

APN# 1022-09-002-036

Recording Requested by:

Name: First American Title Insurance Company

Address: 1663 US Highway 395, Suite 101

City/State/Zip: Minden, NV 89423

Order Number: 143-2554161

Affidavit Death of Trustee (for Recorder's use only)
(Title of Document)

Recorder Affirmation Statement

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

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 as required by law: NRS 440.380
(State specific law)

M Kelsh EO
Signature Title

Mkelsh
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
Valarie Ann Breckenridge
307 Niblick Court
Yerington, NV 89447

Space Above This Line for
Recorder's Use Only

A.P.N. 1022-09-002-037

File No.: 143-2548048 (mk)

Affidavit - Death of Trustee

State of Nevada)
County of Douglas)ss.
)

Valarie Ann Breckenridge ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Joseph Patrick Cabral** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **7-13-2018** at **Wellington, Lyon** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **3-14-2002** executed by **Joseph P. Cabral and Norma J. Cabral** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant Bargain Sale Deed** dated **1-29-2002** which was recorded as Instrument No. **0537086** in Book **0302**, Page **05475**, of Official Records of **Douglas** County, Nevada as legally described as follows:

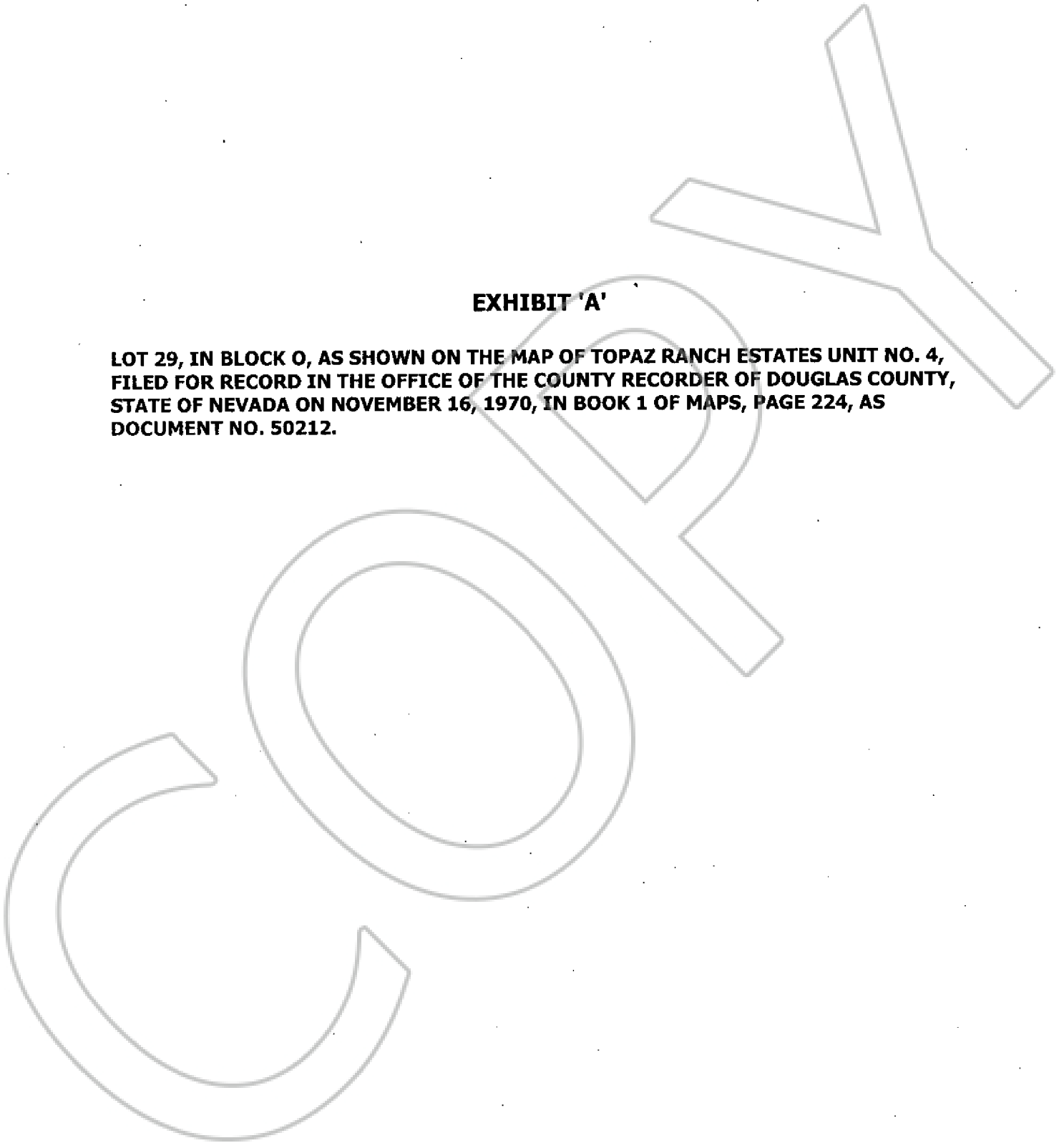
Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

This document was executed
in counter-part and
shall be deemed as one.

EXHIBIT 'A'

**LOT 29, IN BLOCK O, AS SHOWN ON THE MAP OF TOPAZ RANCH ESTATES UNIT NO. 4,
FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY,
STATE OF NEVADA ON NOVEMBER 16, 1970, IN BOOK 1 OF MAPS, PAGE 224, AS
DOCUMENT NO. 50212.**



CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4030575

CERTIFICATE OF DEATH

2018014191

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Joseph Patrick CABRAL		2. DATE OF DEATH (Mo/Day/Year) July 13, 2018		3a. COUNTY OF DEATH Lyon	
	3b. CITY, TOWN, OR LOCATION OF DEATH Wellington		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street address) 20 Valley View Drive		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
	4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
DECEDENT	7a. AGE-Last birthday (Years) 90		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
	8. DATE OF BIRTH (Mo/Day/Yr) August 21, 1927		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	10. EDUCATION 12		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
	13. SOCIAL SECURITY NUMBER 1285		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
PARENTS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Lyon		15c. CITY, TOWN OR LOCATION Wellington	
	15d. STREET AND NUMBER 20 Valley View Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Fernando CABRAL	
DISPOSITION	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Flora LEMAS		18a. INFORMANT - NAME (Type or Print) Valerie Ann SALET-BRECKENRIDGE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 307 Niblick Court Yerlington, Nevada 89447	
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Hillcrest Cemetery		19c. LOCATION City or Town State Smith Nevada 89430	
TRADE CALL	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) GERALD HITCHCOCK		20b. FUNERAL DIRECTOR LICENSE NUMBER FD814		20c. NAME AND ADDRESS OF FACILITY Freitas Ruprecht Funeral Home PO BOX 1274 Yerlington NV 89447	
	TRADE CALL - NAME AND ADDRESS					
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) REED DOFF MD		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) July 23, 2018		21c. HOUR OF DEATH 16:26		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)		22c. HOUR OF DEATH		22e. PRONOUNCED DEAD AT (Hour)	
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Reed Doff MD 907 Mountain Street Carson City, NV 89703				23b. LICENSE NUMBER 13920	
	24a. REGISTRAR (Signature) BLAISE SATARIANO		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 24, 2018		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death	
	PART I (a) Terminal Complications Of Alzheimer's Pattern Dementia				Years	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
	(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
	(d) DUE TO, OR AS A CONSEQUENCE OF:				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.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		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

000731887



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:

STATE REGISTRAR

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

8/2/2018

SIGNATURE AUTHENTICATED

