

APN# 1220-21-510-035

Recording Requested by/Mail to:

Name: FIRST AMERICAN TITLE

Address: 1663 US HWY 395 N STE 101

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: DENNIS NEWELL

Address: 3200 DEER VALLEY RD

City/State/Zip: RESCUE CA 95672

AFFIDAVIT DEATH OF TRUSTEE

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording  
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)



Signature

EMILY TOBIAS

Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

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

**RECORDING REQUESTED BY**  
First American Title Insurance  
Company of Nevada

**AND WHEN RECORDED  
RETURN TO AND MAIL TAX  
STATEMENTS TO:**  
Dennis Newell  
3200 Deer Valley Rd  
Rescue CA 95672

Space Above This Line for  
Recorder's Use Only

**A.P.N. 1220-21-510-035**

File No.: 143-2567523 (mk)

**Affidavit - Death of Trustee**

State of NV )  
County of DOUGLAS )ss.  
)

**Dennis Newell, Successor Trustee** ("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. **Jim Gil Martin** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **5/04/2019** at **Folsom, CA** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **November 30, 1993** executed by **Jim Gill Martin and Celinda Garcia Martin** 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 and Sale Deed** dated **December 3, 1996** which was recorded as Instrument No. **402722** in Book **1296**, Page **1862**, 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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.

Dated: 7/3/2019

**DECLARANT:**

Dennis Newell  
**Dennis Newell, Successor Trustee**

State of California )  
County of EL Dorado )<sup>ss</sup>

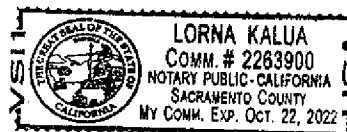
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County EL DORADO and State CALIFORNIA this 16th day of July, 2019 by Dennis Newell, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

WITNESS my hand and official seal.

*This area for official notarial seal*

Signature [Signature]

My Commission Expires: 10.22.2022



Notary Name: LORNA KALUA Notary Phone: 530.677.9277  
Notary Registration Number: 2263900 County of Principal Place of Business EL Dorado

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SACRAMENTO

DEPARTMENT OF HEALTH SERVICES

3052019097815

CERTIFICATE OF DEATH

3201934004354

Form with sections: DECEDENT'S PERSONAL DATA, USUAL RESIDENCE, INFORMANT, SPOUSE/PROX AND PARENT INFORMATION, FUNERAL DIRECTORY LOCAL REGISTRATION, PLACE OF DEATH, CAUSE OF DEATH, PHYSICIAN'S CERTIFICATION, CORONERS USE ONLY. Includes fields for name, birth date, sex, marital status, occupation, residence, informant, funeral home, and cause of death.

CERTIFIED COPY OF VITAL RECORDS STATE OF CALIFORNIA, COUNTY OF SACRAMENTO

This is a true and exact reproduction of the document officially registered and placed on file with Sacramento County Department of Health Services.

DATE ISSUED

May 16, 2019



\*001805976\*

Olivia Kasirye MD

OLIVIA KASIRYE, MD LOCAL REGISTRAR

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