

APN 1420-07-817-002

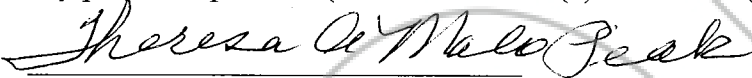
**RECORDING REQUESTED BY
AND WHEN RECORDED RETURN TO:**

Steven E. Tackes, Esq.
Kaempfer Crowell
510 West Fourth Street
Carson City, NV 89703

MAIL TAX STATEMENTS TO:

Theresa A. Malo Peak, Trustee
Vaughn Elbert Peak Survivor's Trust dtd 1-28-2011
4650 Wagon Wheel Road
Carson City, NV 89703

I affirm that this document submitted for recording **does** contain the social security number of any person or persons. (Per NRS 440.380(1) and 40.525(5))



Theresa A. Malo Peak

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA)
)ss:
CARSON CITY)

THERESA A. MALO PEAK, aka Theresa Peak, aka Theresa A. Malo, fka Theresa Appolonia Hammond, being first duly sworn, upon oath and under penalty of perjury, deposes and says as follows:

1. That I am over the age of twenty-one (21) years of age and competent to testify to the matters hereinafter stated.
2. That VAUGHN ELBERT PEAK, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as VAUGHN ELBERT PEAK, named as Trustee of the VAUGHN ELBERT PEAK SURVIVOR'S TRUST created on January 28, 2011 under the

VAUGHN ELBERT PEAK AND DONNA LEE PEAK FAMILY TRUST DATED JULY 23, 1983, in that certain QUITCLAIM Deed recorded as Document No. 2015-866047 on July 10, 2015, covering the following described property.

3. That the real property described herein is real property situated in the County of Douglas, State of Nevada, and more particularly described as follows:

Lot 43, in Block E, as shown on the map of Impala Mobile Home Estates Unit No. 1, filed for Record in the office of the County Recorder of Douglas County, State of Nevada, on May 11, 1978, in Book 578, Page 708, as Document No. 2055.

Together with all singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

Legal description taken from Quitclaim Deed recorded July 10, 2015, as Document Number 2015-866047.

APN: 1420-07-817-002, which currently has the address of 3445 Princeton Avenue, Carson City, Nevada 89705 (Douglas County).

4. That I, THERESA A. MALO PEAK, am the spouse of the decedent and am named within the aforementioned Trust as Successor Trustee. .

5. That I, THERESA A. MALO PEAK, confirm, and consent to serve as Trustee of the aforementioned Trust and hereby assume the powers and duties as Trustee of such Trust.

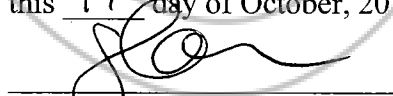
6. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

DATED this 17 day of October, 2018.

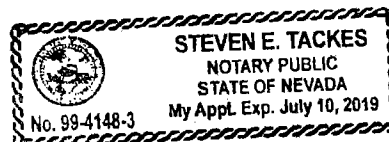


THERESA A. MALO PEAK, Trustee

SUBSCRIBED AND SWORN to before me by THERESA A. MALO PEAK this 17 day of October, 2018


Notary Public

(Seal)



STATE OF ARIZONA

CERTIFICATION OF VITAL RECORD

ORIGINAL
STATE COPY

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS CERTIFICATE OF DEATH

State File Number
102-2018-020227

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX) VAUGHN, ELBERT, PEAK		2. AKA'S (IF ANY)		3. DATE OF DEATH 04/23/2018	
4. SEX MALE		5. SOCIAL SECURITY NUMBER ██████████9057		6. DATE OF BIRTH 01/02/1930	
				7. AGE 88 YEARS	
8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH MESA, MARICOPA, 85208					
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS) RESIDENCE - 8054 E DULCET COURT					
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) SELMA, CALIFORNIA		11. MARITAL STATUS MARRIED		12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) THERESA, APPOLONIA, HAMMOND	
13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP) 8054 E DULCET COURT, MESA, MARICOPA, AZ, 85208					
14. DECEDENT'S HISPANIC ORIGIN(S): NO, NOT SPANISH/HISPANIC/LATINO		15. DECEDENT'S RACE(S): WHITE		16. EVER IN ARMED FORCES NO	
				17. OCCUPATION ENGINEER	
18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX) ELBERT, PEAK			19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) ALBERTA, QUIMBY		
20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX) THERESA, APPOLONIA, MALO				21. RELATIONSHIP SPOUSE	
22. INFORMANT'S MAILING ADDRESS 8054 E DULCET COURT, MESA, AZ, 85208					
23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON MARIPOSA GARDENS MEMORIAL PARK & FUNERAL CARE 400 S POWER ROAD, MESA, AZ, 85206			24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON JACK, SEYLER		25. LICENSE NUMBER F1358
26. METHOD(S) OF DISPOSITION CREMATION		27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY MELCHER'S MISSION CREMATORY, MESA, AZ, US		28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I					
29. A. IMMEDIATE CAUSE OF DEATH SYSTOLIC CONGESTIVE HEART FAILURE				30. APPROXIMATE INTERVAL YEARS	
31. B. DUE TO OR AS A CONSEQUENCE OF: UNSPECIFIED NATURAL CAUSES				32. APPROXIMATE INTERVAL YEARS	
33. C. DUE TO OR AS A CONSEQUENCE OF:				34. APPROXIMATE INTERVAL	
35. D. DUE TO OR AS A CONSEQUENCE OF:				36. APPROXIMATE INTERVAL	
CAUSE OF DEATH PART II					
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I:			38. INJURY? NO	39. INJURY AT WORK?	40. MANNER OF DEATH NATURAL DEATH
			41. TIME OF DEATH 10:30 PM	42. WAS AN AUTOPSY PERFORMED? NO	43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
CAUSE AND MANNER CERTIFICATION					
TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ABOVE IS CORRECT AND THE DEATH OCCURRED DUE TO THE CAUSE(S) AND MANNER STATED			44. NAME OF PERSON COMPLETING CAUSE OF DEATH REBECCA, ABRAHAM		45. DATE CERTIFIED 04/24/2018
46. CERTIFIER'S ADDRESS 2020 E WOODSIDE COURT, GILBERT, AZ, 85297					

Date Registered: 04/27/2018

Date Issued: 05/03/2018

VS-49 Rev. 12/2017



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA.
Revised 07/2016

Krystal Colburn
KRYSTAL COLBURN
ASSISTANT STATE REGISTRAR



**ARIZONA DEPARTMENT
OF HEALTH SERVICES**

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE