

DOUGLAS COUNTY, NV

2019-929291

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LIFELINE ESTATE SERVICES

KAREN ELLISON, RECORDER

APN # 1220-12-710-012

RECORDING REQUESTED

AND RETURN TO:

RANDOLF J. MCCONVILLE, Trustee

WILLIAM A. COOK, Trustee

631 JOETTE DR.

GARDNERVILLE, NEVADA 89410

MAILTAX STATEMENTS TO:

RANDOLF J. MCCONVILLE, Trustee

WILLIAM A. COOK, Trustee

631 JOETTE DR.

GARDNERVILLE, NEVADA 89410

**AFFIDAVIT REGARDING DEATH OF INITIAL TRUSTEE
AND ASSUMPTION OF TRUSTEESHIP BY CO-SUCCESSOR TRUSTEES**

The following described real estate in Douglas County, State of Nevada:

See Exhibit "A" Attached

The undersigned, RANDOLF J. MCCONVILLE and WILLIAM A. COOK, hereby declares that, EVELYN COOK, died on OCTOBER 29, 2018, is the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as EVELYN C. COOK, named as one of the initial Trustee in that certain Declaration of Trust titled the EVELYN COOK TRUST DATED MARCH 8, 2016.

Declarant further declares that they are the Co-Successor Trustees named in the Declaration of trust and that They hereby assumes the position of Co-Trustees.

The undersigned declares under penalty of perjury under the laws of the State of California that the foregoing paragraph is true and correct and that this declaration is executed on the date and place indicated below.

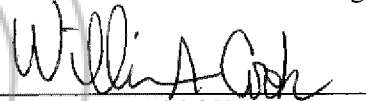
Executed on this 15 th day of Nov, 2018, in the City of Reno, County of Washoe, State of Nevada.

VERIFICATION

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.



RANDOLF J. MCCONVILLE,
Co-Trustee of the EVELYN COOK
TRUST DATED
MARCH 8, 2016




WILLIAM A. COOK,
Co-Trustee of the EVELYN COOK
TRUST DATED
MARCH 8, 2016

STATE OF NEVADA)

) SS:

COUNTY OF WASHOE)

Personally came before me this 15th day of November, 2018, the above named RANDOLF J. MCCONVILLE and WILLIAM A. COOK, to me known to be the people who executed the foregoing instrument and acknowledged the same. I certify under penalty of perjury under the laws of the State of Nevada that the foregoing paragraph is true and correct.


John E. Rhoads, Notary Public
Washoe County, Nevada
My Commission 06/30/2020


 JOHN E. RHOADS
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 06-30-20
Certificate No: 96-2706-2

EXHIBIT "A"

Lot 31 Block C, as set forth on the Plat of PINENUT MANOR NO. 1 and 2, PHASE 2, filed for record in the office of the County Recorder of Douglas County, Nevada on June 16, 1980, in Book 680, page 1361, Document No. 45348.

Subject to the Declaration of Covenants, Conditions and Restrictions in an instrument recorded August 26, 1983 in Book 883, Page 2350, Document No. 86187 of Official Records.

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4048008

CERTIFICATE OF DEATH

2018020659
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Evelyn Christine COOK		2. DATE OF DEATH (Mo/Day/Year) October 29, 2018		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street or R.F.D. No. or inst. indicate DOA, D/W/emer. Hm. Inpatient/Specify) 1094 Log Cabin Rd Home		4. SEX Female	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 87	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. UNDER 1 HOUR HOURS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not US/CA, name country) Colorado		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
	11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13. SOCIAL SECURITY NUMBER [REDACTED] 5149		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	14a. Secretary		14b. Manufacturing (product Not Specified)		Ever in US Armed Forces? No	
DISPOSITION	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
	15d. STREET AND NUMBER 1094 Log Cabin Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
TRADE CALL	16. FATHER/PARENT - NAME (First Middle Last Suffix) Adrian Thomas BEST		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Rose CLARK			
	18a. INFORMANT - NAME (Type or Print) Randy MCCONVILLE		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, ZIP) 1156 Jacobsen Lane Gardnerville, Nevada 89410			
CERTIFIER	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 Parson Acting as Such) CARLEN BLANSETT SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
REGISTRAR	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) REED DOPP MD SIGNATURE AUTHENTICATED		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)			
CAUSE OF DEATH	21b. DATE SIGNED (Mo/Day/Yr) October 30, 2018		21c. HOUR OF DEATH 05:05		22b. DATE SIGNED (Mo/Day/Yr)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Reed Dopp MD 907 Mountain Street Carson City, NV 89703		23b. LICENSE NUMBER 13920			
CAUSE OF DEATH	24a. REGISTRAR (Signature) FRED QUIHUIS SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 30, 2018		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).)					
CAUSE OF DEATH	PART I		(a) Terminal Complications Of Malignant, Metastatic Lung Carcinoma		Interval between onset and death Years	
	DUE TO, OR AS A CONSEQUENCE OF:		(b)		Interval between onset and death	
CAUSE OF DEATH	DUE TO, OR AS A CONSEQUENCE OF:		(c)		Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF:		(d)		Interval between onset and death	
CAUSE OF DEATH	PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I. Chronic Obstructive Lung Disease				26. AUTOPSY (Specify Yes or No) No	
	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
CAUSE OF DEATH	23a. ACC., SUICIDE, HGM, UNDET. OR PENDING INVEST. (Specify)		23b. DATE OF INJURY (Mo/Day/Yr)		23c. HOUR OF INJURY	
	23d. DESCRIBE HOW INJURY OCCURRED					
CAUSE OF DEATH	25e. INJURY AT WORK (Specify Yes or No)		26f. 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

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: **11/5/2018**

Julie Katchmar
SIGNATURE AUTHENTICATED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

