DOUGLAS COUNTY, NV

2018-921776

Rec:\$35.00

Total:\$35.00

11/02/2018 03:54 PM

VANDER LAAN LAW FIRM, LLC

Pgs=3

This document does not contain a social security number.

Natalia K. Vander Laan, Esq.

A.P.N.: 1220-21-04-113-006

00082138201809217760030038

KAREN ELLISON, RECORDER

<b>Recording Requested By:</b>	)
Vander Laan Law Firm, LLC	)
1624 10 <sup>th</sup> St, Suite 3	)
Minden, NV 89423	)
	)
When Recorded Mail to:	)
Vander Laan Law Firm, LLC	)
1624 10 <sup>th</sup> St, Suite 3	)
Minden, NV 89423	)
	)
Mail Tax Statements to:	)
Marciana C. Huarte, Trustee	)
1305 Santa Cruz Dr.	)
Minden, NV 89423	)

## AFFIDAVIT - DEATH OF CO-TRUSTEE

I, MARCIANA C. HUARTE, of legal age, being first dully sworn, declare under penalty of perjury that:

FERMIN HUARTE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as FERMIN HUARTE named as Co-Trustee in the Declaration of Trust executed on April 11, 2013, by Fermin Huarte and Marciana C. Huarte as Grantors.

FERMIN HUARTE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as FERMIN HUARTE, named as one of the parties in that certain deed dated April 11, 2013, and executed by Fermin Huarte and Marciana C. Huarte, husband and wife, as joint tenants, to Fermin Huarte and Marciana C. Huarte, Co-Trustees of the HUARTE FAMILY TRUST Dated April 11, 2013, recorded on April 23, 2013, as Document No. 0822326, in Book 0413, Page 6812, of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

Lot 110, in Block A, as shown on the plat of KINGSLANE UNIT NO. 3-B, filed for record in the Office of the County Recorder of Douglas County, Nevada, on October 26, 1977, as Document No. 14385.

## Subject to:

- 1. All general and special taxes for the current fiscal year.
- 2. Covenants, conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

Together with all and singular, the tenements, hereditaments and appurtenances, thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

FERMIN HUARTE, the deceased Co-Trustee, died on June 22, 2018, as shown in the attached certified copy of Certificate of Death.

The Affiant is the Wife of the deceased Co-Trustee and now the sole Trustee under the abovereferenced Trust, which was in effect at the time of the death of the decedent mentioned herein, and which has not been revoked, and the Affiant hereby consents to act as such.

Executed on this \_\_\_\_\_ day of November, 2018, in Douglas County, State of Nevada.

> C. Thai

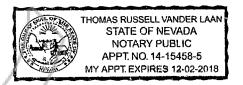
MARCIANA C. HUARTE

STATE OF NEVADA

): ss

**COUNTY OF Douglas** 

Signed and sworn to (or affirmed) before me on this 2 day of November, 2018, by Marciana C. Huarte.



**NOTARY PUBLIC** 

This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiant. The preparer of this affidavit assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.



## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH **VITAL STATISTICS** 

CASE FI	LE NO. 4026348	CE	RTIFICATE O	F DEATH	}		180123			
TYPE OR	1a. DECEASED-NAME (FIRST,	AIDDLE LAST SHEEKY		·	G 0475 05 05 15 17 17		TE FILE NUME			
PRINT IN PERMANENT	Ferm				2, DATE OF DEATH (N		1 1	Y OF DEATH	- 1	
BLACK INK		OF DEATH 3c. HOSPITAL OR C	HUARTE OTHER INSTITUTION -NO	me/If not either give	June 22, 2	U18	<u> </u>	Carson City		
	Carson City	l _			Innetient/Sne	ilist. Bidicate LA cify)	JA,OP/Emer.	Rm. 4. SE	×	
DECEDENT	5. RACE Spaniard		Tahoe Regional I		ا , ا <del>د</del>	Inpatie	nt		Male	
	(Specify)		PANISH BASQUE (Y	'ears)	7b. UNDER 1 YEAR 70	OURS   MINS	8. DATE O	F BIRTH (Mo/I	)ay/Yr)	
IE DEATH	9a. STATE OF BIRTH (If not US/	CA, 96. CITIZEN OF WHAT C	CURTEVIA EDUCATION	73	0.00 - 100	1	Febr	ruary 09, 19		
IF DEATH OCCURRED IN INSTITUTION SEE	name country) Spain	United States		Mari		TVING SPOUSES	1. 1.		riage)	
HANDROOM	13. SOCIAL SECURITY NUMBER		ON (Give Kind of Work Dor		14b. KIND OF BUSI	Warcie NESS OR INDUS	ana FAV	Ever in US	Armed	
REGARDING COMPLETION OF RESIDENCE	-1772		Landscap							
ITEMS	15a, RESIDENCE - STATE	15b. COUNTY 15	Sc. CITY, TOWN OR LOCA	ATION 15d. ST	REET AND NUMBER		Trans.	15e. INSIDE C	YTIC	
<u> </u>	Nevada	Douglas	Minden	1305	Santa Cruz D	r	1	LIMITS (Speci or No) Y	65 E	
PARENTS	16. PARENT - NAME (First Mide				NAME (First Middle L		-		V.	
		Eulogio HUARTE			Felisa	LUSARR	ETA	<u> </u>	7	
	18a, INFORMANT- NAME (Type		18b, MAILING ADDRE		F.D. No, City or Town, S			1	- 1	
		HUARTE (OVAL, OTHER (Specify) 196. CE	HETERY DO CORNEL	1305 Sa	nta Cruz Dr Minde					
DISPOSITION	Cremati			RY - NAME ry's Crematory		19c, LOCATION	•		V/	
		NATURE (Or Person Acting as Su	A CONTRACTOR OF THE CONTRACTOR	16	E AND ADDRESS OF		on City Nev	/ada 89701		
		TE D WILDE	LICENSE NUMBE	R	FitzHenry's (		v Funeral l	Home		
		URE AUTHENTICATED	7	1380 Highway						
TRADE CALL	TRADE CALL - NAME AND ADD									
	21a. To the best of my known to the cause(s) stated.(Sig	wledge, death occurred at the time	e, date and place and due	22a On the	basis of examination and/	or investigation, in	myopinion de	ath occurred		
	HAS HAS	JOSE AGUIRRE MD		a draw min.	date and place and due to	ne cause(s) state	a. (Signature 8	k (100)	- 1	
CERTIFIER	E 0   June 26 2010	Day/Yr) 21c. HOUR OF	76.	22b. DATI	SIGNED (Mo/Day/Yr)	22c	. HOUR OF D	EATH		
	June 26, 2018 21d, NAME OF ATTENDI	NO DUVERDANCE OTHER THAN	13:55							
	at the time, date and place and due to the cause(s) stated. (Signature & Title)  JOSE AGUIRRE MD  21b. DATE SIGNED (Mo/Day/Yr)  June 26, 2018  21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER  21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER  22d. PRONOUNCED DEAD (Mo/Day/Yr)  22d. PRONOUNCED DEAD (Mo/Day/Yr)  22d. PRONOUNCED DEAD (Mo/Day/Yr)  22e. PRONOUNCED DEAD AT								(Hour)	
		CERTIFIER (PHYSICIAN, ATTEND	DING PHYSICIAN, MEDIC	AL EXAMINER, OR	CORONER) (Type of P	rint)	23b, LICENSE	NUMBER		
	/	Jose Aguirre MD 1600 M	edical Parkway Can	son City, NV 8	9703	5		11479		
REGISTRAR	24a. REGISTRAR (Signature)	MELISSA KNI	GHT 2	An/Double	D BY REGISTRAR	1		MUNICABLE C	ISEASE ·	
		SIGNATURE AUTHENT	CATED	/ ' ' \ JI	ine 27, 2018	YE	s 📗	NO X		
CAUSE OF	25. IMMEDIATE CAUSE	(ENTER ONLY ONE CAUSE PE	R LINE FOR (a), (b), AND	(c).)	-		Interval bet	tween onset ar	nd death	
DEATH	19/	A CONSEQUENCE OF:		<del>_</del>	<del></del>	<del></del>	<u> </u>			
CONDITIONS IF	Acute Pe	spiratory Failure	1	1 1			Interval bel	tween onset ar	nd death	
ANY WHICH	100 Th.	S A CONSEQUENCE OF:		-			<del> </del>			
IMMEDIATE CAUSE		cephalopathy		/ /			interval bel	tween onset ar	nd death	
STATING THE -> UNDERLYING CAUSE LAST	DUE TO, OR A	A CONSEQUENCE OF:	-	<del>/ / </del>			Interval be	tween onset a	od death	
GAUSE LAST	Color End Stag	e Liver Disease					!			
	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  25. AUTOPSY (Specifiz: WAS CASE REFERRED TO COR Yes or No) No									
/ /									ORONER	
/ /	28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo/Dey/Yr)	28c. HOUR OF INJURY	28d. DESCRIBE	HOW INJURY OCCURRED	L			-INU	
				1					- 1	
1 \	28e. INJURY AT WORK (Specif	28f. PLACE OF INJURY- At hor	ne, farm, street, factory, of	fice 28g. LOCATI	ON STREET OR	R.F.D. No. C	OTY OR TOW	Ň	STATE	
1 1	Yes or No)	building, etc. (Specify)		1					i i	

STATE REGISTRAR

VRS-Rev-20120523a





DATE ISSUED:

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.

7/2/2018

SIGNATURE ALIEMENTICATED

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