

APN# 1420-21-810-002

**Recording Requested by:**

**Name:** First American Title Insurance Company

**Address:** 1663 US Highway 395, Suite 101

**City/State/Zip:** Minden, NV 89423

**Order Number:** 143-2526260

Affidavit - Death of Trustee  
(Title of Document)

(for Recorder's use only)

**Recorder Affirmation Statement**

**Please complete Affirmation Statement below:**

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted

for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

**-OR-**

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 as required by law:

NRS 239B.030 section 4  
(State specific law)

Emily Tobias Agent  
**Signature Title**

Emily Tobias  
**Print Signature**

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)

**RECORDING REQUESTED BY**  
First American Title Insurance  
Company of Nevada

**AND WHEN RECORDED  
RETURN TO AND MAIL TAX  
STATEMENTS TO:**

Space Above This Line for  
Recorder's Use Only

**A.P.N. 1420-21-810-002**

File No.: 143-2526260 (mk)

**Affidavit - Death of Trustee**

State of CALIFORNIA )  
County of BUTTE )ss.  
)

**Juanita L. Wilcoxon** ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Richard B. Wilcoxon** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on April 9, 2009 at Minden, NV (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **April 5, 1996** executed by **Richard B. Wilcoxon and Juanita L. Wilcoxon** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant Deed** dated **April 12, 1996** which was recorded as Instrument No. **385316** in Book **0496**, Page **2134**, of Official Records of **Douglas** County, Nevada as legally described as follows:

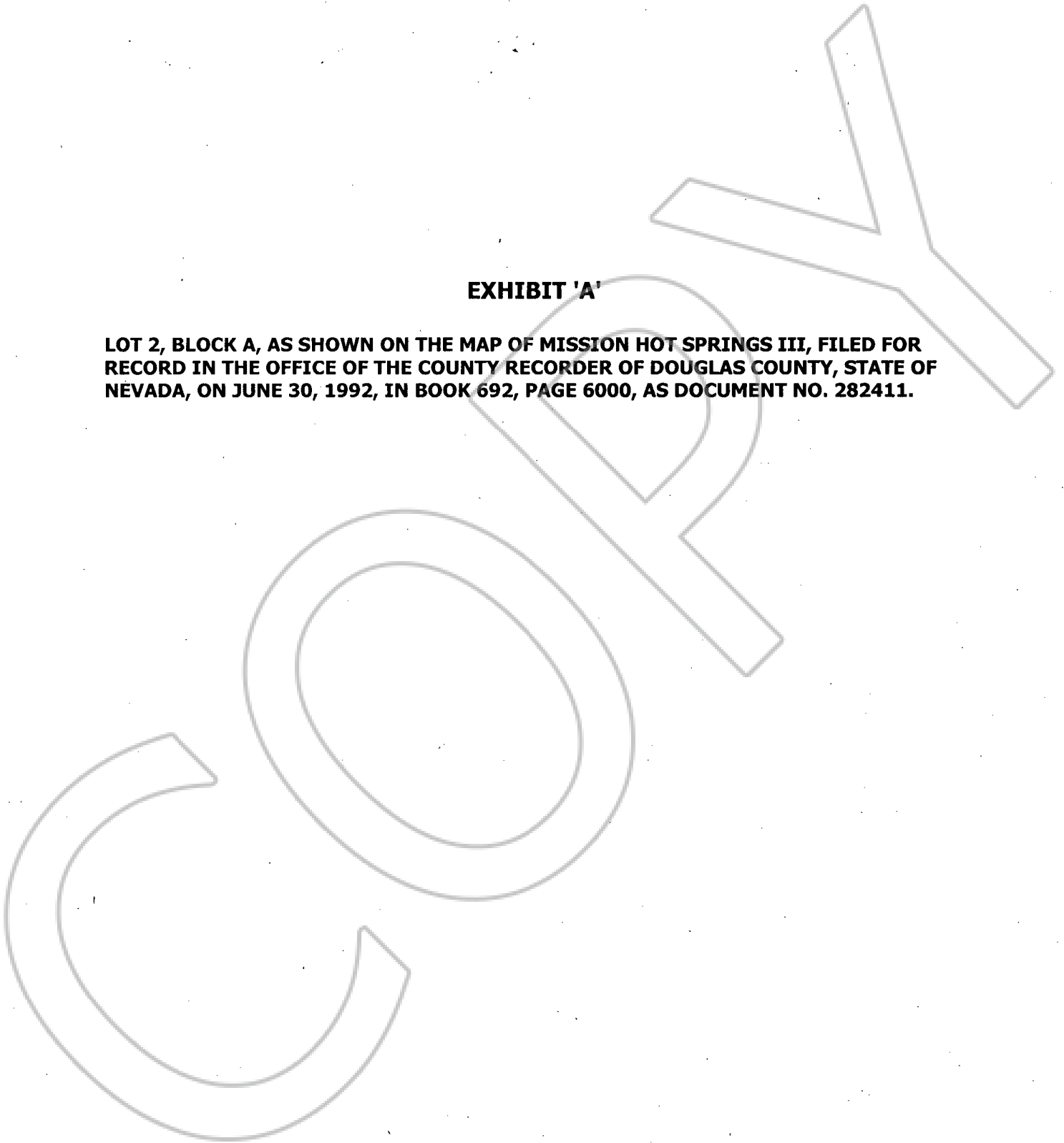
**Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference**

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.



**EXHIBIT 'A'**

**LOT 2, BLOCK A, AS SHOWN ON THE MAP OF MISSION HOT SPRINGS III, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JUNE 30, 1992, IN BOOK 692, PAGE 6000, AS DOCUMENT NO. 282411.**



**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )  
County of BUTTE )

On SEPT. 25, 2017 before me, Stacy Adamsor, notary public,  
Date Here Insert Name and Title of the Officer

personally appeared JUANITA L. Wilcoxon  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature [Signature]  
Signature of Notary Public

Place Notary Seal Above

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_ Document Date: \_\_\_\_\_

Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_

- Corporate Officer — Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Individual  Attorney in Fact
- Trustee  Guardian or Conservator
- Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_

- Corporate Officer — Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Individual  Attorney in Fact
- Trustee  Guardian or Conservator
- Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

2009005565  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Richard Bachus WILCOXON</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 09, 2009</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>1306 Santa Cruz</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify)	
4. SEX <b>Male</b>		5. RACE American Indian or Alaskan (Specify) Native - Native American		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>78</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>November 26, 1930</b>		9a. STATE OF BIRTH (if not U.S.A., name country) <b>New Mexico</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Juanita BASCHIERE</b>	
13. SOCIAL SECURITY NUMBER <b>9075</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Material Section</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>G. M. Motor Company</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>1306 Santa Cruz</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>Yes</b>	
16. FATHER - NAME (First Middle Last Suffix)			17. MOTHER - NAME (First Middle Last Suffix) <b>Gertrude BOCHUS</b>		
18a. INFORMANT- NAME (Type or Print) <b>Juanita WILCOXON</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1306 Santa Cruz Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV 89410</b>	
TRADE CALL - NAME AND ADDRESS					

PARENTS

DISPOSITION

TRADE CALL

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) <b>JORGE HERNAN PEREZ-CARDONA M.D.</b> 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) <b>April 19, 2009</b>		21c. HOUR OF DEATH <b>13:20</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)	

REGISTRAR

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Jorge Hernan Perez-Cardona M.D. 1000 N. Division Street #104 Carson City, NV 89703</b>		23b. LICENSE NUMBER <b>10108</b>	
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 21, 2009</b>	
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).)

PART I

(a) **Cancer of the Pancreas**  
DUE TO, OR AS A CONSEQUENCE OF: 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

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

PART II

26. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY		26d. DESCRIBE HOW INJURY OCCURRED	
27a. INJURY AT WORK (Specify Yes or No)		27b. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		27c. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	

STATE REGISTRAR



268513 CERTIFIED COPY OF VITAL RECORDS

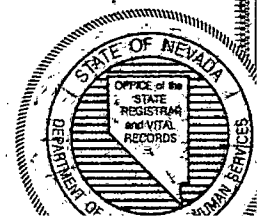
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

04/21/2009

PNBCO (Rev.) 11/06

*Christina Griffith*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED



VRS-Rev-2008T