

DOUGLAS COUNTY, NV

2015-873898

Rec:\$17.00

\$17.00 Pgs=4

12/10/2015 03:17 PM

FIRST CENTENNIAL - RENO

KAREN ELLISON, RECORDER

APN # 1420-08-414-012

Escrow # 00215638 -002-16

Recording Requested By:
First Centennial Title Company
1450 Ridgeview Dr. #100
Reno, NV 89509

When Recorded Return to:
the Paul Esling 2012 Declaration of Trust
C/O Paul Esling Jr.
2099 Forino Drive
Dublin, CA 94568

Mail Tax Statements to:
Same As Above

SPACE ABOVE FOR RECORDERS USE

Affidavit-Death of Trustee

(Title of Document)

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 440.380 (state specific law).



SIGNATURE

Escrow Assistant

TITLE

Paige McGinley
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

SPACE BELOW FOR RECORDER

APN: 1420-08-414-012
Escrow No. 00215638 - 002 -16

When Recorded Return to:
Paul H. Esling
2099 Forino Drive
Dublin, CA 94568

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF California } ss:
~~Nevada~~
COUNTY OF Alameda

Paul H. Esling, Successor Trustee, of legal age, being duly sworn, deposes and says

That Paul Esling Jr. the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Paul Esling named as one of the parties in that certain Grant, Bargain, Sale Deed dated March 5th, 2012 executed by Paul Esling, a widowed man to Paul Esling, as Trustee of the Paul Esling 2012 Declaration of Trust, dated March 5, 2012, recorded as Instrument No. 0798647, on 3/9/2012 of Official Records of Douglas County, Nevada, covering the following described property.

Lot 44, in Block D, of the Final Map of SUNRIDGE HEIGHTS III, PHASE 3, a Planned Unit Development, according to the map thereof filed in the office of the County Recorder of Douglas County, Nevada, on June 5, 2000, in Book 0600, Page 880, as Document No. 493409 and by Certificate of Amendment recorded November 3, 2000, in Book 1100, Page 470, as Document No. 502691.

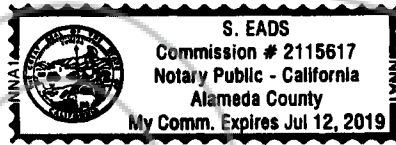
SPACE BELOW FOR RECORDER

Dated: 12/7/2015

Paul H. Esling
Paul H. Esling, Successor Trustee

SUBSCRIBED AND SWORN TO before me on this 7 day of December, 2015.

S. Eads
NOTARY PUBLIC



SPACE BELOW FOR RECORDER

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2015011033

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) Paul ESLING JR		2. DATE OF DEATH (Mo/Day/Year) June 26, 2015		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Sparks		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street or Inpatient (Specify)) 5200 South Los Altos Boulevard #111 Home		4. SEX Male	
5. RACE - White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 84	
9a. STATE OF BIRTH (If not U.S.A.) Pennsylvania		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
13. SOCIAL SECURITY NUMBER [REDACTED] 7073		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Digital Equipment	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Sparks	
15d. STREET AND NUMBER 5200 South Los Altos Boulevard #111 #111		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		12. DATE OF BIRTH (Mo/Day/Yr) December 16, 1930	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Paul ESLING SR			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Catherine ROACH		
18a. INFORMANT - NAME (Type or Print) Norma SANTIAGO-ESLING		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 5200 South Los Altos Boulevard #111 Sparks, Nevada 89436			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BLAKE HOWE		20b. FUNERAL DIRECTOR LICENSE NUMBER 622		20c. NAME AND ADDRESS OF FACILITY Walton's Sparks Funeral Home 1745 Sullivan Lane Sparks NV 89431	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED REED DOPF M.D.					
21b. DATE SIGNED (Mo/Day/Yr) June 30, 2015		21c. HOUR OF DEATH 12:20		22a. 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) stated. (Signature & Title)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Reed Dopf M.D. 18653 Wedge Pkwy Reno, NV 89511		23b. LICENSE NUMBER 13920			
24a. REGISTRAR (Signature) BRIDGES SANDI		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 01, 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				Interval between onset and death	
(a) Cardiac Arrest				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF				Months	
(b) Acute And Chronic Combined Heart Failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF				Years	
(c) Ischemic Cardiomyopathy				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF				Years	
(d) Atherosclerotic Cardiovascular Disease				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. Chronic Kidney Disease, Stage III				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
28a. ACC, SUICIDE, HOM, 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

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.

7/1/2015

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED: PENC0 (Rev) 03/12

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

