

APN# : 1320-29-115-001

Recording Requested By:

Western Title Company

When Recorded Mail To:

Debra Marie Dannenfelser

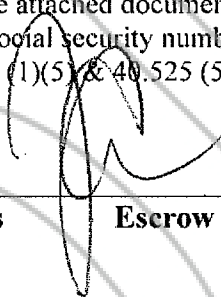
1522 Divot Rd

Carson City, NV

89701

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 440.525 (5))

Signature



Traci Adams

Escrow Officer

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT – DEATH OF TRUSTEE

Debra Marie Dannenfelser, Successor Trustee, of legal age, being first duly sworn, deposes and says:

1. Francis A. Ellingwood, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Francis A. Ellingwood named as Trustee in the Declaration of Trust dated 3/4/2005 and executed by Francis A. Ellingwood, Trustee of Francis A. Ellingwood Revocable Trust dated March 4, 2005 as Trustor(s).

2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 1141 Wisteria Dr. Minden, NV 89423, which property is described in a Deed which was executed by Francis A. Ellingwood as Grantor(s) on December 10, 2009 and recorded as Instrument No. 755557, in Book 1209, Page 3487, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

3. The legal description of said property is as follows:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 273 of WINHAVEN UNIT NO. 4, PHASE A, A PLANNED UNIT DEVELOPMENT, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on August 19, 1993, In Book 893, Page 3898, as Document No. 315526.

4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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 10-29-18

Francis A. Ellingwood Revocable Trust dated March 4, 2005

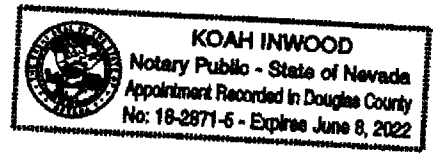
Debra Marie Dannenfesler
Debra Marie Dannenfesler, Successor Trustee,

STATE OF NEVADA)
COUNTY OF H Douglas) SS

This instrument was acknowledged before me on
October 29, 2018

By Debra Marie Dannenfesler, Successor Trustee.

[Signature]
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

CASE FILE NO. 3894811

2016009202
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) Francis Alvin ELLINGWOOD		2. DATE OF DEATH (Mo/Day/Year) May 18, 2016		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or Ormsby Acute Care 3d. If Hosp. or Inst. Indicate DOA, OPEmer. Rm. (Inpatient)(Specify) Nursing Home		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 81	
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		8. DATE OF BIRTH (Mo/Day/Yr) September 15, 1934	
13. SOCIAL SECURITY NUMBER -5143		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Business Owner		14b. KIND OF BUSINESS OR INDUSTRY Sales	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1141 Wisteria Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Harry Clifford ELLINGWOOD			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Edith Arlene BARLOW		
18a. INFORMANT-NAME (Type or Print) Debra DANNENFELSER		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1522 Divot Rd. Carson City, Nevada 89701			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DARREN K HILL		20b. FUNERAL DIRECTOR LICENSE NUMBER 884		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Roop Carson City NV 89706	
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) JOSE AGUIRRE M.D.			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) May 23, 2016		21c. HOUR OF DEATH 06:15		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)	
22a. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jose Aguirre M.D. 1600 Medical Parkway Carson City, NV 89703			
23b. LICENSE NUMBER 11479		24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 23, 2016		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) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF (b) End Stage Renal Disease DUE TO, OR AS A CONSEQUENCE OF (c) Severe Protein Calorie Malnutrition DUE TO, OR AS A CONSEQUENCE OF (d) Chronic Obstructive Pulmonary Disease				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Unknown Etiology				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No)		28a. ACC. SUICIDE, HONM, 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

629149

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:

5/25/2016

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

Cody P. Hines
STATE REGISTRAR
SIGNATURE AUTHENTICATED

