

APN# 1320-33-816-035

Recording Requested by:

Name: First American Title Insurance
Company

Address: 1663 US Highway 395, Suite 101

City/State/Zip: Minden, NV 89423

Order Number: 143-2503548

AFFIDAVIT-DEATH OF SETTLOR,
TRUSTEE AND BENEFICIARY
 (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: 239B.030

(State specific law)

Suzanne Cheechov
Signature

ESCROW OFFICER
Title

SUZANNE CHEECHOV

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)

Document Transfer Tax \$0
Assessor's Parcel No. 1320-33-816-035

WHEN RECORDED AND
MAIL TAX STATEMENTS TO:
Edmund Saldivar, Trustee
1341 E, Marion Russell Drive
Gardnerville, NV 89410

The grantor declares:
Documentary transfer tax is \$ -0- *N/A*
 computed on full value of property conveyed,

AFFIDAVIT--DEATH OF SETTLOR, TRUSTEE AND BENEFICIARY

EDMUND SALDIVAR, of legal age, being first duly sworn, deposes and says:

That LAURETTA MARIE SALDIVAR, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as is named as the party in that certain Corporation Grant, Bargain, Sale Deed dated February 23, 2004, executed by SYNCON HOMES, a Nevada Corporation, to EDMUND SALDIVAR and LAURETTA MARIE SALDIVAR, Trustees of the Saldivar Family Trust dated February 22, 2000, wherein LAURETTA MARIE SALDIVAR was a trustee of the Saldivar Family Trust dated February 22, 2000, as well as a beneficiary under said trust; it being further acknowledged that EDMUND SALDIVAR is the successor trustee under said declaration of trust on the death of LAURETTA MARIE SALDIVAR.

The original Corporation Grant, Sale, Bargain Deed aforementioned is recorded as Document No.0605885 at Book 0204, Page 12540, on February 27, 2004, in the Official Records of Douglas County, State of Nevada, covering the following described property situate in the County of Douglas, State of Nevada:

Lot 48, in Block C, as set forth on FINAL SUBDIVISION MAP No. 1006-11 for CHICHESTER ESTATES, PHASE 11, filed in the office of the County Recorder of Douglas County, Nevada and recorded December 27, 2002 in Book 1202, Page 12732, as Document No. 562225, and by Certificate of Amendment recorded March 27, 2003 in Book 0303, Page 13037, as Document No. 0571430, Official Records of Douglas County, Nevada.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

Dated: 5/5/2016


EDMUND SALDIVAR

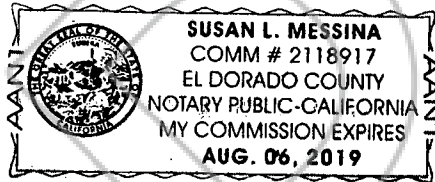
JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA
COUNTY OF EL DORADO

Subscribed and sworn to (or affirmed) before me on this 5TH day of May, 2016, by EDMUND SALDIVAR, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Susan L. Messina



AFFIDAVIT--DEATH OF SETTLOR,
TRUSTEE AND BENEFICIARY
Assessor's Parcel No. 1320-33-816-035

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2015017506

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) Lauretta Marie SALDIVAR		2. DATE OF DEATH (Mo/Day/Year) October 05, 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 1341 E Marion Russel Drive		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. 4. SEX Inpatient(Specify) Home Female	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 82	
9a. STATE OF BIRTH (If not U.S.A.) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
13. SOCIAL SECURITY NUMBER 6168		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Waitress		14b. KIND OF BUSINESS OR INDUSTRY Restaurant	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1341 E Marion Russel Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
16. FATHER/PARENT - NAME (First Middle Last Suffix) A M MCKENZIE		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Aliene HILL			
18a. INFORMANT- NAME (Type or Print) Edmund SALDIVAR		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1341 E. Marion Russel Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Reno		19c. LOCATION City or Town State Reno Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE MEYER		20b. FUNERAL DIRECTOR LICENSE NUMBER 854		20c. NAME AND ADDRESS OF FACILITY Nevada Funeral Services 3094 Research Way #63 Carson City NV 89706	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) DENVER J MILLER M.D.					
21b. DATE SIGNED (Mo/Day/Yr) October 09, 2015		21c. HOUR OF DEATH 07:40		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) Denver J Miller M.D. 5538 Longley Lane Ste B Reno, NV 89511		23b. LICENSE NUMBER 7330		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
24a. REGISTRAR (Signature) VERALYNN A BOYACK		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 13, 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) Lung Cancer With Metastasis		Interval between onset and death Months		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		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:				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		28h. STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

385286

622330

CERTIFIED COPY OF VITAL RECORDS

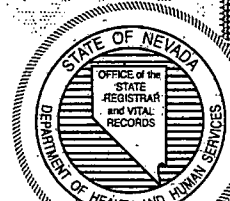
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

APR 05 2016

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

Cody Phinney
STATE REGISTRAR



VRS-Rev-20120523a