

APN# 1320-36-001-026



KAREN ELLISON, RECORDER

Recording Requested by/Mail to.

Name E. Lorrene Palmer

Address 1915 Borda Way

City/State/Zip Gardnerville, NV 89410

Mail Tax Statements to.

Name E Lorrene Palmer, TTEE

Address 1915 Borda Way

City/State/Zip Gardnerville, NV 89410

Affidavit of Death of Trustee

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law (check applicable)

Affidavit of Death – NRS 440 380(1)(A) & NRS 40 525(5)

Judgment – NRS 17 150(4)

Military Discharge – NRS 419 020(2)

x E. Lorrene Palmer
Signature

E. Lorrene Palmer

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

Recording requested by

E Lorrene Palmer

And when recorded, mail to
E Lorrene Palmer
1915 Borda Way
Gardnerville, NV 89410

APN 1320-36-001-026

For recorder's use

AFFIDAVIT OF DEATH OF TRUSTEE

State of Nevada)
) ss
County of Douglas)

E Lorrene Palmer, of legal age, being first duly sworn, deposes and says

- 1 William Leonard Palmer, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as William L. Palmer named as Trustee in the Declaration of Trust dated June 2, 1983, and executed by William L. Palmer and E Lorrene Palmer as Settlor and Trustees
- 2 At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known 1915 Borda Way, Gardnerville, NV 89410, which property is described in a Deed which was executed by William Leonard Palmer and Elnora Lorrene Palmer as Grantors on February 11, 2013, and recorded as Document No 0819224, of Official Records of Douglas County, Nevada
- 3 The legal description of said property is as follows
Lot 1 of Block L of WILDFLOWER RIDGE SUBDIVISION UNIT NO 3-B as shown on the official map thereof filed in the Office of the County Recorder of Douglas County, State of Nevada on June 5, 1991 in Book 691 at Page 456 as Document No 252108
- 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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such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

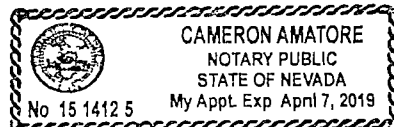
Dated 12/15/17

E Lorrene Palmer
E Lorrene Palmer

State of Nevada
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 15th day of December, 2017, by E Lorrene Palmer, proved to me on the basis of satisfactory evidence to be the person who appeared before me

Signature Cameron Amatore



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 3880983

2016003571
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) William Leonard PALMER		2 DATE OF DEATH (Mo/Day/Year) February 25, 2016		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 1915 Borda Way		3e.If Hosp or Inst indicate DOA,OP/Emer Rm Inpatient(Specify) Home	
4 SEX Male		5 RACE White		6 Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 84		7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS	
8 DATE OF BIRTH (Mo/Day/Yr) February 10, 1932		9a STATE OF BIRTH (if not US/CA, name country) Colorado		9b CITIZEN OF WHAT COUNTRY United States	
10.EDUCATION 16		11 MARITAL STATUS (Specify) Married		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Einora Lorrene SILVERS	
13 SOCIAL SECURITY NUMBER ██████-3823		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Engineer		14b KIND OF BUSINESS OR INDUSTRY Lockheed Missles In Space	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY TOWN OR LOCATION Gardnerville	
15d STREET AND NUMBER 1915 Borda Way		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		16 FATHER/PARENT - NAME (First Middle Last Suffix) William E PALMER	
17 MOTHER/PARENT - NAME (First Middle Last Suffix) Viola M RODGERS		18a INFORMANT- NAME (Type or Print) Lorrene PALMER		18b MAILING ADDRESS (Street or R.F.D No, City or Town, State Zip) 1915 Borda Way Gardnerville, Nevada 89410	
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c LOCATION City or Town State Minden Nevada 89423	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DARREN K HILL		20b. FUNERAL DIRECTOR LICENSE NUMBER 848		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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). CHRISTOPHER W FORMAN M.D.			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 01, 2016		21c HOUR OF DEATH 06 41		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) Dr. Christopher W Forman M D 2874 N Carson St Carson City, NV 89706				23b LICENSE NUMBER 5528	
24a REGISTRAR (Signature) VERALYNN A BOYACK		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 02, 2016		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))				Interval between onset and death	
PART I (a) Cardiac Arrest				Minutes	
(b) DUE TO, OR AS A CONSEQUENCE OF Recent Acute Myocardial Infarction				Interval between onset and death Days	
(c) DUE TO OR AS A CONSEQUENCE OF Coronary Artery Disease				Interval between onset and death Years	
(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 Diabetes Mellitus 2 With Chronic Renal Failure				26 AUTOPSY (Specify Yes or No) No	
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		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

VRS-Rev-20120523a

615931

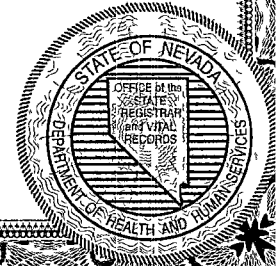
CERTIFIED COPY OF VITAL RECORDS

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 3/8/2016

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

Cody A. King
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE