

APN# 1420-07-817-018



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Rodd Souter

Address: 13367 Apple Blossom Ln.

City/State/Zip: Apple Valley, CA 92308

Mail Tax Statements to:

Name: Joan M. Souter

Address: 944 Loyola St.

City/State/Zip: Carson City, NV 89706

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

- Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)
- Judgment – NRS 17.150(4)
- Military Discharge – NRS 419.020(2)

Joan M. Souter
Signature

Joan M. Souter
Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

AFFIDAVIT OF DEATH OF CO-TRUSTEE

APN: 1420-07-817-018

STATE OF NEVADA)
COUNTY OF Carson) ss.

I, JOAN M. SOUTER, the Affiant, being of legal age, and being first duly sworn, deposes and says:

1. That JERE D. SOUTER, the decedent mentioned in the attached certified copy Certificate of Death, is the same person as JERE D. SOUTER, Trustee of THE JERE D. and JOAN M. SOUTER 2001 FAMILY TRUST, named as one of the parties in that certain GRANT, BARGAIN AND SALE DEED, dated on the 21st day of November, 2011, and executed by 944 LOYOLA LLC, known as "Grantor(s)," to Husband and Wife, JERE D. SOUTER and JOAN M. SOUTER, Trustees of the JERE D. and JOAN M. SOUTER 2001 FAMILY TRUST, known as "Grantee(s)," and recorded as document number 793126, on the 23rd day of November, 2011, in Book 1111, Page 5308, of Official Records of Douglas County Nevada, covering the following described real property situated in Carson City, County of Douglas, State of Nevada, with a legal description as follows:

Lot 22 in Block C, Unit No. 1, of IMPALA MOBILE HOME ESTATES, as shown on the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on May 11, 1978, in Book 578, Page 708, Document No, 20555.

(legal description obtained from document number 793126, on the 23rd day of November, 2011, in Book 1111, Page 5308, of Official Records of Douglas County Nevada)

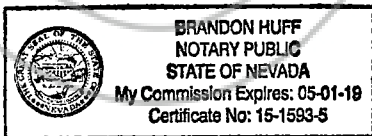
2. That the above described property was held by JERE D. SOUTER and JOAN M. SOUTER as Community Property as further described in Section 1 paragraph 1.3 of the JERE D. and JOAN M. SOUTER 2001 FAMILY TRUST, executed by them on April 3, 2001, and amended on October 6, 2016.

3. I am the surviving and now sole Trustee of the same trust, the JERE D. and JOAN M. SOUTER 2001 FAMILY TRUST, under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Joan Souter
JOAN M. SOUTER, Trustee of the JERE D. and
JOAN M. SOUTER 2001 FAMILY TRUST

12/28/16
(DATE)

SUBSCRIBED and SWORN to before me by JOAN M. SOUTER, Trustee of the JERE D. and JOAN M. SOUTER 2001 FAMILY TRUST this 28 day of DECEMBER 2016.



Brandon Huff
Notary Public in and for said County and State

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3905657

CERTIFICATE OF DEATH

2016013447
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Jere Delbert SOUTER		2. DATE OF DEATH (Mo/Day/Year) July 21, 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) Carson Tahoe Regional Medical Center Inpatient		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient		
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 81		
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) March 02, 1935		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Illinois		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 15		
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Joan VAN NESS				
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-3751		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Fire Captain		14b. KIND OF BUSINESS OR INDUSTRY Fire Department		
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City		
DISPOSITION	15d. STREET AND NUMBER 944 Loyola		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes		
	16. FATHER/PARENT - NAME (First Middle Last Suffix) John Henry SOUTER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Marie Mildred FOSTER			
TRADE CALL	18a. INFORMANT- NAME (Type or Print) Joan SOUTER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 963 Topsy Lane #306 Carson City, Nevada 89705				
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c. LOCATION City or Town State Carson City Nevada 89701		
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701		
	TRADE CALL - NAME AND ADDRESS						
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JOE CHAVEZ M.D. SIGNATURE AUTHENTICATED		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) July 29, 2016		21c. HOUR OF DEATH 21:10		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		
CAUSE OF DEATH	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		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) Joe Chavez M.D. 75 Pringle Way #401 Reno, NV 89502				
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER 8385		24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED				
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 29, 2016		24c. DEATH DUE TO COMMUNICABLE DISEASE YES: <input type="checkbox"/> NO: <input checked="" type="checkbox"/>				
STATE REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I		(a) Asystole		Interval between onset and death 40 Minutes		
	DUE TO, OR AS A CONSEQUENCE OF: (b) Ischemic Cardiomyopathy				Interval between onset and death 48 Hours		
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE	DUE TO, OR AS A CONSEQUENCE OF: (c) Anterior Myocardial Infarction With ST Elevation				Interval between onset and death 48 Hours		
	DUE TO, OR AS A CONSEQUENCE OF: (d) Coronary Atherosclerosis				Interval between onset and death Years		
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		
25a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		25b. DATE OF INJURY (Mo/Day/Yr)		25c. HOUR OF INJURY		25d. DESCRIBE HOW INJURY OCCURRED	
25e. INJURY AT WORK (Specify Yes or No)		25f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		25g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	

000637897



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: **8/1/2016**

Cody Phinney
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

