

APN# 1220-10-410-004

Recording Requested by/Mail to:

Name: Lifeline Estate Services, Inc.

Address: 3708 Lakeside Drive, Suite 202

City/State/Zip: Reno, NV 89509

Mail Tax Statements to:

Name: Donna S. Jacoby

Address: 1020 Sagebrush Court

City/State/Zip: Gardnerville, NV 89460

Affidavit Regarding Death of Initial Co-Trustee(s) and Assumption of Trusteeship by Successor 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)



Signature

Kara Craig

Printed Name

This document is being (re-)recorded to correct document # 2018-909583, and is correcting  
APN NUMBER SHOULD BE 1220-10-410-004

APN # 1220-10-410-~~024~~<sup>004</sup>

**RECORDING REQUESTED BY AND  
WHEN RECORDED RETURN TO:**

Lifeline Estate Services Inc.  
3708 Lakeside Drive, Suite 202  
Reno, Nevada 89509

MAIL TAX STATEMENT TO:  
DONNA S. JACOBY  
1020 SAGEBRUSH COURT  
GARDNERVILLE, NEVADA 89460

**AFFIDAVIT REGARDING DEATH OF INITIAL CO-TRUSTEE(S)  
AND ASSUMPTION OF TRUSTEESHIP BY SUCCESSOR TRUSTEE**

The following described real estate located in the County of Douglas, State of Nevada:

Lot 4, of GARDNERVILLE RANCHOS, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on November 30, 1964, in Block 1 of Maps, Page 40, File No. 26665.

and commonly known as: 1020 Sagebrush Court, Gardnerville, Nevada 89460

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues, and profits thereof.

The undersigned, DONNA S. JACOBY, hereby declares that, JOE P. JACOBY, JR., died on DECEMBER 11, 2017, is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person as JOE P. JACOBY, JR., named as one of the initial Trustee in that certain Declaration of Trust titled the JACOBY FAMILY TRUST DATED FEBRUARY 17, 2004.

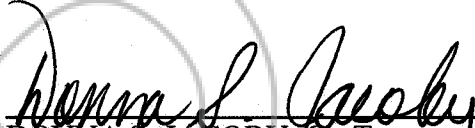
Declarant further declares that they are the Co-Successor Trustees named in the Declaration of trust and that they hereby assumes the position of Co-Trustees

The undersigned declares under penalty of perjury that the foregoing is true and correct, and that this declaration is executed on the date and place indicated below.

Executed on this 15 th day of Jan, 20 18, in the City of Reno, County of Washoe, State of Nevada.

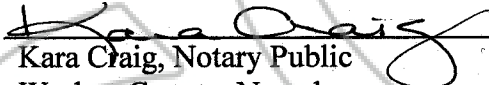
**VERIFICATION**

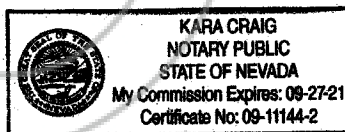
I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

  
\_\_\_\_\_  
DONNA S. JACOBY, Co-Trustee  
of the JACOBY FAMILY TRUST DATED  
FEBRUARY 17, 2004

STATE OF NEVADA                    )  
  ) SS:  
COUNTY OF WASHOE            )

Personally came before me this 15th day of January, 2017, the above named DONNA S. JACOBY, to me known to be the person who executed the foregoing instrument and acknowledged the same.

  
\_\_\_\_\_  
Kara Craig, Notary Public  
Washoe County, Nevada  
My Commission Expires 09/27/2021



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 3992812

**CERTIFICATE OF DEATH**

2017023630

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

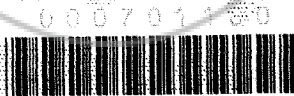
REGISTRAR

CAUSE OF DEATH

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Joe Patrick JACOBY JR</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 11, 2017</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street or Inpatient)(Specify) <b>Renown Regional Medical Center Inpatient</b>		4. SEX <b>Male</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>74</b>	
9a. STATE OF BIRTH (if not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>16</b>	
11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Donna REED</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>January 01, 1943</b>	
13. SOCIAL SECURITY NUMBER <b>2648</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>Union</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1020 Sagebrush Court</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Joe Patrick JACOBY SR</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Lois Katheryne GILDER</b>		
18a. INFORMANT - NAME (Type or Print) <b>Donna JACOBY</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1020 Sagebrush Court Gardnerville, Nevada 89460</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CHRISTIE D WILDE</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD817</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410</b>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>MOVSES KAZANCHYAN MD</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>December 16, 2017</b>		21c. HOUR OF DEATH <b>23:29</b>		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Tom Herbert MD</b>		22b. DATE SIGNED (Mo/Day/Yr)		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) <b>Movses Kazanchyan MD 1155 Mill St Reno, NV 89502</b>				23b. LICENSE NUMBER <b>15875</b>	
24a. REGISTRAR (Signature) <b>CARMEN M MENDOZA</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 19, 2017</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) <b>cerebral vascular accident</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Acute Hypoxemic Respiratory Failure</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(c) <b>Acute pulmonary embolism</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(d) <b>Atrial Fibrillation</b>				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Unknown Etiology</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
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



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:

12/20/2017

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

*[Signature]*  
SIGNATURE AUTHENTICATED

