

Document Transfer Tax \$ -0- 3
Assessor's Parcel No.: 1318-26-515-019



KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:

Lisa Angele Peterson Brockett, Trustee
P.O. Box 2074
Stateline, NV 89449

MAIL TAX STATEMENTS TO:

Lisa Angele Peterson Brockett, Trustee
P.O. Box 2074
Stateline, NV 89449

The grantor declares:

Documentary transfer tax is \$ -0-
[x] computed on full value of property conveyed,

AFFIDAVIT--DEATH OF SETTLOR, TRUSTEE AND BENEFICIARY

LISA ANGELE PETERSON BROCKETT, of legal age, being first duly sworn, deposes and says:

That JAMES ROBERT BROCKETT, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as is named as the party in that certain Grant, Bargain, Sale Deed dated February 21, 2013, executed by James Robert Brockett and Lisa Angele Peterson Brockett, husband and wife, as community property to JAMES ROBERT BROCKETT and LISA ANGELE PETERSON BROCKETT, Trustees of the 2013 BROCKETT FAMILY TRUST, as well as the beneficiary under said trust; it being further acknowledged that LISA ANGELE PETERSON BROCKETT, is the successor trustee under said declaration of trust on the death of JAMES ROBERT BROCKETT.

The original Grant, Bargain, Sale Deed aforementioned is recorded as Document No. 0821898 on April 17, 2013, in the Official Records of Douglas County, State of Nevada, covering the following described property situate in the County of Douglas, State of Nevada:

Lot 24, in Block C, as said Lot and Block are shown on the map for GRANITE SPRINGS SUBDIVISION UNIT NO. TWO, FILED FOR RECORD July 8, 1980, in Book 780, at Page 409, as Document No. 46019, Official Records, Douglas County, Nevada.

Dated: 11/19/2019


LISA ANGELE PETERSON BROCKETT

JURAT

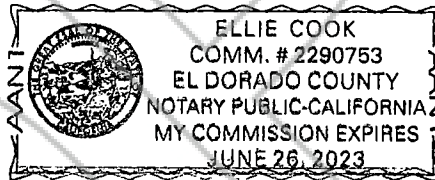
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA
COUNTY OF EL DORADO

Subscribed and sworn to (or affirmed) before me on this 19th day
of November 2019, by LISA ANGELE PETERSON BROCKETT, proved to me
on the basis of satisfactory evidence to be the person who appeared before me.

Signature: Ellie Cook

AFFIDAVIT --DEATH OF SETTLOR, TRUSTEE AND BENEFICIARY
1318-26-515-019



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4047715

CERTIFICATE OF DEATH

2018020654
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) James Robert BROCKETT		2 DATE OF DEATH (Mo/Day/Year) October 26, 2018		3a COUNTY OF DEATH Douglas	
3b CITY, TOWN, OR LOCATION OF DEATH Stateline		3c HOSPITAL OR OTHER INSTITUTION-Name(If not either, give street and number) 168 Granite Springs Drive		3e If Hosp or Inst indicate DOA,OP/Emer Rm Inpatient(Specify) Home	
4 SEX Male		5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) 54		7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS	
8 DATE OF BIRTH (Mo/Day/Yr) April 20, 1964		9a STATE OF BIRTH (if not US/ICA, name country) Colorado		9b CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 20		11 MARITAL STATUS (Specify) Married		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Lisa Angele PETERSON	
13 SOCIAL SECURITY NUMBER ██████████-7203		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Director Of Information Technology		14b KIND OF BUSINESS OR INDUSTRY California Tahoe Conservancy	
15a RESIDENCE - STATE Nevada		15c CITY, TOWN OR LOCATION Douglas		15d STREET AND NUMBER Stateline 168 Granite Springs Drive	
15e INSIDE CITY LIMITS (Specify Yes or No) No		16 FATHER/PARENT - NAME (First Middle Last Suffix) Dion Drago BROCKETT		17 MOTHER/PARENT - NAME (First Middle Last Suffix) Susanne May KNIPFER	
18a INFORMANT- NAME (Type or Pnnt) Lisa A.P. BROCKETT		18b MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) 168 Granite Springs Drive Stateline, Nevada 89449			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b CEMETERY OR-CREMATORY - NAME Autumn Cremation Services		19c LOCATION City or Town State Carson City Nevada 89701	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD304		20c NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
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) SIGNATURE AUTHENTICATED ALLISON H STEINMETZ 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) October 30, 2018		21c HOUR OF DEATH 11:15		22b DATE SIGNED (Mo/Day/Yr)	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Pnnt)		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 Pnnt) Allison H Steinmetz MD 1090 3 Rd St South Lake Tahoe, CA 96150				23b LICENSE NUMBER 14230	
24a REGISTRAR (Signature) FRED QUIHUIS SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 30, 2018		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 (a) Metastatic Pancreatic Cancer DUE TO, OR AS A CONSEQUENCE OF, (b) _____ DUE TO, OR AS A CONSEQUENCE OF (c) _____ DUE TO, OR AS A CONSEQUENCE OF (d) _____				Interval between onset and death 3 Months Interval between onset and death Interval between onset and death Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I				26 AUTOPSY (Specify Yes or No) No	
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) No		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



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: **OCT 31 2018**

Julie Katchear
STATE REGISTRAR

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

VRS-Rev. 20120523a

