

APN# : 1320-32-501-003

**Recording Requested By:**

Western Title Company

**When Recorded Mail To:**

Lowell V. Mitchell

1314 Bandtail

Carson City, NV 89701

**Mail Tax Statements to: (deeds only)**

same as above

(space above for Recorder's use only)

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) & 40.525 (5))

**Signature**



**Wendy Dunbar**

**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

Lowell V. Mitchell, of legal age, being first duly sworn, deposes and says:

1. Gloria A. Mitchell, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Gloria A. Mitchell named as Trustee in the Declaration of Trust dated 11/5/1990 and executed by Lowell V. Mitchell and Gloria A. Mitchell 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 1581 N Hwy 395 Minden, NV 89423, which property is described in a Deed which was executed by Lowell V. Mitchell and Gloria A. Mitchell, husband and wife as community property as Grantor(s) on November 5, 1990 and recorded as Instrument No. 238739, in Book 1190, Page 1811, 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:

That certain piece or parcel of land, North 1/2 of Section 32, Township 13 North, Range 20 East, M.D.B.&M.,  
thence North 56° 32' 34" West, 3,122.68 feet to a point on the Easterly line of the 80 feet right of way of U.S. Highway 395;  
thence North 31°22' West, 25 feet to the True Point of Beginning;  
thence continuing North 31°22' West 101.49 feet,  
thence North 58° 38' East 142.00 feet;  
thence South 31° 22' East, 101.48 feet;  
thence South 58° 38' West, 142.00 feet to the True Point of Beginning.

NOTE: The above metes and bounds description appeared previously in that certain Deed recorded in the office of the County Recorder of Douglas County, Nevada on November 14, 1990, in Book 1190, Page 1811 as Document No. 238739 of Official Records.

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.

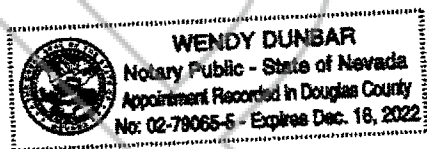
Dated 2-11-19 Lowell V. Mitchell  
Lowell V. Mitchell,

STATE OF NEVADA }SS

COUNTY OF Douglas

This instrument was acknowledged before me on 2-11-19  
By Lowell V. Mitchell.

[Signature]  
Notary Public



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

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

CASE FILE NO. 3904244

**CERTIFICATE OF DEATH**

**2016012908**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Gloria A MITCHELL</b>		2. DATE OF DEATH (Mo/Day/Year) <b>July 14, 2016</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and inpatient)(Specify) <b>Sierra Place Retirement Community Assisted Living Facility</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>85</b>	
	7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>September 05, 1930</b>	
IF DEATH OCCURRED IN INS TITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not US/CA, name country) <b>California</b>		9c. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
	11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Lowell V MITCHELL</b>			
	13. SOCIAL SECURITY NUMBER <b>0040</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Secretary</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Automobile Repair (garage)</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Carson City</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
PARENTS	15d. STREET AND NUMBER <b>1314 Bandtail Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Russell MAY</b>	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Alma SHOWALTER</b>		18a. INFORMANT- NAME (Type or Print) <b>Lowell V MITCHELL</b>			
	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1314 Bandtail Drive Carson City, Nevada 89701</b>				19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>	
	19b. CEMETERY OR CREMATORY - NAME <b>La Paloma Reno</b>		19c. LOCATION City or Town State <b>Reno Nevada</b>			
DISPOSITION	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>LYLE MEYER</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>854</b>		20c. NAME AND ADDRESS OF FACILITY <b>Nevada Funeral Services 3094 Research Way #63 Carson City NV 89706</b>	
	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) <b>NITA SCHWARTZ M.D.</b>			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>July 20, 2016</b>		21c. HOUR OF DEATH <b>20:15</b>		22b. DATE SIGNED (Mo/Day/Yr)	
CERTIFIER	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703</b>			
	23b. LICENSE NUMBER <b>9114</b>				24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b>	
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 20, 2016</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
	PART I					
	(a) <b>Coronary Atherosclerosis</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:						
CAUSE OF DEATH	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>Yes</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

000635961



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:

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

*Cody Phinney*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

