

APN# 1220-21-710-244

**Recording Requested By:**

Toiyabe Title  
6774 S McCarran Blvd, Suite 102  
Reno, NV 89509

**When Recorded Mail to:**

Jo Ann Jacot  
5 Goldhill Drive  
Carson City NV 89706

( for Recorder's use only )

AFFIDAVIT OF SUCCESSOR TRUSTEE

( Title of Document )

**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 personal information 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 personal information of a person or persons as require by law: NRS 440-380  
(State specific law)

*Kathy Malva*  
Signature

*Escrow agent*  
Title

*KATHY MALVA*  
Printed Name

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

This cover page must be typed or printed in black ink.

APN: 1220-21-710-244

ESCROW NO.: 1911495

**RECORDING REQUESTED BY:**

Toiyabe Title

6774 S McCarran Blvd Ste 102A

Reno, Nevada 89509-6131

**WHEN RECORDED MAIL TO:**

JoAnn Jacot

5 Goldhill Drive

Carson City, NV 89706

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**AFFIDAVIT OF SUCCESSOR TRUSTEE(S) OF J.A. Jacot Family Trust U/D/T dtd:  
06/01/93**

I, JoAnn D. Jacot, am of legal age, being first duly sworn, deposes and says:

- 1) John Alfred Jacot, the decedent named in the attached certified copy of the Certificate of Death, is the same person named in that Grant, Bargain and Sale Deed which was executed by J.A. Jacot and JoAnn Jacot, husband and wife, as community property with right of survivorship, as Grantor and named J.A. Jacot and JoAnn D. Jacot, Trustees of the J.A. Jacot Family Trust U/D/T dtd: 6/01/93, as Grantee, dated June 1 1993, and recorded June 10, 1993 as document number 309436, in the County of Carson City, State of Nevada;
- 2) This Affidavit of Successor Trustee(s) is in connection with that real property described in a legal description attached hereto and made a part hereof as Exhibit "A".
- 3) That I/We, , am/are the named Successor Trustee(s) under the above referenced Trust, which was in effect at the time of the death of the decedent named in Paragraph 1 above, and which has not been revoked and I/We hereby consent to act as such.
- 4) There are no federal estate taxes as a result of the decedent's death 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: September 27, 2019

The J.A. Jacot Family Trust

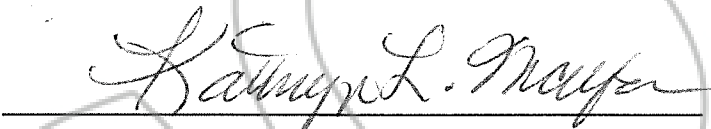


By: JoAnn Jacot, Surviving Trustee

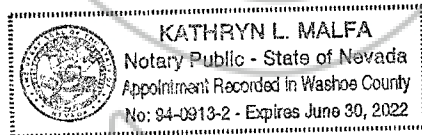
State of Nevada

County of Washoe

Signed and sworn to (or affirmed) before me on this September 27 2019, by JoAnn Jacot , who proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

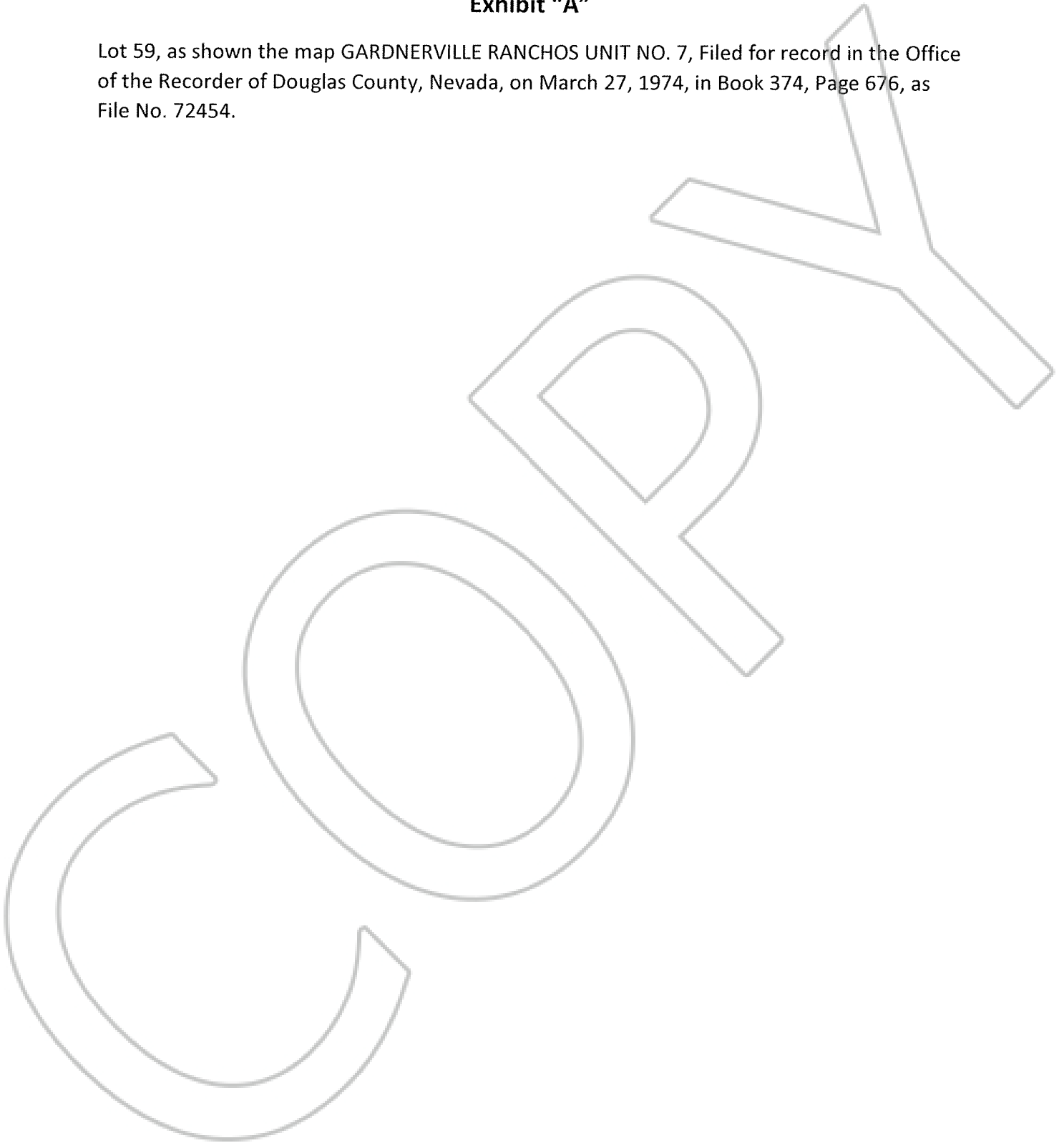


Notary Public



**Exhibit "A"**

Lot 59, as shown the map GARDNERVILLE RANCHOS UNIT NO. 7, Filed for record in the Office of the Recorder of Douglas County, Nevada, on March 27, 1974, in Book 374, Page 676, as File No. 72454.



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 3916678

**CERTIFICATE OF DEATH**

2016017368  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>John Alfred JACOT</b>		2. DATE OF DEATH (Mo/Day/Year) <b>September 21, 2016</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address number) <b>Continuicare Hospital of Carson Tahoe, Inc.</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>85</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>October 23, 1930</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Idaho</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>14</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>JoAnn Dea VANLYDEGRAF</b>	
13. SOCIAL SECURITY NUMBER <b>██████-7332</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Warehouse Manager</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Manufacturing</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>673 Joette Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		15f. Ever in US Armed Forces? <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>JACOT</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix)		
18a. INFORMANT - NAME (Type or Print) <b>Joann JACOT</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>673 Joette Drive Gardnerville, Nevada 89460</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Lone Mountain Cemetery</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>304R</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Creations</b> <b>1575 N Lompa Ln Carson City NV 89701</b>	
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) <b>DAVID M MILLER MD</b> <b>SIGNATURE AUTHENTICATED</b>		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)			
21b. DATE SIGNED (Mo/Day/Yr) <b>September 26, 2016</b>		21c. HOUR OF DEATH <b>13:05</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (CERTIFYING PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>David M Miller MD 1600 Medical Pkwy Carson City, NV. 89703</b>			
23b. LICENSE NUMBER <b>15503</b>		24a. REGISTRAR (Signature) <b>SHERRIE A CONNELL</b> <b>SIGNATURE AUTHENTICATED</b>			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 26, 2016</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Cardiopulmonary Arrest</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Severe Sepsis</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Cholecystitis</b> DUE TO, OR AS A CONSEQUENCE OF: (d) <b>Acute On Chronic Hypoxic Respiratory</b>				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Severe Protein Calorie Malnutrition; Chronic Kidney Disease, Stage III; Unknown Etiology</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		28a. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)			
28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
28e. 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	

000786526



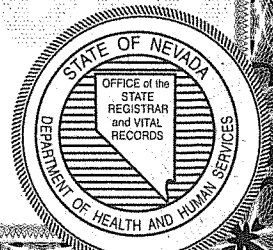
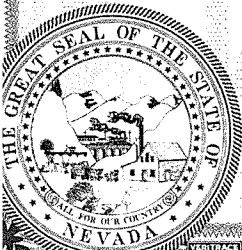
CERTIFIED COPY OF VITAL RECORDS

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: 9/12/2019

*Jan Shugh*  
**Administrator**  
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE