

DOUGLAS COUNTY, NV

2017-905863

Rec:\$35.00

\$35.00

Pgs=5

10/20/2017 11:35 AM

ETRCO

KAREN ELLISON, RECORDER

APN# : 1220-12-710-037

Recording Requested By:

Western Title Company

When Recorded Mail To:

Martin Lawrence Pell

5650 Carriage Lane

Santa Rosa, CA 95403-7736

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

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT - DEATH OF TRUSTEE

Martin Lawrence Pell, Successor Trustee, of legal age, being first duly sworn, deposes and says:

That Lawrence N. Pell, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Lawrence N. Pell named as one of the parties in that certain Individual Grant Deed dated 10/11/1990 executed by Mark D. Ward and Catherine M. Ward, husband and wife as joint tenants to Lawrence N. Pell and Mercedes A. Pell, husband and wife, Co-Trustees of The Pell Family trust dated April 30, 1986, recorded as instrument No. 236652, on 10/15/1990, in Book 1090, Page 2184, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

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

Lot 16 in Block B, as set forth on the plat of PINENUT MANOR NO. 1 AND 2, Phase 2, filed in the office of the County Recorder of Douglas County, State of Nevada, on June 16, 1980, in Book 680, Page 1361, as Document No. 45348, Official Records.

Dated 8/22/17

The Pell Family Trust dated April 30, 1986

Martin L Pell
Martin Lawrence Pell, Successor Trustee

STATE OF NEVADA

}SS

COUNTY OF see attached

This instrument was acknowledged
before me on _____,

By Martin Lawrence Pell.

Notary Public

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

~~_____

 _____~~

Signature of Document Signer No. 1

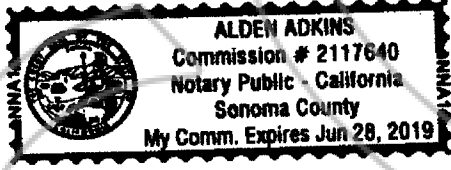
Signature of Document Signer No. 2 (if any)

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 SONOMA

Subscribed and sworn to (or affirmed) before me
 on this 22nd day of AUGUST, 2017,
 by MARTIN LAURENCE PELL
 (1) _____
 (and (2) _____),

Name(s) of Signer(s)



proved to me on the basis of satisfactory evidence
 to be the person(s) who appeared before me.

Signature
 Signature of Notary Public

Seal
 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: _____

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3963033

CERTIFICATE OF DEATH

2017011580
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Lawrence Norwood PELL			2. DATE OF DEATH (Mo/Day/Year) June 20, 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 an 1053 Tenabo Lane		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home		4. SEX Male
	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 82	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) December 30, 1934
	9a. STATE OF BIRTH (if not US/CA, name country) California		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)
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER 6167		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Business		14b. KIND OF BUSINESS OR INDUSTRY Credit		Ever in US Armed Forces? Yes
	15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville	15d. STREET AND NUMBER 1053 Tenabo Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Clarence Harry PELL			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Phala Mary MCGUIRE			
	18a. INFORMANT- NAME (Type or Print) Leanne INGRAM		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1824 Cholula Drive Reno, Nevada 89521				
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) MONICA GIESE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD880	20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 989 West Moana Lane Reno NV 89509			
TRADE CALL	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) STEVEN L PHILLIPS MD 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) June 21, 2017		21c. HOUR OF DEATH 15:40		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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) Steven L Phillips MD 5250 Neil Rd Ste #207 Reno, NV 89502					23b. LICENSE NUMBER 6596	
REGISTRAR	24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 22, 2017		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
	PART I (a) Urachal Carcinoma With Metastatic Disease						Years
	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	
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	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
28a. ACC., SUICIDE, HOM., 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



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:

6/27/2017

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

Cody Phillips
STATE REGISTRAR

