Rec:\$40.00 02/28/2020 01:46 PM Total:\$40,00 JACQUELINE SIMMONS APN# 15-05/-17 1420-27-810-019 **Recording Requested by:** Name: JACQUELINE Simmons KAREN ELLISON RECORDER Address: 2809 WADE ST City/State/Zip: MINDEN, NV 89423 **Mail Tax Statements to:** Name: JACQUELINE SIMMONS Address: 2809 WADE ST City/State/Zip: MINDEN NV 89423 AFFIDAVIT OF DEATH OF TRUSTEE **Title of Document** (Required Field) The Undersigned Hereby Affirms That This Document Submitted For Recording Contains Personal Information As Required By Law: (check applicable) X Affidavit of Death – NRS 440.380 (1)(A) and NRS 40.525 (5) Judgment - NRS 17.150 (4) Military Discharge - NRS 419.020 Sec. (2) JACQUELINE SIMMONS TRUSTEE **Print Name** If there is no applicable State or Federal Law, Personal Information must be removed prior to recording.

DOUGLAS COUNTY, NV

2020-942937

Recording requested by: Jacqueline Simmons, Trustee 2809 Wade St. Minden, NV 89423

And when recorded, mail to: Jacqueline Simmons, Trustee 2809 Wade St. Minden, NV 89423

ADN:1420 27 910 010

Junear

Signature_

APN:1420-27-810-019	AFFIDAVIT OF D	DEATH OF	For record	gers use					
State of Nevada County of Douglas))s	es.							
Jacqueline Simmons, of legal age,	being first duly sworn, depo	oses and says:							
	e decedent mentioned in th	- J	ied copy of Certificate of	Death, is the same person					
as Floyd P. Simmons, Jr	. named as Trustee in the D	Declaration of Tru	ust executed by Floyd P.	Simmons, Jr. and					
Jacqueline M. Simmons	as Grantors and as Trustee	es.))	7					
2. At the time of the decede	2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property, which								
is described in a Deed w	hich was executed by Floyd	d P. Simmons, Jr	and Jacqueline M. Sim	mons, husband and wife as					
joint tenants with right of	survivorship, as Grantors o	on October 1, 199	93 and recorded as Docu	ument No. 319242, of Official					
Records of Douglas Cou	nty, Nevada.	/							
The legal description of s	said property is as follows:								
	wn on the Map of PARADIS a, on February 13, 1961, as			e of the County Recorder of					
4. I am the Surviving Truste	e under the above-reference	ced Trust, which	was in effect at the time	of the death of the decedent					
mentioned in Paragraph	1, above, and which has no	ot been revoked,	and I hereby consent to	act as such.					
There is no federal estat	e tax as the result of the de	ath of the deced	ent mentioned in Paragra	aph 1, above.					
I declare under penalty of perjury,	under the laws of the State								
		//	1	. (
Dated 2/26/20		lacqueli	(Jacquelle	ie Simmons					
		Jacqueiii	na Grinnollo						
State of Nevada County of Douglas									
Subscribed and sworn to (or affirmed	d) before me on this <u>26</u>	day of							
basis of satisfactory evidence to be	y Jacqueline Simmons prove the person who appeared be	ed to me on the fore me.							

ELIZABETH DEL REAL
Notary Public - State of Nevada
Appointment Recorded in Carson City
No: 18-4420-3 - Expires Oct. 15, 2022



WASHOE COUNTY HEALTH DISTRICT VITAL STATISTICS – RENO, NEVADA

									()	•		
			CERTIFICATE OF DEATH				2011005381 STATE FILE NUMBER					
TYPE OR PRINT IN	12. DECEASED-NAME (FIRST	MIDDLE,LAST,SUFFIX)				12.	DATE OF DEATH			UNTY OF DEA	NTH.	
PERMANENT	Floyd Pitts	SIMMONS JR	•				April 04, 2011			Washoe		
BLACKINK	36. CITY, TOWN, OR LOCATIO	N OF DEATH 3c. HOSPI	TAL OR OTHER IN	ISTITUTION -	Name(If not eit	her, give s	treet 3e.lf Hosp.	or inst, indi	cate DOA,OP/E		. SEX	
DECEDENT	Reno	and numbe		eterans Hos	spital		Inpatient(S		patient	\	Male	
DECEDENT	5. RACE White		6. Hispanic Origin? Specify 7a. AGE-Last				75. UNDER 1 YEAR 7c. UNDER 1 DAY B. DATE OF BIRTH (Mo/Day/Y				(Mo/Day/Yr)	
	(Specify)	.	No - Non-Hispan	ic	birthday (Yea	⁽³⁾ 65	MOS DAYS	HOURS	MINS	July 09, 1	1945	
IF DEATH OCCURRED IN	9a. STATE OF BIRTH (If not U.		96. CITIZEN OF WHAT COUNTRY 10.EDUCATION 11. MAR		ON 11. MARE	RRIED, NEVER MARRIED,				IRVIVING SPOUSE (if wife, give		
INSTITUTION	name country) Missour 13. SOCIAL SECURITY NUMBER	, , , , , , , , , , , , , , , , , , , ,	United States 14		1 .	DIVORCED (Specify) Married				Jacqueline Michelle DUELKS		
SEE HANDBOOK REGARDING	4431	Working Life, Ev	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Environmental Systems Maintenance			nance	14b. KIND OF BUSINESS OR INDUSTRY E United States Military Ever in US Armed Forces? Yes					
COMPLETION OF RESIDENCE	15a. RESIDENCE - STATE	15b. COUNTY	15c. CITY,	TOWN OR LO	CATION	15d. ST	REET AND NUMBE		ivinical y	15e. INS	NDE CITY	
ITEMS	Nevada	Douglas		Minden	-	2809	Wade Street			Or No)	(Specify Yes Yes	
PARENTS	16. FATHER/PARENT - NAME		ix)	7	17. MO		RENT - NAME (Fir	st Middle	Lest Súffix)			
PARENIS		oyd Pitts SIMMOI	NS SR						ODGRAS	S	\setminus /	
<i>、</i>	18s, INFORMANT- NAME (Type		18b.	MAILING ADD	The state of the s		D. No, City or Town					
	Jacqueline Michelle SIMMONS 2809 Wade Street Minden, Nevada 89423 198, BURIAL, CREMATION, REMOVAL, OTHER (Specify) 196. CEMETERY OR CREMATORY - NAME 199, LOCATION City or Town State											
DISPOSITION	Cremation, RE		1100. CEMETER		Paloma Re	eno	_/ ·/	Jisc, Loc		Nevada	ara	
	20a. FUNERAL DIRECTOR - SI	GNATURE (Or Person Ac		Ob. FUNERAL		Oc. NAME	AND ADDRESS O		,			
	_	LAWRENCE		RECTOR LIC 3041	76.	1			als & Crema			
TRADE CALL	* SIGNA TRADE CALL - NAME AND ADI	TURE AUTHENTICATI	d)	3041			15/5 N LO	mpa Ln (Carson City 1	10 89/01	 	
I RADE CALL		nowledge, death occurred	at the time date at	nd place and	声	e. On the b	pasis of examination	and/or inv	estigation in m	opinion deati	n occurred at	
	21a. To the best of my king of due to the cause(s) state	ed, (Signature & Title) Si	IGNATURE AUT	HENTICATE		time, date	e and place and due	to the cau	se(s) stated. (Si	gnature & Title)	
CERTIFIER	물은 REED W. DOPF MD 물 등								OF DEATH			
OLIVIII ILIV	රි දී April 06, 2011	7 /	21:15	7	2 1			i.				
	21d. NAME OF ATTEND	ING PHYSICIAN IF OTHE	ER THAN CERTIFI	ER		d. PRONC	DUNCED DEAD (M	o/Day/Yr)	22e. PRON	DUNCED DEAL	OAT (Hour)	
	23a. NAME AND ADDRESS OF	CEDTIFIED (DHYSICIAN	ATTENDING BUY	VSICIAN MED		בם חם רו	ORONED) (Type or	Driet)	123h 7 IC	ENSE NUMBE	D	
•	ZOR, TOURL AND ADDITEDS OF		Reno, NV				- LL1712					
REGISTRAR	24a, REGISTRAR (Signature)	BRIDGE	S SANDI		24b, DATE R (Mo/Day/Yr)		BY REGISTRAR	24c. D.	EATH DUE TO	- · · · <u>-</u>		
		SIGNATURE AU				Apr	ril 12, 2011		YES _	NO X		
	25. IMMEDIATE CAUSE PART I Metastat	(ENTER ONLY ONE C	AUSE PER LINE F	OR (a), (b), A	ND (c).)				i Inten	val between on	set and death	
DEATH	(a)	AS A CONSEQUENCE OF	=-		$-\!$	+-			- Inter-	rai between on	and doub	
CONDITIONS IF	Renal ce	ell carcinoma			/	/			i men	IN DELWINER OF	set and beath	
ANY WHICH DAVE HISE TO	(0)	AS A CONSEQUENCE OF	F		//				Inten	zai between on	set and death	
MOLEDIATE ->	(c) Etiology	unknown	The state of the s									
STATING THE UNDERLYING	DUE TO, OR	AS A CONSEQUENCE OF			1			•••	i Inter	val bet wee n on	set and death	
CAUSE LAST	(g)		The state of the s						i			
	PART II OTHER SIGNIFICAN	F CONDITIONS-Condition	s contributing to de	eath but not res	sulting in the u	nderlying o	ause given in Part		S, AUTOPSY pecify Yes of N No	27. WAS C. TO CORON or No)	ASE REFERRED LER (Specify Yes Yes	
/ /	28s. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	286, DATE OF INJURY (MA	o/Day/Yr) 28c	HOUR OF INJU	RY 284. DE	SCRIBE HO	W INJURY OCCURRE	Đ .				
/ /	28e. INJURY AT WORK (Speci Yes or No)	ty 28f. PLACE OF INJUR' building, etc. (Specify)	Y- At home, farm, s	street, factory,	otrice 28g. L	OCATION	STREET OF	R.F.D. No.	CITY OR	rown	STATE	

STATE REGISTRAR

000367220 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.

DEPUTY REGISTRAR

DATE ISSUED: JAN 2 1 2020 This copy not valid unless prepared on engraved border displaying date, scal and annature of Registrar.