DEATH | / | FD11 | 10 | 2. 'F HOSPITAL, SPEC | | HER THAN HOSPITAL S | | | |
| PLACE OF DEATH | CITY OF HOPE NAT 107 COUNTY LOS ANGELES | 105. FACILITY ADDRESS 1500 DUARTE | OF LOCATION WHERE FO | | X IP EP/O | DP DOAL Wes | 106. CITY DUARTE | 11:30.3 Othy | | |
| CAUSE OF DEATH | 107. CAUSE OF DEATH IMMEDIATE CAUSE (A RESP! (Final disease or condition resulting —) In death) | Enier the cnain of events — de so cardiac arrest, respiratory ar RATORY ARRE | seases, Iniurias, or complicat rest, or ventricular fibrillation | ions — that directly sause yamout showing the offolo | death, DO NOT enter ny, DO NOT ABBREVIA | terminal events such TE. | | 103, DEATH REPORTED TO CORONERT YES NOTOTHAL NUMBER 109, BIOPSY PERFORMED? | | |
| | Sequentially, fist conditions, it any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or Injury that instituted the events (D) | | | | | | 4 DAYS | X YES NO 110. AUTOPSY PERFORMED? X YES NO | | |
| CAUS | resulting in death) LAST 112. OTHER SIGNIFICANT CONDITION | S CONTRIBUTING TO DEATH I | BUT NOT RESULTING IN TO | 4E UNDERLYING GAUSE | GIVEN IN 107 | | Hon L | 111. USED IN DETERMINING CAUSE? X YES NO. | | |
| | 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 197 LUNG CANCER 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 127 (If yes, list type of operation and dails): 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 127 (If yes, list type of operation and dails): 114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 127 (If yes, list type of operation and dails): 115. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 127 (If yes, list type of operation and dails): 116. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 127 (If yes, list type of operation and dails): 117. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 127 (If yes, list type of operation and dails): | | | | | | | | | |
| s N | NO 114.1 CERTIFY THAT TO THE BEST OF MY KI. AT THE HOUR, DATE, AND PLACE STATED FR | OWLEDGE DEATH OCCURRED 1 | 15, SIGNATURE AND TITL | | | | t [| YES X NO CONTACTOR | | |
| YSTOIAN'S | Decedent Attended Since (A) mm/dd/coyy (B) | Donadasi Lari Casa Alius | DAN J RAZ N 18. TYPE ATTENDING PH | M.D. YSICIAN'S NAME, MAILI | NG ADDRESS, ZIP C | 500 DAN J RAZ | ∴A86093 M.D. | 04/18/2012 | | |
| PH | 04/06/2012 04/ 119,1 CERTIFY THAT IN MY OPINION DEATH MANNER OF DEATH Natural | 13/2012 | AND PLACE STATED FROM TH | IARTE ROAL |), DUARTE, | CA 91010 | 121 INJURY DATE II | sn/dd/ccyy 122. HOUR (24 Hours) | | |
| CORONER'S USE ONLY | 123. PLACE OF INJURY (e.g., home, co | | Suicibe Inves | iligation detecn | | NO UNK | | | | |
| | 124. DESCRIBE HOW INJURY OCCUP | RED (Events which resulted in | injury) | | | | e Ve r | | | |
| | 125, LOCATION OF WJURY (Street and | f number, or location, and city, | ana sip) | | 14 | | 13) | | | |
| \ | 126. SIGNATURE OF CORONER / DEP | UTY CORONER | | 127. DATE: mm/bd/co | y 126, TYPE N | AME, TITLE OF COHONER | | | | |
| | ATE A B | C D | E | | 10001002044220 | | FAX AUTH.# | CENSUS TRACT | | |
| No. | The South State | - | THE RESERVE THE | | | | Ci | 100 | | |

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.



* H D 2 8 0 1 8 3 7 * APR 24 2012



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