

APN# : 1320-30-113-015

DOUGLAS COUNTY, NV **2019-940033**
Rec:\$35.00
\$35.00 Pgs=4 12/23/2019 08:49 AM
ETRCO
KAREN ELLISON, RECORDER


Recording Requested By:
Western Title Company

When Recorded Mail To:
Linda Marie Kyriakopoulos
1782 Shamrock Circle
Minden, NV 89423

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 
LaCha 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

Linda Marie Kyriakopoulos, of legal age, being first duly sworn, deposes and says:

1. Wesley Mark Coffey, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Wesley Mark Coffey named as Trustee in the Declaration of Trust dated 6/8/2017 and executed by Linda Marie Kyriakopoulos as Trustor(s).
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 1782 SHAMROCK CIRMINDEN, NV 89423-4707, which property is described in a Deed which was executed by Linda Marie Kyriakopoulos as Grantor(s) on December 17, 2019 and recorded as Instrument No. 2017-899847 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:

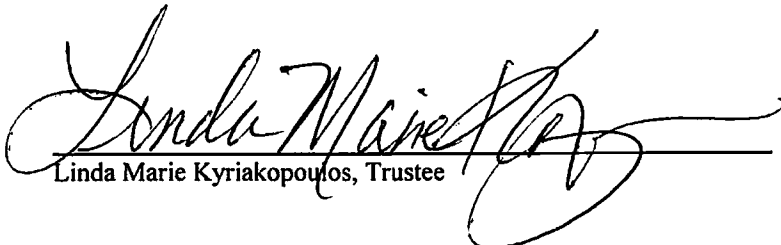
Unit 15, as set forth on map of WESTWOOD PARK UNIT NO. 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on November 25, 1987, in Book 1187, Page 3848, as Document No. 167352 and by Certificate of Amendment recorded May 05, 1988 in Book 588, Page 536, as Document No. 177431 of Official Records of Douglas County, Nevada

TOGETHER WITH an undivided 1/25th interest in and to the common area lying within the interior lines as set forth on map of WESTWOOD PARK UNIT NO. 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on November 25, 1987, in Book 1187, Page 3848, as Document No. 167352. and as shown on Record of Survey recorded April 11, 2000 in Book 0400, at Page 1729, as Document No. 489711.

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.
5. There is no federal estate tax as the result of the death of the decedent 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 12/18/19


Linda Marie Kyriakopoulos, Trustee

STATE OF NEVADA

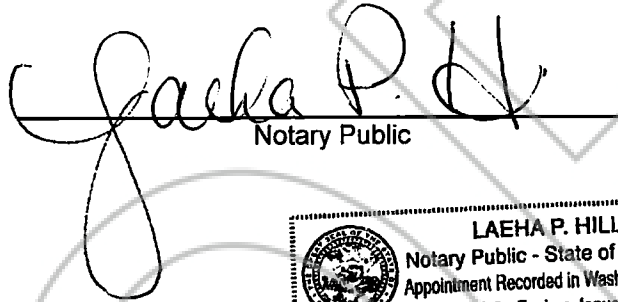
}SS

COUNTY OF DOUGLAS

This instrument was acknowledged before me on

12/18/19

By Linda Marie Kyriakopoulos


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. 3964296

CERTIFICATE OF DEATH

2017019131
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) Wesley Mark COFFEY		2. DATE OF DEATH (Mo/Day/Year) June 24, 2017		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and Inpatient/Specify) 1782 Shamrock Circle Home		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 63	7b. UNDER 1 YEAR MOS DAYS HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) December 13, 1953
9a. STATE OF BIRTH (If not US/CA, name country) North Carolina		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) Linda KYRIAKOPOULOS
13. SOCIAL SECURITY NUMBER 3271		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Sales Associate		14b. KIND OF BUSINESS OR INDUSTRY Retail	Ever in US Armed Forces? No
15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Minden	15d. STREET AND NUMBER 1782 Shamrock Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First Middle Last Suffix) Donald Edward COFFEY			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ethel Christyne ENGLAND		
18a. INFORMANT - NAME (Type or Print) Linda KYRIAKOPOULOS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 657 Minden, Nevada 89423			
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		
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) BERNADETTE J SMITH			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) BERNADETTE J SMITH		
21b. DATE SIGNED (Mo/Day/Yr) October 16, 2017		21c. HOUR OF DEATH 23:00		22b. DATE SIGNED (Mo/Day/Yr) October 16, 2017	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr) June 24, 2017		22c. HOUR OF DEATH 23:00
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Bernadette J. Smith P.O. Box 218 Minden, NV 89423					23b. LICENSE NUMBER
24a. REGISTRAR (Signature) SHERRIE A CONNELL		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 16, 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).)					
PART I					Interval between onset and death
(a) Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(b) Hypertensive And Atherosclerotic Disease DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(c) DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(d) DUE TO, OR AS A CONSEQUENCE OF:					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.					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

000693030



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: **10/23/2017**

[Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

