

APN# : 1022-17-002-022

Recording Requested By:

Western Title Company

When Recorded Mail To:

John R. Lindell

2300 Crescent Circle

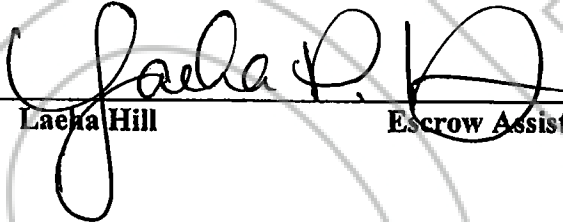
Reno, NV 89509

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 _____



Laeka Hill

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

John R. Lindell, of legal age, being first duly sworn, deposes and says:

1. Barbara Lindell, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Barbara Lindell named as Trustee in the Declaration of Trust dated and executed by John R. Lindell 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 1548 Holbrook Bluffs Court Wellington, NV 89444, which property is described in a Deed which was executed by Phil Frink & Associates, Inc. as Grantor(s) on May 4, 0201 and recorded as Instrument No. 763085, in Book , Page , 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:


Being a portion of the South 1/2 of Section 17, Township 10 North, Range 22 East, M.D.B. & M. further described as follows:

Parcel 1H, as set forth on Parcel Map #3, LDA 05-028 for DA DEVELOPMENT, INC., according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on November 17, 2006, in Book 1106, Page 6436, as Document No. 688966.

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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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 11-7-17



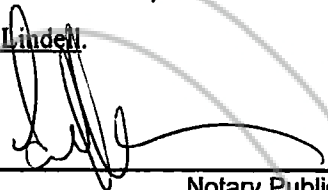
John R. Lindell, Successor Trustee

STATE OF NEVADA)SS

COUNTY OF Washoe

This instrument was acknowledged before me on
November 7, 2017.

By John R. Lindell.



Notary Public

 **TIFFANY FULLER**
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 04-90901-2 - Expires October 19, 2018

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2015004118

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

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

1a. DECEASED NAME (FIRST,MIDDLE, LAST, SUFFIX) Barbara A LINDELL		2. DATE OF DEATH (Mo/Day/Year) March 06, 2015		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street ar 2300 Crescent Circle		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 87		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 25, 1927		9a. STATE OF BIRTH (If not U.S.A.) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) John R LINDELL	
13. SOCIAL SECURITY NUMBER 7432		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Secretary		14b. KIND OF BUSINESS OR INDUSTRY: Politics	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Reno	
15d. STREET AND NUMBER 2300 Crescent Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) George H GILBERT			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Margaret PARKER		
18a. INFORMANT - NAME (Type or Print) John R LINDELL			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2300 Crescent Circle Reno, Nevada 89509		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION - City or Town - State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) BLAKE HOWE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 622		20c. NAME AND ADDRESS OF FACILITY Walton's Funeral Home, Reno 875 West Second St Reno, NV 89503	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) STEPHEN HAROLD BLOOMFIELD M.D. 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) March 11, 2015		21c. HOUR OF DEATH 05:15		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)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Stephen Harold Bloomfield M.D. 1575 Delucchi Lane St 214 Reno, NV 89502				23b. LICENSE NUMBER 3741	
24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 13, 2015		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).)					
PART I				Interval between onset and death	
(a) Cerebrovascular Dementia					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Hypertension					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Hyperlipemia					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Hypothyroidism					
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) 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

3621192

VRS-Rev-20120523a

000179818

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.

3/13/2015

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED:

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

FRNCO (Rev) 03/12

