DOUGLAS COUNTY, NV

Rec:\$35.00

Pgs=5

2019-934833

09/06/2019 01:29 PM \$35.00 FIRST AMERICAN TITLE MINDEN

KAREN ELLISON, RECORDER

APN# 1320-33-714-059 **Recording Requested by:** Name: First American Title Insurance Company Address: 1663 US Highway 395, Suite 101 City/State/Zip: Minden, NV 89423 143-2572941 Order Number:

(Title of Document)

(for Recorder's use only)

### **Recorder Affirmation Statement**

## Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted
for recording does not contain the social security number of any person or persons. (Per NRS
239B.030)
-OR-
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 as required by
law: 940,380
(State specific law)
necholomethan Escraw Assistant
Signature Title
nichole mcDonald

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

Print Signature

(Additional recording fee applies)

### **RECORDING REQUESTED BY**

First American Title Insurance Company of Nevada

# AND WHEN RECORDED RETURN TO AND MAIL TAX STATEMENTS TO:

Candace Lynne Miller 1183 Secret Lake Trail. Plumas Lake CA 95961

> Space Above This Line for Recorder's Use Only

A.P.N. 1320-33-714-059

File No.: 143-2572941 (mk)

#### Affidavit - Death of Trustee

State of

**NEVADA** 

)ss.

County of

DOUGLAS

**Candace Lynne Miller** ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

- Lawrence E. Mau ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on October 30, 2007 at Reno, NV (city and state of death).
- Decedent is the same person named as the trustee named in that certain Declaration of Trust dated January 14, 1993 executed by Lawrence M. Mau and Joyce S. Mau, Trustees as trustor(s) (the "Trust").
- Decedent as a trustee is the same person who was named as a grantee in that certain Grant
  Bargain Sale Deed dated 9/27/2000 which was recorded as Instrument No. 0500351 in
  Book 0900, Page 5060, 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

 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.

**DEGLARANT:** State of California county of Place SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County SACranes to CaliforNIA and State day of September CANDACE IVNNE MILLES 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 HENRY BERCUI Signature SACRAMENTO CO. My Commission Expires:

Notary Name: Saves Hass Grant Notary Phone: 9/6792/117

Notary Registration Number: 228325 9 County of Principal Place of Business Sacra

EXP. JUN 8, 2023

Dated:

9/5/19

## **EXHIBIT 'A'**

LOT 59, IN BLOCK H, AS SHOWN ON THE FINAL SUBDIVISION MAP #1006-6 OF CHICHESTER ESTATES PHASE 6, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON FEBRUARY 16, 2000, IN BOOK 0200, PAGE 2552, AS DOCUMENT NO. 486411.

# WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS Reno, Nevada

	· · ·		CERTIFICATE OF DEATH					ł	STATE FILE NUMBER					
TYPE OR	1a. DECEASED-NAME FIRS	<u></u>	1b. MIDDLE	<u> </u>	1c. LAST			2, DATE C	F DEATH (M			UNTY OF DEA	TH	
PRINT IN PERMANENT	Lawrence E			• • • • • • •					october 30, 2007 Washoe					
BLACK INK	3b. CITY, TOWN, OR LOCATIO	N OF DEATH	3c. HOSPITAL	OR OTHER I	NSTITUTION	Name(if no	ot either, giv	o street	Be,If Hosp. o	r inst. indica	te DOA,OPI	Emer, Rm. 4	, SEX	
	Reno		and number)		eterans Hos	_			npatient(Spo		atient	.	Male	
DECEDENT	5. RACE-(e.g., White, Black,	8. Was Dece	dent of Hispanic	Origin?	No	7a. AGE-L	ast					TE OF BIRTH (	Mo/Day/Yr)	
	American Indian) (Specify)		/ Mexican, Çuba	n, Puerto Ric		7a. AGE-L birthday (	Years) 65	MOS	DAYS	IOURS   N	IINS	February 25	5, 1942	
IF DEATH	White  9a. STATE OF BIRTH (If not U.	S A Sb (	CITIZEN OF WH	hispanic	Y 10. EDUCA	110N 11. M	ARRIED, NE	VER MAR	RIED, WIDO	WED, 1		IG SPOUSE (II		
OCCURRED IN	name country) California	,	United S	N	12	DIVO	RCED (Spec	ify)	Married	in in	naiden name	Joy TAN	1AI	
NSTITUTION SEE HANDBOOK	13. SOCIAL SECURITY NUMBER					Done Durk	Oone During Most of We		146, KIND	OF BUSINE	SS OR INDUSTRY			
REGARDING COMPLETION OF	9084		Even If Retired)		Truck	Driver			The same of the sa	,	. Truckir	ng .		
RESIDENCE ITEMS	15a. RESIDENCE - STATE	15b. COUNT	γ.	15c, CITY	TOWN OR L		15d. S	STREET A	ND NUMBER			ي . 15e. k	VISIDE CITY	
<del></del> >	Nevada	ת 'ח	óuglas	4	Gardner	ville 🗀	147	8 N. Mar	ion Russe	9	Name and Address of the Owner, where the Owner, which is the Own	LIKATIS	S (Specify Yes or Yes	
κ*	15 FATHER - NAME (First MI					100			irst Middle				V	
PARENTS	)		r H MAU			/34			Etheir	yn Ş RA	NDALL	- No.	7%	
	18a, INFORMANT- NAME (Typ		7	18b.	MAILING ADI	DRESS 🥒	(Street or R.	F.D. No; C	ity or Town, 5					
	Jo		/	N. Marion	Russell	l Drive Gar	Drive Gardnerville, Nevada 89410							
	19a. BURIAL, CREMATION, RE	•	ER (Specify) 19	b, CEMETER	Y OR CREMA	TORY - NA	ME			19c. LOCAT	10N City	or Town Sta	ate	
	Crema				rematory			Carson City Nevada 89701						
PISPOSITION	20a, FUNERAL DIRECTOR - S	IGNATURE (O	Person Acting a	is Such) 🛂	20b, FUNERA	L - N	20c. NAN		DORESS OF					
	JAMES	SMÓLE	nski 🔧	• .	DIRECTOR LI		N		itzHenry's					
			ENTICATED	<u> </u>	Z1	<u> </u>	N	13	80 Highway	395 N G	aronerville	NV 89410		
RADE CALL	TRADE CALL - NAME AND AD	DRESS			7.	1	\ \	/'i						
	≥ 21a. To the best of my	knowledge, de	ath occurred at	the time, date	and place an	<b>适</b> b	22a. On th	e basis of	examination (	and/or invest	igation, in m	y opinion death	n occurred at	
		rted. (Signatur	e & THISIGNAT 5 HOLDER	URE AUTH	ENTICATED		the time, d	late and pla	ace and due t	to the cause	(s) stated. (S	ignature & Title		
•	D due to the cause(s) sta	URE AUTHENTICATED  MD  JR OF DEATH  O0:40  DEATH  O0:40  DEATH  O0:40  DEATH  O0:40  DEATH  D				SIGNED	(Mo/Dav/Yr) 22c, HOUR OF DEATH							
o EntiriEn	8 2 November 09, 2		21c. HO	00:4	_		ž ·	L .	<b>\</b>	• .	· .			
CERTIFIER	☐ ☐ 21d NAME OF ATTER	DING PHYSIC	IAN IF OTHER T	HAN CERTIF	IER	- 1 8 8 2 8	22d. PRO	NOUNCED	DEAD (Mo/I	Day/Yr)	22e, PRON	OUNCED DEAD	OAT (Hour)	
	P (Type or Print)				1	1 - 1				,				
	239, NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 236, LICENSE NUMBER  JAMES HOLDER MD 925 Ironwood Drive Minden, NV 89423 L9352													
		JAMES	HOLDER M	ID 925 Iro	onwood Dri	-	All the latest the lat					L9352	D. E DIOE 1 O	
REGISTRAR	24a. REGISTRAR (Signature)	ANIELS 24b. DATE RECEIVED BY REGI						24c. DE	_	O COMMUNICA	_			
	SIGNATURE AUTHENTICATED November 13, 2007										YES NO X			
CAUSE OF	25, IMMEDIATE CAUSE		ER ONLY ONE	CAUSE PER	LINE FOR (a)	, (b), AND (	(c).)			Interv	al between o	nset and death		
DEATH	107 %	76	ultiforme					. 1	-	. (444.4	-1	inset and death	<del></del>	
CONDITIONS IF	DUE TO, C	R AS A CONS	EQUENCE OF:	÷		- /-				interv	ai between o	lise/ suo desni	,	
GAVE RISE TO	puer vo.									Interval between onset and death				
CAUSE	CAUSE   P										itelasi perweeli oliser and deadi			
STATING THE	PART OTHER SIGNIFIC	ANT COMOT	ONS Conditions	contributing	to death but m	at resulting	In the under	lvino cause	e given in Par	11. 126. AU	TOPSY (See	CITY 147, VAS C	SE RÉFERREU	
CAUSE LAST	IF:	Widt COUDIT	Olao-coltottona	CONTRIBUTING	to acath out in	/	0.0 0	,,	:	Yes or	No) No	TO CORON or No)	IER (Specify Yes No	
_/_/	28s. ACC., SUICIDE, HOM., UNDET	OPION DATE	OF BUILDY ME	MayNa 12	8c. HOUR OF	INJURY 2	ad DESCRI	BE HOW II	NJURY OCCI	URRED				
1 1	PENDING INVEST. (Spedify)	. 019200. DATE	Or madres fine	Joseph III						÷			•	
.`	28e, INJURY AT WORK (Spec	Ity 28t PLAC	E OF INJURY. A	t home farm	street factor	v office 2	86. LOCATIO	ON S	TREET OR F	R.F.D. No.	CITY OR 1	rown /	STATE	
1	Yes or No)	building, e	tc. (Specify)		. 2020, 1000		- g, - s - s - s - s - s					•:'		
\ \	<u> </u>	<u> </u>					O-F		<del></del>					
53	\			/ /	STAT	E REGI	STRAR							
15			/ /	15.					Ž4	;		,		
ŭ <b>≡</b>		•	/ /	·	7 5	4,00 4 (1) de	•				· •		· .	
= \			/////////	ز د	, , , , , , , , , , , , , , , , , , ,			•		·.	for a	•		

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 Resords.

DEPUTY REGISTRAR

Mary & Anderson

DATE ISSUED: NOV 1 3 2007

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

ANY ALTERATION OF ERASIDE VOIDS THIS CERTIFICATE

VRS-Re