

A. P. No. 1318-23-410-023  
(Formerly 0000-07-161-140)



KAREN ELLISON, RECORDER

When recorded mail to:  
John A. Rakestraw, Successor Trustee  
1200 Riverside Drive, Suite 1200  
Reno, Nevada 89503

**AFFIRMATION PURSUANT TO  
NRS 111.312(1)(2) AND 239B.030(4)**

*The undersigned, hereby affirm that this document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by the following: NRS 440.380.*

AFFIDAVIT OF SUCCESSOR TRUSTEE  
(Douglas County Deed of Trust/Note)

STATE OF *NEVADA* )  
 ) ss  
COUNTY OF *WASHOE* )

I, JOHN A. RAKESTRAW, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated April 11, 1991, ALBERT E. RAKESTRAW and MOLLY P. RAKESTRAW, executed the ALBERT E. RAKESTRAW and MOLLY P. RAKESTRAW FAMILY TRUST.

(2) Said trust appointed me to serve as Successor Trustee upon the death or incapacity of ALBERT E. RAKESTRAW and MOLLY P. RAKESTRAW.

(3) That ALBERT EDWIN RAKESTRAW also known as ALBERT E. RAKESTRAW is now deceased, having died in the County of Washoe, State of Nevada, on November 24, 2009. Attached hereto is a certified copy of the Certificate of Death of ALBERT EDWIN RAKESTRAW, which has been duly filed with the Nevada State Department of Human Resources, Division of Health, Section of Vital Statistics, Reno, Nevada. That

your affiant expressly incorporates said Certificate of Death in this affidavit.

(4) That MOLLY PATRICIA RAKESTRAW also known as MOLLY P. RAKESTRAW is now deceased, having died in the County of Washoe, State of Nevada, on January 22, 2018. Attached hereto is a certified copy of the Certificate of Death of MOLLY PATRICIA RAKESTRAW, which has been duly filed with the Nevada State Department of Human Resources, Division of Health, Section of Vital Statistics, Reno, Nevada. That your affiant expressly incorporates said Certificate of Death in this affidavit.

(5) Pursuant to the terms of the Trust, I have assumed the responsibilities of Successor Trustee.


(6) That during the lifetime of the said ALBERT E. RAKESTRAW and MOLLY P. RAKESTRAW as Trustees of the ALBERT E. RAKESTRAW and MOLLY P. RAKESTRAW FAMILY TRUST, created April 11, 1991, were the owners, of the beneficial interest in that certain Deed of Trust recorded August 3, 1999, as Document No. 0473789, in Book No. 0899, Page 0602, Official Records, Douglas County, Nevada, and the Promissory Note secured thereby, securing real property, situate in County of Douglas, State of Nevada, more particularly described as follows:

Lot 25, as shown on the map of PONDEROSA PARK SUBDIVISION, filed in the office of the County Recorder of Douglas County, Nevada, on February 25, 1970, as Document No. 47249.

(7) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustee with respect to the Trust's interest in the described property.

(8) No other person has a right to the interest of the Trust in the described property.

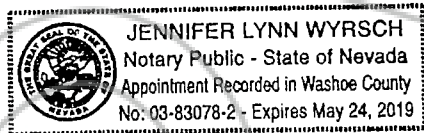
Executed this 2ND day of May, 2018, at Reno, Nevada.

  
\_\_\_\_\_  
John A. Rakestraw,  
Successor Trustee

STATE OF )  
 ) ss  
COUNTY OF )

This instrument was acknowledged before me on May 2, 2018, by JOHN A. RAKESTRAW as Successor Trustee of the ALBERT E. RAKESTRAW and MOLLY P. RAKESTRAW FAMILY TRUST, created April 11, 1991.

Jennifer Lynn Wyrsh  
Notary Public



# WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS  
Reno, Nevada

## CERTIFICATE OF DEATH

**2009017701**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Albert Edwin RAKESTRAW</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 24, 2009</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 and number) <b>St Mary's Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
DECEDENT	4. SEX <b>Male</b>		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) <b>86</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) <b>April 07, 1923</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>Illinois</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
	10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Molly Patricia DOLITTLE</b>	
PARENTS	13. SOCIAL SECURITY NUMBER <b>██████████ 2601</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Real Estate Development</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Real Estate</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Washoe</b>		15c. CITY, TOWN OR LOCATION <b>Reno</b>	
DISPOSITION	15d. STREET AND NUMBER <b>1150 West Plumb Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER - NAME (First Middle Last Suffix) <b>John L RAKESTRAW</b>	
	17. MOTHER - NAME (First Middle Last Suffix) <b>Audrey M VOIGHT</b>		18a. INFORMANT- NAME (Type or Print) <b>Molly Patricia RAKESTRAW</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1150 West Plumb Lane Reno, Nevada 89509</b>	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Sierra Crematory</b>		19c. LOCATION City or Town State <b>Reno Nevada 89501</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JUDITH KIMPTON</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>677</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno</b> <b>390-E. Moana Ln. Suite D1 Reno NV 89502</b>	
CERTIFIER	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>SIGNATURE AUTHENTICATED JOSEPH STEVENSON DO</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 04, 2009</b>		21c. HOUR OF DEATH <b>22:35</b>		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>JOSEPH STEVENSON DO 75 Pringle Way #401 Reno, NV 89502</b>		23b. LICENSE NUMBER <b>974</b>			
CAUSE OF DEATH	24a. REGISTRAR (Signature) <b>BRIDGES SANDI</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 08, 2009</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>Myocardial infarction</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Congestive heart failure</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Renal failure</b> DUE TO, OR AS A CONSEQUENCE OF: (d) <b>Unknown cause</b>		Interval between onset and death			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART II		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:

12/09/2009

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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

**WASHOE COUNTY HEALTH DISTRICT**

VITAL STATISTICS - RENO, NEVADA  
CERTIFICATE OF DEATH

CASE FILE NO. 4000856

**2018001734**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Molly Patricia RAKESTRAW</b>		2 DATE OF DEATH (Mo/Day/Year) <b>January 22, 2018</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 address) <b>St Mary's Regional Medical Center</b>		3e If Hosp or Inst indicate DOA, OP/Emer Rm Inpatient(Specify) <b>Inpatient</b>	
DECEDENT	5 RACE (Specify) <b>White</b>		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) <b>94</b>	
	7b UNDER 1 YEAR <b>MOS</b>		7c UNDER 1 DAY <b>DAYS</b>		8 DATE OF BIRTH (Mo/Day/Yr) <b>July 27, 1923</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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>12</b>	
	11 MARITAL STATUS (Specify) <b>Widowed</b>		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13 SOCIAL SECURITY NUMBER <b>-5929</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>Washoe</b>		15c CITY, TOWN OR LOCATION <b>Reno</b>	
DISPOSITION	15d STREET AND NUMBER <b>1150 West Plumb Lane</b>		15e INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>Edward DOOLITTLE</b>	
	17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Esther MACCARTHY</b>		18a INFORMANT- NAME (Type or Print) <b>John RAKESTRAW</b>			
TRADE CALL	18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1200 Riverside Drive #1200 Reno, Nevada 89503</b>				19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>	
	19b CEMETERY OR CREMATORY - NAME <b>Sierra Crematory</b>		19c LOCATION City or Town State <b>Reno Nevada 89503</b>			
CERTIFIER	20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>MONICA GIESE</b>		20b FUNERAL DIRECTOR LICENSE NUMBER <b>FD880</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502</b>	
	20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502</b>					
REGISTRAR	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>REKA P DANKO 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)			
CAUSE OF DEATH	21b DATE SIGNED (Mo/Day/Yr) <b>January 30, 2018</b>		21c HOUR OF DEATH <b>03:03</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)	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STARTING THE UNDERLYING CAUSE LAST	23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Reka P Danko MD 235 W. 6th Street Reno, NV 89503</b>				23b LICENSE NUMBER <b>13935</b>	
	24a REGISTRAR (Signature) <b>BLAIR J HEDRICK</b>		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 30, 2018</b>		24c DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
CAUSE OF DEATH	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				26 AUTOPSY (Specify Yes or No) <b>No</b>	
	PART I				27 WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
CAUSE OF DEATH	(a) <b>Respiratory Failure</b>				Interval between onset and death	
	(b) <b>Sepsis</b>				Interval between onset and death	
CAUSE OF DEATH	(c) <b>Pneumonia</b>				Interval between onset and death	
	(d) <b>Unknown Etiology</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				26 AUTOPSY (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		
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

000292257

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