

APN# : 1220-04-111-034

Recording Requested By:

Western Title Company

When Recorded Mail To:

Lowell Mitchell

1314 Bandtail Drive

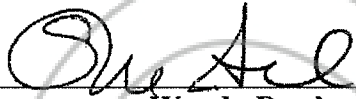
Carson City, NV 89701

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



Wendy Dunbar

Escrow officer

Affidavit Death of Co-Trustee

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT – DEATH OF TRUSTEE

Lowell V. Mitchell, of legal age, being first duly sworn, deposes and says:

1. 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 Trustee in the Declaration of Trust dated 11/5/1990 and executed by Lowell V. Mitchell and Gloria A. Mitchell, Co-Trustees of the Lowell V. Mitchell and Gloria A. Mitchell Revocable Living Trust Agreement dated November 5, 1990 as Beneficiarie(s).
2. At the time of the decedent's death, decedent was the record lienholder, of certain real property commonly known as 1233 Kingslane Gardnerville, NV 89410, which property is described in a Deed of Trust which was executed by Jeanette Mildred Ahrens Trustee of the Second Amendment to the Jeanette Mildred Ahrens Trust, dated February 22, 1991 as Grantor(s) on October 8, 2010 and recorded as Instrument No. 0771898, in Book 1010, Page 1791, 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 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.

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.

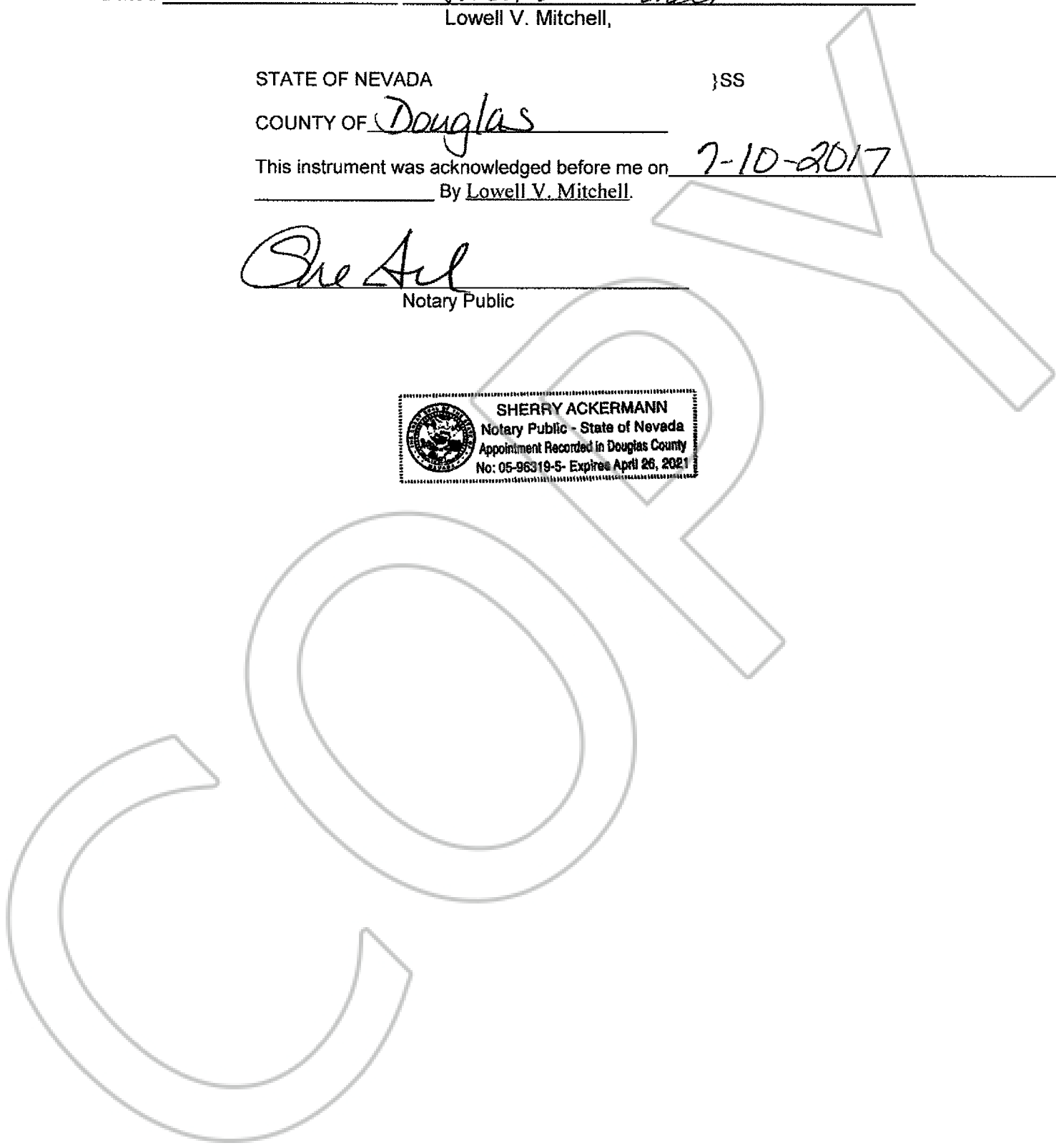
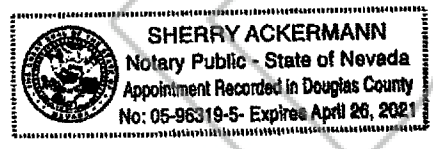
Dated 7-10-2017 Lowell V. Mitchell
Lowell V. Mitchell,

STATE OF NEVADA)SS

COUNTY OF Douglas

This instrument was acknowledged before me on 7-10-2017
By Lowell V. Mitchell.

Sherry Ackermann
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 or Inpatient)(Specify) Sierra Place Retirement Community Assisted Living Facility		4. SEX Female	
	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 85	
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	
	13. SOCIAL SECURITY NUMBER 0040		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
PARENTS	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		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	
DISPOSITION	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	
	TRADE CALL - NAME AND ADDRESS					
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 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)			
	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)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
REGISTRAR	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"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					Interval between onset and death
	(a) Coronary Atherosclerosis					Interval between onset and death
	(b) DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(c) DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(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 I.					26. AUTOPSY (Specify Yes or No) No	
28a. ACC. SUICIDE, HON. 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

000635963



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

