

APN# : 1220-09-410-008

089522-TEA

Recording Requested By:

Western Title Company

When Recorded Mail To:

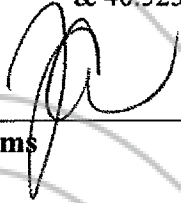
Fernandez/Strause

3273 E. Nolan Drive

Chandler, AZ 85249

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



Traci Adams

Escrow Officer

THIS DOCUMENT HAS BEEN EXECUTED IN COUNTERPART

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT DEATH OF TRUSTEE

Todd J. Fernandez and Lisa M. Strause, Co-Successor Trustees, of legal age, being first duly sworn, deposes and says:

That Kathleen M. Fernandez, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Kathleen M. Fernandez named as one of the parties in that certain Corporation Grant Deed dated August 12, 1997 executed by Nicholson Partners L.P., a California corporation, General Partner to Jessie J. Fernandez and Kathleen M. Fernandez as Trustees of The Jessie J. Fernandez and Kathleen M. Fernandez Revocable Trust dated November 21, 1996, recorded as instrument No. 0419657, on August 18, 1997, in Book 0897, Page 3204, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

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

Lot 8, as shown on the FINAL MAP OF SILVERANCH UNIT 1-A, filed for record in the office of the County Recorder of Douglas County, State of Nevada on January 3, 1994, in Book 194, Page 256, as Document No. 326668.

Dated _____

6/30/17

The Jesse J. Fernandez and Kathleen M. Fernandez Revocable Trust,
established November 21, 1996

EXECUTED IN COUNTERPART

Todd Fernandez, Co-Successor Trustee

[Handwritten signature of Todd Fernandez]

Lisa M. Strause, Co-Successor Trustee

STATE _____ OF } s
COUNTY _____ OF } s

This instrument was acknowledged before me on

By Todd J. Fernandez

Notary Public

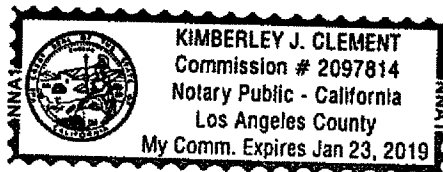
STATE California OF } s
COUNTY Los Angeles OF } s

This instrument was acknowledged before me on

07-01-2017

By Lisa M. Strause

[Handwritten signature of Kimberley J. Clement]
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. 3952369

CERTIFICATE OF DEATH

2017007797
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Kathleen FERNANDEZ		2. DATE OF DEATH (Mo/Day/Year) April 16, 2017		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 1229 Sierra Vista Dr.		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 75		7b. UNDER 1 YEAR WDS		7c. UNDER 1 DAY HOURS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) March 21, 1942		9a. STATE OF BIRTH (if not US/CA, name country) South Dakota		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 12		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
PARENTS	13. SOCIAL SECURITY NUMBER ██████-1006		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Broker		14b. KIND OF BUSINESS OR INDUSTRY Real Estate	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1229 Sierra Vista Dr.		15e. INSIDE CITY LIMITS (Specify Yes for No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Willis DEY	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) PRIVETT		18a. INFORMANT-NAME (Type or Print) Todd FERNANDEZ		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 3273 E Nolan Dr Chandler, Arizona 85249	
TRADE CALL	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) CURT KOESTLER		20b. FUNERAL DIRECTOR LICENSE NUMBER 823		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
CERTIFIER	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 MD		21b. DATE SIGNED (Mo/Day/Yr) April 25, 2017		21c. HOUR OF DEATH 10:00	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. DATE SIGNED (Mo/Day/Yr)		22b. HOUR OF DEATH	
REGISTRAR	22c. PRONOUNCED DEAD (Mo/Day/Yr)		22d. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nita Schwartz MD 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) April 27, 2017	
CAUSE OF DEATH	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).) Ovarian Cancer With Metastasis		Interval between onset and death	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (e) DUE TO, OR AS A CONSEQUENCE OF:		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
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).) (c) DUE TO, OR AS A CONSEQUENCE OF:		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (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, HOMICIDE, 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

000670913



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:

5/2/2017

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

Cody Hering
STATE REGISTRAR
SIGNATURE AUTHENTICATED

