

APN# : 1320-30-211-023

Recording Requested By:
eTRCo, LLC.

When Recorded Mail To:
Marie L. Coffey
5400 Canfield Avenue
Carmichael, CA
95608

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

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. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature

M. Simpson
Michelle Simpson

Escrow Assistant

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312
(additional recording fee applies)

AFFIDAVIT – DEATH OF TRUSTEE

Marie L. Coffey, of legal age, being first duly sworn, deposes and says:

1. George L. Coffey, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as George L. Coffey named as Trustee in the Declaration of Trust dated 12/20/1994 and executed by George L. Coffey and Marie L. Coffey, husband and wife as joint tenants as Trustor(s).
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 1754 Ironwood Drive Minden, NV 89423, which property is described in a Deed which was executed by George L. Coffey and Marie L. Coffey, Trustees of The Coffey Family Trust U/D/T December 20, 1994 as Grantor(s) on December 20, 1994 and recorded as Instrument No. 353407, in Book 1294, Page 4283, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

3. The legal description of said property is as follows:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 16 in Block E of WESTWOOD VILLAGE UNIT NO. 1, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on October 5, 1979, in Book 1079, Page 440 as Document No. 37417.

4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Dated _____

The Coffey Family Trust U/D/T December 20, 1994

Marie L. Coffey
Marie L. Coffey, Trustee

STATE OF ~~NEVADA~~ CALIFORNIA)
)SS

COUNTY OF Sacramento)

This instrument was acknowledged before me on
6-26-2017

By Marie L. Coffey.



Michelle Meraz
Notary Public

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY

SACRAMENTO, CALIFORNIA

CERTIFICATE OF DEATH

3200634005166

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given)		3. LAST (Family)	
- GEORGE		- COFFEY	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
- LEIGHTON		11/19/1921	
5. AGE Yrs.		6. SEX	
84		M	
7. DATE OF DEATH mm/dd/yyyy		8. HOURS (24 Hours)	
06/22/2006		2029	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
OK		-7385	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED	
13. EDUCATION — Highest Level/Steps (see worksheet on back)		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back)	
BACHELOR'S		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)		16. YEARS IN OCCUPATION	
WHITE		30	
17. USUAL OCCUPATION — Type of work (at least of 1% DO NOT USE RETIRED)		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail construction, employment agency, etc.)	
ACCOUNTANT		ACCOUNTING	
23. DECEDENT'S RESIDENCE (Street and number or location)			
1754 IRONWOOD DR.			
21. CITY		22. COUNTY/PROVINCE	
MINDEN		DOUGLAS	
23. ZIP CODE		24. YEARS IN COUNTY	
89423		23	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
NV		MARIE COFFEY/WIFE	
27. INFORMANT'S MAILING ADDRESS (Street and number or care of relative, city or town, state, ZIP)		28. NAME OF SURVIVING SPOUSE — FIRST	
1754 IRONWOOD WY. MINDEN, NV. 89423		MARIE	
29. MIDDLE		30. LAST (Maiden Name)	
LUCYLE		CASSINELLI	
31. NAME OF FATHER — FIRST		32. MIDDLE	
GEORGE		L.	
33. LAST		34. BIRTH STATE	
COFFEY, I		OK	
35. NAME OF MOTHER — FIRST		36. MIDDLE	
VIDA		-	
37. LAST (Maiden)		38. BIRTH STATE	
RUSSELL		OK	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION	
06/30/2006		ST. MARY'S CATHOLIC CEMETERY, 6700 21ST AVE, SACRAMENTO, CA. 95820	
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER	
CR/BU		NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
-		SIMPLE TRADITIONS	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
FD 1555		GLENNAH I TROCHET, MD	
47. DATE mm/dd/yyyy		48. LICENSE NUMBER	
06/28/2006		-	
101. PLACE OF DEATH			
DANA'S CARE HOME			
102. COUNTY		103. IF HOSPITAL, SPECIFY ONE	
SACRAMENTO		<input type="checkbox"/> IP <input type="checkbox"/> EPH <input type="checkbox"/> DCA <input type="checkbox"/> Other	
104. FACILITY ADDRESS OR LOCATION (Street and number or location)		105. CITY	
4021 FAIRWOOD WY.		CARMICHAEL	
107. CAUSE OF DEATH			
Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT omit terminal events such as cardiac arrest, respiratory arrest, or ventilator malfunction without showing the etiology. DO NOT ABBREVIATE.			
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Time Interval Between Onset and Death (M) (H) (M)	
(a) PARKINSON'S DEMENTIA		I MO	
108. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST		109. DEATH REPORTED TO CORONER?	
NONE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN (107)		111. BIOPSY PERFORMED?	
NONE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. WAS OPERATION PERFORMED FOR ANY CONDITION BY ITEM 102 OR 103? (If yes, list type of operation and date)		113. IF FEMALE, PREGNANT IN LAST YEAR?	
NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER	
04/27/2005 04/27/2006		E. MADERANG MD. 6555 COYLE AVE. CARMICHAEL, CA. 95608	
116. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		117. LICENSE NUMBER	
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		A84980	
118. INJURED AT WORK?		119. DATE mm/dd/yyyy	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		06/27/2006	
120. INJURY DATE mm/dd/yyyy		121. HOUR (24 Hours)	
-		-	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
-			
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
-			
124. LOCATION OF INJURY (Street and number, or location, postal city, and ZIP)			
-			
125. SIGNATURE OF CORONER / DEPUTY CORONER		126. DATE mm/dd/yyyy	
-		-	
127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
-		-	
STATE REGISTRAR		FAX AUTH. #	
A B C D E		06/28/2006 MN	
		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF SACRAMENTO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Sacramento County Clerk/Recorder.

DATE ISSUED: JUN 27 2017



001681270

Donna Allred
DONNA ALLRED, COUNTY CLERK/RECORDER
SACRAMENTO COUNTY, CALIFORNIA

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the County Clerk/Recorder.



CASACRAME