

APN# : 1420-07-310-012

**Recording Requested By:**  
eTRCo, LLC.

**When Recorded Mail To:**  
Vickie Colvin  
2854 Squires St.  
Minden, NV  
89423

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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** \_\_\_\_\_

Anu Jansse

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

Vickie Colvin, of legal age, being first duly sworn, deposes and says:

1. Victor Colvin, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Victor Colvin named as Trustee in the Declaration of Trust dated 4/12/2017 and executed by Victor Colvin and Vickie Colvin 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 893 Mica Drive Carson City, NV 89705, which property is described in a Deed which was executed by Victor Colvin and Vickie Colvin, who took title as, Victor C. Colvin and Vickie Colvin, husband and wife, as Joint Tenants as Grantor(s) on April 26, 2017 and recorded as Instrument No. 2017-899000, in Book N/a, Page N/A, 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 11 in Block E of VISTA GRANDE SUBDIVISION UNIT NO. 1, as shown on the Official Map filed in the Office of the County Recorder of Douglas County, Nevada, on November 09, 1964, as Document No. 26518.

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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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 2/26/19

Vickie Colvin

Vickie Colvin, Successor Trustee

STATE OF NEVADA

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COUNTY OF Douglas

This instrument was acknowledged before me on

2/26/19

By Vickie Colvin.

Laeha P. Hill  
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. 4013138

**CERTIFICATE OF DEATH**

**2018006810**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Victor Charles COLVIN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 05, 2018</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and <b>2854 Squires Street</b>		3e. If Hosp. or Inst. indicate DOA, OPI, Emer. Rm. Inpatient(Specify) <b>Home</b>	
DECEDENT	4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthda (Years) <b>83</b>		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) <b>December 12, 1934</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. 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>Vickie PEARSON</b>	
PARENTS	13. SOCIAL SECURITY NUMBER <b>██████████-8596</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Automotive Machinist / Race Car Drive</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Owner</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
DISPOSITION	15d. STREET AND NUMBER <b>2854 Squires Street</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Charles COLVIN</b>	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Ruth LAUX</b>		18a. INFORMANT- NAME (Type or Print) <b>Vickie COLVIN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2854 Squires Street Minden, Nevada 89423</b>	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Happy Homestead Cemetery</b>		19c. LOCATION: City or Town State <b>South Lake Tahoe California</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD304</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations 1575 N Lompa Ln Carson City NV 89701</b>	
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) <b>DOUGLAS VACEK DO</b>		21b. DATE SIGNED (Mo/Day/Yr) <b>April 09, 2018</b>		21c. HOUR OF DEATH <b>03:25</b>	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	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>Douglas Vacek DO 850 6th Street Lovelock, NV 89419</b>		23b. LICENSE NUMBER <b>1125</b>		24a. REGISTRAR (Signature) <b>MELISSA KNIGHT</b>	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 09, 2018</b>		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	
	25. IMMEDIATE CAUSE (PART I) (a) <b>Respiratory Failure</b>		Interval between onset and death		26. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(b) <b>Aspiration Pneumonia</b>		Interval between onset and death <b>3 Weeks</b>		26b. DATE OF INJURY (Mo/Day/Yr)	
	(c) <b>Ischemic Cerebral Vascular Accident</b>		Interval between onset and death		26c. HOUR OF INJURY	
(d) <b>Atherosclerotic Cardiovascular Disease</b>		Interval between onset and death		26d. DESCRIBE HOW INJURY OCCURRED		
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Hypertension, Senile Dementia</b>		26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		
28a. 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

000715496



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:

**APR 11 2018**

*Julie Katchear*  
STATE REGISTRAR

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

