

APN# 1320-02-002-059

Recording Requested by:

Name: First American Title Insurance Company
Address: 1663 US Highway 395, Suite 101
City/State/Zip: Minden, NV 89423
Order Number: 143-2577631

Affidavit - Death of trustee
(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: 440.380
(State specific law)

Nichole McDonald Escrow Assistant
Signature **Title**

Nichole McDonald
Print Signature

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

(Additional recording fee applies)

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

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

Sandra Yglesias

2041 Joann Dr,
Bullhead City AZ
86442

Space Above This Line for
Recorder's Use Only

A.P.N. 1320-02-002-059

File No.: 143-2577631 (mk)

Affidavit - Death of Trustee

State of Nevada)
County of Douglas)ss.
)

Sandra M. Yglesias ("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. **Jose Juan Yglesias** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **1-15-2016** at **Carson City** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **10-22-1999** executed by **Jose Juan Yglesias and Sandra M. Yglesias** 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 Sale Deed** dated **5-24-2001** which was recorded as Instrument No. **0516359** in Book **0601**, Page **3373**, 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: 11-12-2019

DECLARANT:

Sandra M. Yglesias
Sandra M. Yglesias

State of Nevada)
)ss
County of Douglas)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State NV, this 13th day of November, 2019 by Sandra m. Yglesias, 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 Mary Kelsh

My Commission Expires: 11-10-22

Notary Name: Mary Kelsh Notary Phone: 775-782-5411
Notary Registration Number: 98-495675 County of Principal Place of Business NV

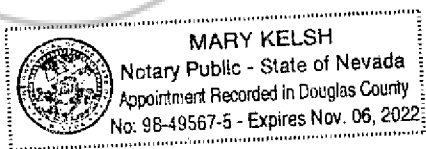


EXHIBIT 'A'

PARCEL I:

THE EAST 1/2 OF THE SOUTHWEST 1/4 OF THE SOUTHEAST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 2, TOWNSHIP 13 NORTH, RANGE 20 EAST, M.D.B.&M.

PARCEL II:

TOGETHER WITH AN EASEMENT FOR ROADWAY AND UTILITY PURPOSE ACROSS THE EAST 15 FEET OF THE WEST HALF OF THE WEST HALF OF THE SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SAID SECTION 2, TOGETHER WITH THE RIGHT TO CONVEY SAID EASEMENT TO OTHERS, THEIR SURVIVORS AND ASSIGNS, SAID EASEMENT SHALL AND ALWAYS WILL RUN WITH THE LAND, TOGETHER WITH THE RIGHT TO DEDICATE THE SAME FOR PUBLIC USE.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

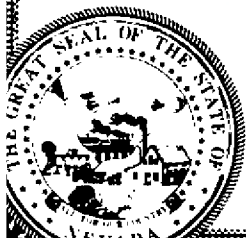
CASE FILE NO. 3874239

2016000740
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Jose Juan YGLESIAS		2. DATE OF DEATH (Mo/Day/Year) January 15, 2016		3a. COUNTY OF DEATH Carson City	
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and No. If Hosp. or Inst. indicate DOA,OP, Emer. Rm. Inpatient(Specify) Continuicare Hospital of Carson Tahoe, Inc. Inpatient		4. SEX Male	
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify Yes - SPANISH		7a. AGE-Last birthday (Years) 86	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINIS		8. DATE OF BIRTH (Mo/Day/Yr) August 08, 1929	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF REMOVAL ITEMS	9a. STATE OF BIRTH (If not U.S.A., District Of Columbia)		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 18	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Sandra WRIGHT			
PARENTS	13. SOCIAL SECURITY NUMBER 1309		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Government Contracting	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
DISPOSITION	15d. STREET AND NUMBER 1770 Sunrise Pass Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Jose SIEIRO	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Maria CASTRO		18a. INFORMANT - NAME (Type or Print) Sandra YGLESIAS		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1770 Sunrise Pass Rd Minden, Nevada 89423	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DARREN K HILL		20b. FUNERAL DIRECTOR LICENSE NUMBER SIGNATURE AUTHENTICATED		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) VIJAY MAIYA MD		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) January 20, 2016		21c. HOUR OF DEATH 20:45		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	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 (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Vijay Maiya MD 1600 Medical Parkway Carson City, NV 89703		23b. LICENSE NUMBER 11909	
CAUSE OF DEATH	24a. REGISTRAR (Signature) RHONDA PENA		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 20, 2016		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	24b. SIGNATURE AUTHENTICATED		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Chronic Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (c) End Stage Renal Disease DUE TO, OR AS A CONSEQUENCE OF: (d) Diabetes Mellitus Type II			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25. PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Methicillin Sensitive Staphylococcus Aureus Bacteraemia Unknown Etiology		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
	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		

STATE REGISTRAR

VR5-Rev-20120523a



112951

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: 1/25/2016

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

Rhonda Pena
SIGNATURE AUTHENTICATED
STATE REGISTRAR

