

This document includes a certified death certificate as required by NRS 40.525(5) which contains a social security number as required by NRS 440.380(1)(a).


ANDERSON, DORN & RADER, LTD.

APN: 25-541-18

RECORDING REQUESTED BY:

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Reno, Nevada 89521

AFTER RECORDING MAIL TO:

Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

MAIL TAX STATEMENT TO:

Margaret A. Colescott, Trustee
P.O. Box 1903
Minden, Nevada 89423

AFFIDAVIT OF DEATH OF TRUSTEE

We, MARGARET A. COLESCOTT and ROBERT E. COLESCOTT, Trustees of the COLESCOTT LIVING TRUST dated May 26, 2004, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) By instrument dated May 26, 2004, W.E. COLESCOTT and MARGARET A. COLESCOTT executed the COLESCOTT LIVING TRUST ("Trust").
- (2) W.E. COLESCOTT deceased on October 5, 2017, at Minden, Nevada, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said W.E. COLESCOTT.
- (3) Said trust appointed MARGARET A. COLESCOTT to serve as sole Trustee upon the death of W.E. COLESCOTT. MARGARET A. COLESCOTT reserved the right to amend or revoke the Trust Agreement in whole or in part and by amendment dated November 2, 2017, MARGARET A. COLESCOTT appointed herself and ROBERT E. COLESCOTT as Co-Trustees.

EXHIBIT "A"

Legal Description:

Parcel 9-D as said parcel is delineated on filed parcel map for Hellman Homes and Construction, Inc., recorded June 9, 1986, in Book 686, of Official Records at Page 256, Douglas County, Nevada, as Document No. 136022.

Being a re-subdivision of adjusted Lot 9, Block B, as shown on the Official Plat of MACKLAND SUBDIVISION and recorded in Book 1280 of Official Records at Page 475, Douglas County, Nevada, as Document No. 51372, and adjusted as recorded in Book 586 on Page 2451, and 2452, as Document No. 135277.

APN: 25-541-18

Property Address: 1614 Olua Street, Minden, Nevada 89423

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3982091

CERTIFICATE OF DEATH

2017018867
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
STARTING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) William Emmett COLESCOTT		2. DATE OF DEATH (Mo/Day/Year) October 05, 2017		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and 1614 Olua Street Inpatient (Specify) Home		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 81	
9a. STATE OF BIRTH (if not US/CA, name country) Colorado		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13	
13. SOCIAL SECURITY NUMBER ██████████ 9235		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Peace Officer / Fire Fighter		14b. KIND OF BUSINESS OR INDUSTRY Public Safety	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1614 Olua Street		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Magaret Ada COLEMAN	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Wilmer Emmett COLESCOTT		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Nellie Edith EMMONS			
18a. INFORMANT - NAME (Type or Print) Margaret A. COLESCOTT		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1614 Olua Street Minden, Nevada 89423			
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 5880 S Virginia St Suite 4-E Reno NV 89502	
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) NITA SCHWARTZ 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) October 11, 2017		21c. HOUR OF DEATH 16:00		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703			
23b. LICENSE NUMBER 9114		24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 11, 2017	
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 (a) Dysphagia DUE TO, OR AS A CONSEQUENCE OF: (b) CerebroVascular Accident DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I			
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		26e. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
28a. INJURY AT WORK (Specify Yes or No)		28b. PLACE OF INJURY: At home, farm, street, factory, office building, etc. (Specify)		28c. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

000696384



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: 10/20/2017

[Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

