



KAREN ELLISON, RECORDER

APN 1220-04-111-034

APN _____

APN _____

FOR RECORDER'S USE ONLY

AFFIDAVIT-DEATH OF CO-TRUSTEE
TITLE OF DOCUMENT

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain personal information of any person or persons. (NRS 239B.030)

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain personal information of a person or persons as required by law. State specific law: NRS 440.380

Day Williams
Signature

Day R. Williams, Attorney
Print Name & Title

WHEN RECORDED MAIL TO:

Day R. Williams, Esq

1601 Fairview Drive, Suite C

Carson City, NV 89701

Mail tax statements to:
Jeannete Mildred Ahrens
1233 Kingslane
Gardnerville NV 89410

AFFIDAVIT—DEATH OF CO-TRUSTEE

STATE OF NEVADA)
): ss
DOUGLAS COUNTY)

LOWELL V. MITCHELL, of legal age, being first duly sworn, deposes and says: That GLORIA A. MITCHELL, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as GLORIA A. MITCHELL named as one of the parties in that certain Grant, Bargain and Sale Deed dated October 10, 2007 executed by George R. Gulick, Trustee of the Gulick Family Trust U/D/T dated October 13, 2003, to Lowell V. Mitchell and Gloria A. Mitchell, Trustees of the Mitchell Family 1990 Trust dated November 5, 1990, recorded in Book 1107, Page 6170 on November 26, 2007 in the Official Records of Douglas County, State of Nevada, covering the following described property situated in Douglas County, State of Nevada:

Lot 135 as shown on the Official Map of KINGSLANE UNIT NO. 1, filed in the office of the County Recorder of Douglas County, Nevada on December 26, 1968, in Book 64, Page 82 as Document No. 43243.

Together with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

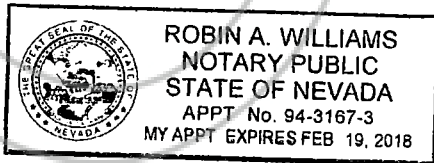
Lowell V. Mitchell

LOWELL V. MITCHELL

SUBSCRIBED AND SWORN TO before me
this 8th day of Aug., 2016
by LOWELL V. MITCHELL.

Robin A. Williams

NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3904244

CERTIFICATE OF DEATH

2016012908
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Gloria A MITCHELL		2. DATE OF DEATH (Mo/Day/Year) July 14, 2016		3a. COUNTY OF DEATH Carson City		
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and Inpatient)(Specify) Sierra Place Retirement Community Assisted Living Facility		3d. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Female		
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 85		
	7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY		8. DATE OF BIRTH (Mo/Day/Yr) September 05, 1930		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Lowell V MITCHELL				
PARENTS	13. SOCIAL SECURITY NUMBER 0040		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Secretary		14b. KIND OF BUSINESS OR INDUSTRY Automobile Repair (garage)		
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City		
DISPOSITION	15d. STREET AND NUMBER 1314 Bandtail Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Russell MAY		
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Alma SHOWALTER		18a. INFORMANT- NAME (Type or Print) Lowell V MITCHELL				
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1314 Bandtail Drive Carson City, Nevada 89701		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		
CERTIFIER	20c. NAME AND ADDRESS OF FACILITY Nevada Funeral Services		20d. SIGNATURE AUTHENTICATED 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) NITA SCHWARTZ M.D.		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)				
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) July 20, 2016		21c. HOUR OF DEATH 20:15		22b. DATE SIGNED (Mo/Day/Yr)		
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)		
CAUSE OF DEATH	22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703		23b. LICENSE NUMBER 9114		
	24a. REGISTRAR (Signature) VERALYNN A BOYACK		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 20, 2016		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I		(a) Coronary Atherosclerosis		Interval between onset and death		
	(b) DUE TO, OR AS A CONSEQUENCE OF:		(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
(c) DUE TO, OR AS A CONSEQUENCE OF:		(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(d) DUE TO, OR AS A CONSEQUENCE OF:		(d) DUE TO, OR AS A CONSEQUENCE OF:		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.				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



CERTIFIED COPY OF VITAL RECORDS

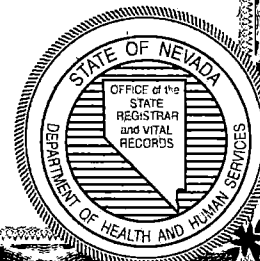
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

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

Cody Phinney
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE