

APN # 1318-15-612-001

Escrow # 00231987 --DR

Recording Requested By:
First Centennial Title Company
1450 Ridgeview Dr. #100
Reno, NV 89509

When Recorded Return to:
Dean E. Lockwood
P.O. Box 1909
Zephyr Cove, NV 89448

Mail Tax Statements to:
Lisa K Knapp and Theodore A Knapp III
269 McFaul Way
Zephyr Cove, NV 89448

DOUGLAS COUNTY, NV **2017-907292**
Rec:\$35.00
\$35.00 Pgs=3 11/27/2017 11:23 AM
FIRST CENTENNIAL - RENO (MAIN OFFICE)
KAREN ELLISON, RECORDER

SPACE ABOVE FOR RECORDERS USE

Affidavit – Death of Trustee

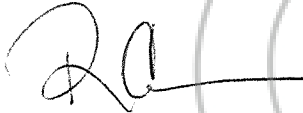
(Title of Document)

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 440.380 (1) (state specific law).



SIGNATURE

Roseanne Cusumano
Print Signature

Title Assistant
TITLE

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

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

SPACE BELOW FOR RECORDER

APN: 1318-15-612-001
Escrow No. 00231987 - 016 -DR

When Recorded Return to:

Dean E. Lockwood Successor Trustee
P.O. Box 1909
Zephyr Cove, NV 89448

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA
COUNTY OF DOUGLAS


} ss:

Dean E. Lockwood, Successor Trustee, of legal age, being duly sworn, deposes and says

That Doris Irene Lockwood the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Doris I. Lockwood named as one of the parties in that certain Grant Bargain Sale Deed dated June 10, 2002 executed by Dean E. Lockwood and Doris I. Lockwood, Trustees of the Lockwood Family 1996 Trust dated February 5, 1996 to Dean E. Lockwood and Doris Lockwood, husband and wife as joint tenants, recorded as Instrument No. 545018, on June 18, 2002 in Book 0602 Page 05794 of Official Records of Douglas County, Nevada, covering the following described property.

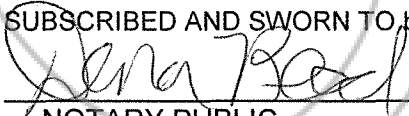
Lot 1, in Block A, of Round Hill Village Unit No. 2, according to the Map thereof, filed in the Office of the Recorder of Douglas County, Nevada, on August 31, 1965, in Book 1 of Maps, as Document No. 29312.

Dated: 11-21-17



Dean E. Lockwood, Successor Trustee

SUBSCRIBED AND SWORN TO before me on this 21 day of NOVember



NOTARY PUBLIC



SPACE BELOW FOR RECORDER

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3866564

2015021618
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Doris Irene LOCKWOOD		2. DATE OF DEATH (Mo/Day/Year) December 03, 2015		3a. COUNTY OF DEATH Douglas		
	3b. CITY, TOWN, OR LOCATION OF DEATH Zephyr Cove		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street an 269 McFall Way		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home		
	4. SEX Female		7a. AGE-Last birthday (Years) 86		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		
	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY HOURS MINS		
DECEDENT	9a. STATE OF BIRTH (If not U.S.A.) Nebraska		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Dean Edwin LOCKWOOD				
	13. SOCIAL SECURITY NUMBER ██████-6710		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home		
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Zephyr Cove		
PARENTS	15d. STREET AND NUMBER 269 McFall Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes				
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Sterling BERTWELL			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Rosella MEHRENES			
	18a. INFORMANT - NAME (Type or Print) Dean Edwin LOCKWOOD			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 269 McFall Way Zephyr Cove, Nevada 89448			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89503		
DISPOSITION	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BLAKE HOWE		20b. FUNERAL DIRECTOR LICENSE NUMBER 622		20c. NAME AND ADDRESS OF FACILITY Walton's Funeral Home, Reno 875 West Second St Reno NV 89503		
	21. SIGNATURE AUTHENTICATED						
TRADE CALL	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) STEVEN LAURENCE BROOKS M.D.						
CERTIFIER	21b. DATE SIGNED (Mo/Day/Yr) December 08, 2015		21c. HOUR OF DEATH 11:27				
	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)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		
	22d. 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 Laurence Brooks M.D. PO Box 5637 Stateline, NV 89449		23b. LICENSE NUMBER 5124				
REGISTRAR	24a. REGISTRAR (Signature) VERALYNN A BOYACK		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 16, 2015		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	24d. SIGNATURE AUTHENTICATED						
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) Cardiac Arrest				1 Minute	
		(b) Alzheimers Disease				3 Years	
		(c) 					
(d) 							
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

RVS-Rev-20120523a

607672

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.

R. D. White
SIGNATURE AUTHENTICATED

DATE ISSUED: 12/17/2015

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

