

APN# 1320-33-811-012



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:  
Name: Laurie Sousa  
Address: 1336 Cedar Creek Cir.  
City/State/Zip: Gardnerville, NV 89460

Mail Tax Statements to:  
Name: Laurie Sousa  
Address: 1336 Cedar creek Cir  
City/State/Zip: Gardnerville, NV 89460

**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)

*Laurie Sousa*  
Signature

Laurie Sousa  
Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting  
\_\_\_\_\_  
\_\_\_\_\_.

Recording requested by:  
Laurie Sousa  
1336 Cedar Creek Circle  
Gardnerville, NV 89460

And when recorded, mail to:  
Laurie Sousa  
1336 Cedar Creek Circle  
Gardnerville, NV 89460

APN: 1320-33-811-012

For recorder's use

### AFFIDAVIT OF DEATH OF TRUSTEE

State of Nevada )  
County of Douglas ) ss.

Laurie Sousa, of legal age, being first duly sworn, deposes and says:

1. Mary Emma Schennum the decedent mentioned in the attached certified copy of Certificate of Death, is the same persons as Mary E. Schennum named as Successor Trustee in the Declaration of Trust executed by Mary E. Schennum as Trustor and as Trustee.
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property, which property is described in a Deed which was executed by Brandy M. Marshall and Geoffrey S. Marshall, wife and husband as joint tenants, as Grantors on March 21, 2016, and recorded as Instrument No. 2016-878729, of Official Records of Douglas County, Nevada.
3. The legal description of said property is as follows:  
Lot 24, on Block C, of FINAL SUBDIVISION MAP #1006-4 for CHICHESTER ESTATES PHASE 4, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on December 11, 1997, in Book 1297, Page 2264, as Document No. 428220.
4. I am the Successor Trustee under the above-referenced Trust, which was in effect at the time of the deaths of the decedents mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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.

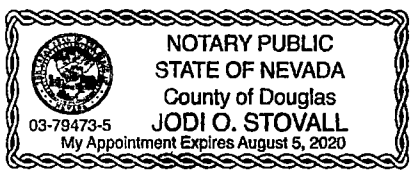
Dated 10/10/18

Laurie Sousa  
Laurie Sousa

State of Nevada  
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 10 day of OCTOBER, 2018, by Laurie Sousa proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature Jodi O. Stovall



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

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

CASE FILE NO. 4010041

**CERTIFICATE OF DEATH**

2018005708  
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>Mary Emma SCHENNUM</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 19, 2018</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or Inpatient)(Specify) <b>1336 Cedar Creek Circle Home</b>		4. SEX <b>Female</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>88</b>	
7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>May 23, 1929</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>14</b>	
11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER <b>██████████-7457</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Homemaker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Home</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>1336 Cedar Creek Circle</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>George Joseph SMITH</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Hazel Delight NEWCOMB</b>		
18a. INFORMANT- NAME (Type or Print) <b>Laurie SOUSA</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1336 Cedar Creek Circle Gardnerville, Nevada 89460</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Removal/State</b>		19b. CEMETERY OR CREMATORY - NAME <b>All Souls Cemetery</b>		19c. LOCATION City or Town State <b>Long Beach California 90807</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CHRISTIE D WILDE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD917</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV 89410</b>	
TRADE CALL - NAME AND ADDRESS <b>All Souls Mortuary &amp; Cemetery 4400 Cherry Avenue Long Beach CA 90807</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>NITA SCHWARTZ MD</b> SIGNATURE AUTHENTICATED			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>March 23, 2018</b>		21c. HOUR OF DEATH <b>02:48</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>Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>9114</b>	
24a. REGISTRAR (Signature) <b>MELISSA KNIGHT</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 23, 2018</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>Cerebrovascular Disease</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c) DUE TO, OR AS A CONSEQUENCE OF:					
(d) DUE TO, OR AS A CONSEQUENCE OF:					
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

VRS-Rev-20120523a

000712550



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: **MAR 26 2018**

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

