

DOUGLAS COUNTY, NV

2016-877321

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\$17.00 Pgs=4

02/26/2016 09:43 AM

TICOR TITLE - GARDNERVILLE

KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:
Paula Corritori and Debra Tolton,
Successor Co-Trustees of the Uhrey
Family Trust, dated June 9 1987, who
aquired title as Uhrey Family Trust DTD

6-9-87
15317 ERMANTA AVE.
GARDENA, CA 90249

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).

SIGNED IN COUNTERPART

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 01505368RLT

APN No.: 1220-22-110-019

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of ~~Nevada~~ ^{NV} }
County of ~~Douglas~~ ^{Clark} }

Paula Corritori and Debra Tolton, Successor Co-Trustees, being duly sworn, deposes and
says:

1. Lenore Esther Uhrey, the decedent mentioned in attached copy of Certificate of Death, is the same person as Lenore E. Uhrey named as one of the trustee(s) in that certain Deed dated October 1, 2012, executed by Robert L. & Lenore E. Uhrey to Uhrey Family Trust DTD 6-9-87, recorded on October 1, 2012 as instrument number 810028, 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, Paula Corritori, Successor Co-Trustee, 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: February 18, 2016

SIGNED IN COUNTERPART

Paula Corritori, Successor Co-Trustee

Debra Tolton

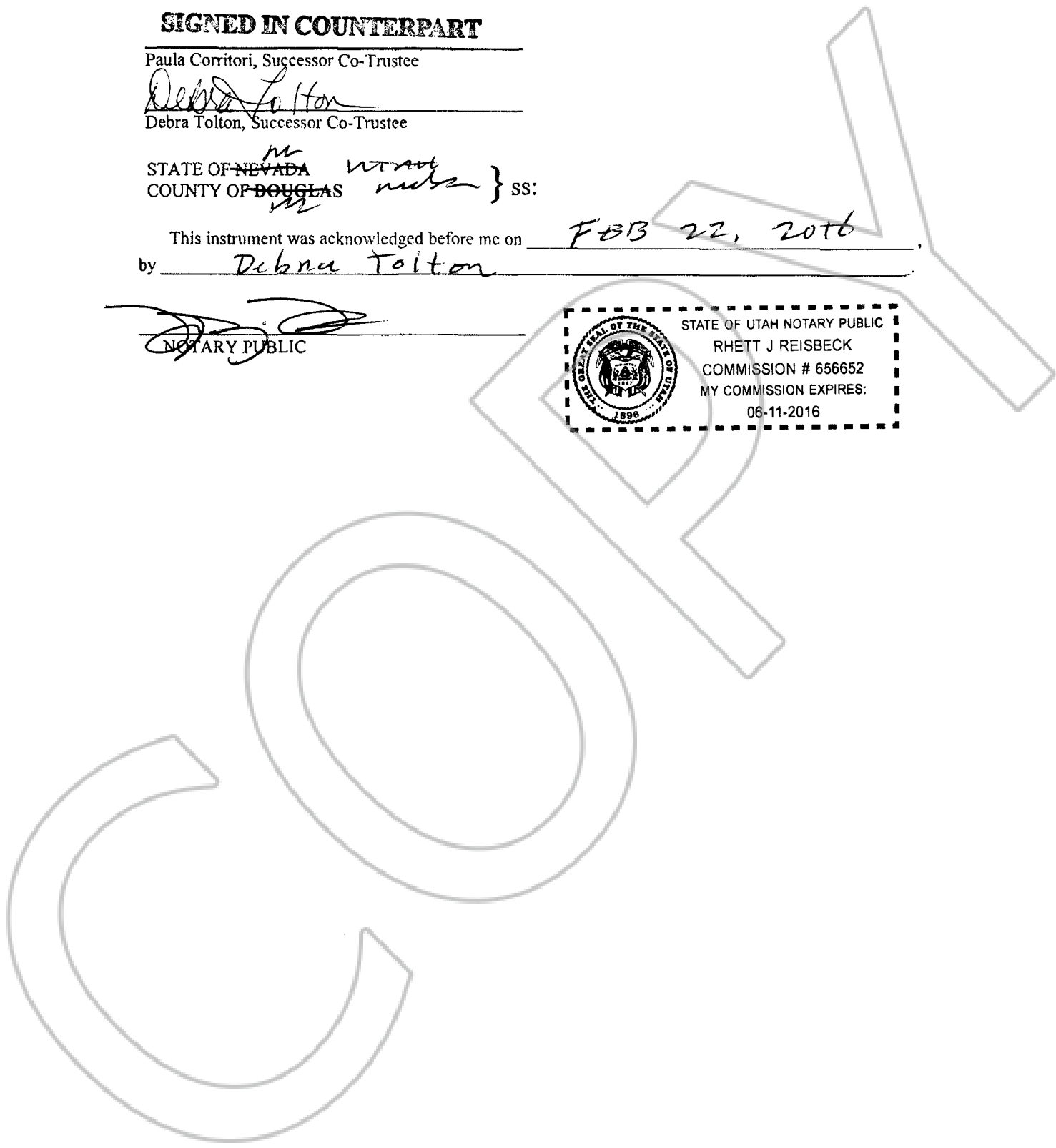
Debra Tolton, Successor Co-Trustee

STATE OF ~~NEVADA~~ ^{UTAH}
COUNTY OF ~~DOUGLAS~~ ^{CLATSOP} } SS:

This instrument was acknowledged before me on FEB 22, 2016,
by Debra Tolton

[Signature]
NOTARY PUBLIC

STATE OF UTAH NOTARY PUBLIC
RHETT J REISBECK
COMMISSION # 656652
MY COMMISSION EXPIRES:
06-11-2016



Paula Corritori Co-Trustee

Paula Corritori, Successor Co-Trustee

SIGNED IN COUNTERPART

Debra Tolton, Successor Co-Trustee

STATE OF NEVADA }
COUNTY OF DOUGLAS } *Jefferson* } SS:

This instrument was acknowledged before me on 2-23-14
by Paula Corritori

Briana Garzelloni
NOTARY PUBLIC

BRIANA GARZELLONI
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20144016274
MY COMMISSION EXPIRES 04/16/2018

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

2015018377
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) Lenore Esther UHREY		2. DATE OF DEATH (Mo/Day/Year) October 16, 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 or 1463 James Road		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 83		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 07, 1932		9a. STATE OF BIRTH (if not U.S.A.) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 13		11. MARRIED; NEVER MARRIED; WIDOWED; DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) Robert UHREY	
13. SOCIAL SECURITY NUMBER 6689		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Secretary		14b. KIND OF BUSINESS OR INDUSTRY Electronics	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1463 James Road		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Leon LONG			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ione LISHMAN		
18a. INFORMANT - NAME (Type or Print) Paula CORRIORI		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1463 James Road Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BLAKE HOWE		20b. FUNERAL DIRECTOR LICENSE NUMBER 622		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703	
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) JUDITH ROSSO DO			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)		
21b. DATE SIGNED (Mo/Day/Yr) October 20, 2015		21c. HOUR OF DEATH 18:53		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) JUDITH ROSSO DO 1516 Virginia Ranch Road Gardnerville, NV 89410					23b. LICENSE NUMBER 750
24a. REGISTRAR (Signature) VERALYNN A BOYACK		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 27, 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) Heart Failure				Interval between onset and death	
(b) Peripheral Vascular Disease				Interval between onset and death	
(c) Cellulites				Interval between onset and death	
(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 I. Chronic Obstructive Pulmonary Disease					26. AUTOPSY (Specify Yes or No) No
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	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

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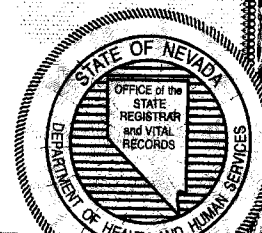
201894 CERTIFIED COPY OF VITAL RECORDS

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: **10/27/2015**

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

R. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED



VRS-Rev-20120523a