

APN# : 1219-15-002-067

Recording Requested By:

Western Title Company

When Recorded Mail To:

Western Title

1362 HWY 395, Suite 109

Gardnerville, NV 89410

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 _____

Laeha Hill

Escrow Assistant

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT – DEATH OF TRUSTEE

Isabel R. Iribarren, of legal age, being first duly sworn, deposes and says:

1. Carlos Iribarren, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Carlos Iribarren named as Trustee in the Declaration of Trust dated 4/13/1994 and executed by Carlos Iribarren and Isabel R. Iribarren as Trustor(s).
2. At the time of the decedent's death, decedent was a, as Beneficiary, of a Deed of Trust which was executed by Silver Oak Homes, Inc., a Nevada Corporation as Trustor, April 25, 2014 and recorded as Instrument No. 841629, in Book 414, Page 5244, 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:

Parcel 4C of Parcel Map #1 LDA 04-092 for MIKE HICKEY CONSTRUCTION, INC., filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on September 20, 2006, in Book 0906, Page 6316, as Document No. 684783, 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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.

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

Dated 8-5-19 Isabel R. Iribarren
Isabel R. Iribarren,

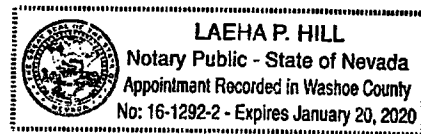
STATE OF NEVADA }SS

COUNTY OF DOUGLAS

This instrument was acknowledged before me
on

8/5/19

By Isabel R. Iribarren.



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. 3956683

CERTIFICATE OF DEATH

2017009206
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Carlos IRIBARREN		2. DATE OF DEATH (Mo/Day/Year) May 15, 2017		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and city) 1490 Glenwood Dr		3e. If Hosp. or Inst. indicate DOA,OP/Emar. Rm. (Inpatient)(Specify) Home	
DECEDENT	4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify Yes - SPANISH	
	7a. AGE-Last birthday (Years) 71		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) May 05, 1946		9a. STATE OF BIRTH (If not US/CA, name country) Spain		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Isabel REY	
PARENTS	13. SOCIAL SECURITY NUMBER 2596		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Bartender		14b. KIND OF BUSINESS OR INDUSTRY Restaurant	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1490 Glenwood Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Manuel IRIBARREN	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Carmen ECHEVESTE		18a. INFORMANT- NAME (Type or Print) Isabel IRIBARREN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1490 Glenwood Dr Gardnerville, Nevada 89460	
TRADE CALL	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 Person Acting as Such) CRAIG R COLEMAN		20b. FUNERAL DIRECTOR LICENSE NUMBER FD921		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
CERTIFIER	21a. To be Completed by CERTIFYING PHYSICIAN 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED NITA SCHWARTZ MD		21b. DATE SIGNED (Mo/Day/Yr) May 17, 2017		21c. HOUR OF DEATH 22:30	
	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) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703		23b. LICENSE NUMBER 9114		24a. REGISTRAR (Signature) VERALYNN A BOYACK	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 17, 2017		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).) Pancreatic Cancer With Metastasis	
	25a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		25b. DATE OF INJURY (Mo/Day/Yr)		25c. HOUR OF INJURY	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE. STATING THE UNDERLYING CAUSE LAST	25d. DESCRIBE HOW INJURY OCCURRED		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
	28a. INJURY AT WORK (Specify Yes or No)		28b. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28c. LOCATION: STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

000674168



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: 5/23/2017

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

Cody R. Hurray
STATE REGISTRAR
SIGNATURE AUTHENTICATED

