

APN# : 1320-36-002-049

**Recording Requested By:**

Western Title Company

**When Recorded Mail To:**

Donna H. Coker

P.O. Box 977

Trabuco Canyon

CA 92678

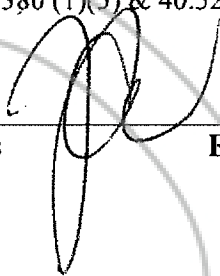
**Mail Tax Statements to: (deeds only)**

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(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



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

Donna H. Coker, of legal age, being first duly sworn, deposes and says:

1. J. Edward Coker, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as J. Edward Coker named as Trustee in the Declaration of Trust dated 4/20/2009 and executed by J. Edward Coker and Donna H. Coker 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 1826 Bitterbrush Court Gardnerville, NV 89410, which property is described in a Deed which was executed by J. Edward Coker and Donna Hall Coker aka Donna H. Coker as Grantor(s) on April 20, 2009 and recorded as Instrument No. 0741678, in Book 0409, Page 5085, 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:

Lot 8, Block I, as shown on the Map of WILDFLOWER RIDGE, UNIT 7A, filed for record in the office of the County Recorder on February 5, 1991 in Book 291, Page 313, as Document No. 244241, Official Records of Douglas County, State of Nevada.

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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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 13 Dec 17 Donna H. Coker  
Donna H. Coker,

STATE OF NEVADA <sup>CA</sup> 1SS  
COUNTY OF ORANGE

This instrument was acknowledged before me on December 13, 2017  
By Donna H. Coker.

Lisa Kitadani Hoffman  
Notary Public



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF ORANGE**

**HEALTH CARE AGENCY**  
 1200 N. MAIN STREET, SUITE 100-A  
 SANTA ANA, CALIFORNIA 92701

3052016089334		<b>CERTIFICATE OF DEATH</b>		3201630007072
STATE FILE NUMBER		LOCAL REGISTRATION NUMBER		
1. NAME OF DECEDENT - FIRST (Last)		2. MIDDLE	3. LAST (Family)	
JESSE		EDWARD	COKER	
4. DATE OF BIRTH 08/08/1940 5. AGE Yrs. 75 6. ELDERLINE Yrs. 75 7. SEX M				
8. BIRTH STATE/FOREIGN COUNTRY GA 9. SOCIAL SECURITY NUMBER 7106 11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK 12. MARRIAGE STATUS - Specify as Free or Divorced MARRIED 13. DATE OF DEATH 05/01/2016 14. HOUR 1952				
15. EDUCATION - Highest Level (Degree) DOCTORATE 16. DECEASED HISPANIC/LATINO/ASIAN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 17. DECEASED'S RACE - Up to 3 races may be listed (see instructions on back) CAUCASIAN 18. YEARS IN OCCUPATION 40				
19. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED SCIENTIST 20. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AEROSPACE				
21. DECEDENT'S RESIDENCE (Street and number, or location) 28202 MODJESKA GRADE RD				
22. CITY SILVERADO		23. COUNTY/PROVINCE ORANGE	24. ZIP CODE 92676	25. STATE/FOREIGN COUNTRY CA
26. INFORMANT'S NAME, RELATIONSHIP, ADDRESS (Street and number, or P.O. box, table and apt.) DONNA COKER, WIFE 28202 MODJESKA GRADE RD, SILVERADO, CA 92676				
27. NAME OF SURVIVING SPOUSE/GROUP - FIRST DONNA		28. MIDDLE HALL	29. LAST (BIRTH NAME) HALL	
31. NAME OF FATHER/PARENT - FIRST JESSE		32. MIDDLE EDWARD	33. LAST COKER	34. BIRTH STATE GA
35. NAME OF MOTHER/PARENT - FIRST MARY		36. MIDDLE ERCELLE	37. LAST (BIRTH NAME) PATTON	38. BIRTH STATE MS
39. DISPOSITION DATE 05/03/2016 40. PLACE OF FINAL DISPOSITION RESIDENCE OF DONNA COKER 28202 MODJESKA GRADE RD, SILVERADO, CA 92676 41. TYPE OF DISPOSITION CR/RES 42. SIGNATURE OF EMBALMER NOT EMBALMED 43. LICENSE NUMBER FD1280 44. SIGNATURE OF LOCAL REGISTRAR ERIC G. HANDLER, M.D. 45. DATE 05/03/2016				
46. NAME OF FUNERAL ESTABLISHMENT THE OMEGA SOCIETY 47. IF OTHER THAN HOSPITAL, SPECIFY ONE: <input type="checkbox"/> Home <input type="checkbox"/> Hospice <input type="checkbox"/> Hospice <input type="checkbox"/> Home <input checked="" type="checkbox"/> Other				
101. PLACE OF DEATH HEART OF SHADOWLAND RCFE 102. CITY SILVERADO 103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 28342 SHADOWLAND CIRCLE 104. COUNTY ORANGE				
107. CAUSE OF DEATH IMMEDIATE CAUSE: SENILE DEMENTIA 108. UNDERLYING CAUSE: SENILE DEMENTIA 109. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: NONE				
110. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, SKEN (Circled) AT THE HOUR, DATE, AND PLACE AS STATED FROM THE CAUSE(S) STATED: RAEF MOUNIR ELSANADI M.D. 111. TYPE ATTESTING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE RAEF MOUNIR ELSANADI M.D. 505 N. EUCLID ST. STE 480, ANAHEIM, CA 92801 112. LICENSE NUMBER A53042 113. DATE 05/03/2016				
114. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE(S) STATED: 03/01/2016 05/01/2016 115. MANNER OF DEATH: Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> 116. INJURED AT WORK? YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> 117. INJURY DATE 118. HOUR 129. SIGNATURE OF CORONER / DEPUTY CORONER 120. DATE 121. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER				
122. PLACE OF INJURY (e.g., home, construction site, school area, etc.) 123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) 124. LOCATION OF INJURY (Street and number, or location, and city and state) 125. SIGNATURE OF CORONER / DEPUTY CORONER 126. DATE 127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER				
STATE REGISTRAR A B C D E FAX AUTH. 4 CENSUS TRACT 010001003237040				



**CERTIFIED COPY OF VITAL RECORD**  
 STATE OF CALIFORNIA, COUNTY OF ORANGE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Vital Records Section, Orange County Health Care Agency.

DATE ISSUED May 11, 2016



*Eric G. Handler* H.O.  
 ERIC G. HANDLER, MD  
 COUNTY HEALTH OFFICER

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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