

APN: 1022-09-002-036

WHEN RECORDED RETURN TO:  
JUSTIN M. TOWNSEND, ESQ.  
ALLISON MacKENZIE, LTD.  
P.O. Box 646  
Carson City, Nevada 89702



KAREN ELLISON, RECORDER

MAIL TAX STATEMENTS TO:  
VALERIE A SAKET-BRECKENRIDGE  
307 NIBLICK CT  
YERINGTON, NV 89447

The party executing this document hereby affirms that this document submitted for recording does contain the social security number of any person or persons pursuant to NRS 440.380

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA )  
  ) : ss.  
COUNTY OF LYON                  )

VALARIE ANN BRECKENRIDGE, being first duly sworn, deposes and says:

1. That THE 2002 JOSEPH P. AND NORMA J. CABRAL REVOCABLE LIVING TRUST AGREEMENT was created on March 14, 2002, as amended on July 15, 2014, by JOSEPH P. CABRAL, SR. and NORMA J. CABRAL.
2. That JOSEPH P. CABRAL, SR. and NORMA J. CABRAL were the creators ("Settlors") and original Trustees of said Trust, as amended.
3. That Settlor and Trustee, NORMA J. CABRAL, died on December 14, 2017, and a certified copy of her death certificate issued by the State of Nevada is attached hereto as **Exhibit "1"**.
4. That after the death of NORMA J. CABRAL, the sole Trustee of said Trust is JOSEPH P. CABRAL, SR. and that in the event of the death or incapacity of the surviving Trustee, VALARIE ANN BRECKENRIDGE and KATHLEEN MARIE COOK shall become the Co-Trustees.

5. That said Trust is the owner of all that certain real property situate in Douglas County, State of Nevada, commonly known as 3670 Slate road, Wellington, Nevada 89444, being Assessor's Parcel Number 1022-09-002-036, as more particularly described in that certain Grant, Bargain and Sale Deed recorded in the Official Records of Douglas County on March 15, 2002, as Document No. 537085, and being more particularly described as follows:

LOT 29, IN BLOCK O, AS SHOWN ON THE MAP OF TOPAZ RANCH ESTATES UNIT NO. 4, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON NOVEMBER 16, 1970, IN BOOK 1 OF MAPS, PAGE 224, AS DOCUMENT NO. 50212

APN: 1022-09-002-036

6. That as of this date, the Trust is irrevocable as to Residual Trust portion thereof, but revocable as to the Survivor's Trust portion.

7. That this Affidavit has been executed in WELLINGTON, Nevada.

8. That Affiant certifies and declares under penalty of perjury of the laws of the State of Nevada that the foregoing is true and correct of her own personal knowledge.

Further Affiant sayeth naught.

DATED March 26, 2018.

Valerie Ann Breckenridge  
VALARIE ANN BRECKENRIDGE

STATE OF NEVADA )  
COUNTY OF LYON ) : ss.

On March 26<sup>th</sup>, 2018, personally appeared before me, a notary public, VALARIE ANN BRECKENRIDGE, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that he executed the foregoing instrument.



Frankie Lemos  
NOTARY PUBLIC

COPY

**EXHIBIT "1"**

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

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

CASE FILE NO. 3993617

**CERTIFICATE OF DEATH**

2017023896  
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>Norma Jean CABRAL</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 14, 2017</b>		3a. COUNTY OF DEATH <b>Lyon</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Wellington</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address) <b>20 Valley View Drive</b>		3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		8. Hispanic Origin? Specify No - Non-Hispanic	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Missouri</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>10</b>	
11. MARITAL STATUS (Specify) <b>Married</b>		7a. AGE-Last birthday (Years) <b>87</b>		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Joseph CABRAL</b>		7c. UNDER 1 DAY		8. DATE OF BIRTH (Mo/Day/Yr) <b>May 26, 1930</b>	
13. SOCIAL SECURITY NUMBER <b>2194</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lyon</b>		15c. CITY, TOWN OR LOCATION <b>Wellington</b>	
15d. STREET AND NUMBER <b>20 Valley View Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Percial Lee RICHARDSON</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Lula Edna HOLMES</b>		
18a. INFORMANT- NAME (Type or Print) <b>Valerie Ann SALET-BRECKENRIDGE</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>307 Niblick Court Yerington, Nevada 89447</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Hillcrest Cemetery</b>		19c. LOCATION City or Town State <b>Smith Nevada 89430</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>GERALD HITCHCOCK</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD614</b>		20c. NAME AND ADDRESS OF FACILITY <b>Freitas Ruprecht Funeral Home PO BOX 1271 Yerington NV 89447</b>	
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) <b>REED DOPF MD</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)		
21b. DATE SIGNED (Mo/Day/Yr) <b>December 21, 2017</b>		21c. HOUR OF DEATH <b>15:05</b>		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)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Reed Dopf MD 907 Mountain Street Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>13920</b>	
24a. REGISTRAR (Signature) <b>MICHELLE L BLANCHFIELD</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 21, 2017</b>		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) <b>Terminal Complications Of Severe Parkinson's Disease</b>				Interval between onset and death <b>Years</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				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.				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: 1/11/2018

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

*[Signature]*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

