

APN# 1320-29-212-016



00107894202009431590030036

Recording Requested by/Mail to:

KAREN ELLISON, RECORDER

Name: Eric B. Smith

Address: 1527 Wildflower Ct.

City/State/Zip: Gardnerville, NV 89.

Mail Tax Statements to:

Name: Eric B. Smith

Address: 1527 Wildflower Ct

City/State/Zip: Gardnerville, NV 89.

Affidavit of Death of Trustee

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Signature

Eric B. Smith

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

Recording requested by:
Eric B. Smith, Trustee
1527 Wildflower Ct.
Gardnerville, NV 89410

And when recorded, mail to:
Eric B. Smith, Trustee
1527 Wildflower Ct.
Gardnerville, NV 89410

APN:1320-29-212-016

For recorder's use

AFFIDAVIT OF DEATH OF TRUSTEE


State of Nevada)
) ss.
County of Douglas)

Eric B. Smith, of legal age, being first duly sworn, deposes and says:

1. Thelma Pascoe Smith the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Thelma P. Smith named as Trustee in the Declaration of Trust executed by Thelma P. Smith as Trustor and as Trustee.
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property, which property is described in a Deed which was executed by Thelma P. Smith, a widow, as Grantor on October 25, 2007, and recorded as Document No. 0711827, of Official Records of Douglas County, Nevada.
3. The legal description of said property is as follows:
Lot 133 in Block O, as set forth on the map of WINHAVEN, UNIT NO. 1, A PLANNED UNIT DEVELOPMENT, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on January 13, 1989, as Document No. 194373.
4. I am the 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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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.

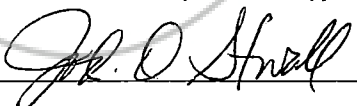
I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

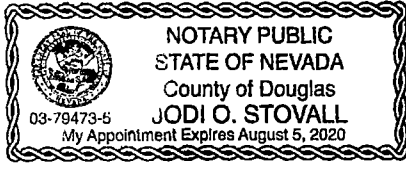
Dated 3-5-2020


Eric B. Smith

State of Nevada
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 5th day of MARCH, 2020, by Eric B. Smith proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature 



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4114096

CERTIFICATE OF DEATH

2019022464
STATE FILE NUMBER

| | | | | | | |
|--|---|--|---|--|--|--|
| TYPE OR PRINT IN PERMANENT BLACK INK | 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Thelma Pascoe SMITH | | 2. DATE OF DEATH (Mo/Day/Year) November 13, 2019 | | 3a. COUNTY OF DEATH Douglas | |
| | 3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville | | 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1569 Barker Ct | | 3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home | |
| DECEDENT | 4 SEX Female | | 5. RACE (Specify) White | | 6. Hispanic Origin? Specify No - Non-Hispanic | |
| | 7a. AGE-Last birthday (Years) 93 | | 7b. UNDER 1 YEAR MOS | | 7c. UNDER 1 DAY HOURS MINS | |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS | 8. DATE OF BIRTH (Mo/Day/Yr) February 06, 1926 | | 9a. STATE OF BIRTH (If not US/CA, name country) California | | 9b. CITIZEN OF WHAT COUNTRY United States | |
| | 10 EDUCATION 16 | | 11. MARITAL STATUS (Specify) Widowed | | 12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) | |
| PARENTS | 13. SOCIAL SECURITY NUMBER ██████████-0161 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) | | 14b. KIND OF BUSINESS OR INDUSTRY | |
| | 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Gardnerville | |
| DISPOSITION | 15d. STREET AND NUMBER 1569 Barker Ct | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | 16 FATHER/PARENT - NAME (First Middle Last Suffix) Thomas John PASCOE | |
| | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mary Thelma MORRISON OLSEN | | 18a. INFORMANT- NAME (Type or Print) Tamara PAGEN | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1569 Barker Ct Gardnerville, Nevada 89410 | |
| TRADE CALL | 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) CARLEN BLANSETT SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD861 | | 20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Creations 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) SIGNATURE AUTHENTICATED MEL MAGBOO MD | | 21b. DATE SIGNED (Mo/Day/Yr) November 18, 2019 | | 21c. HOUR OF DEATH 20:40 | |
| | 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 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) | | 22b. DATE SIGNED (Mo/Day/Yr) | |
| REGISTRAR | 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) Mel Magboo MD 5250 Neil Rd Ste #207 Reno, NV 89502 | | 23b. LICENSE NUMBER 9713 | | 24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED | |
| CAUSE OF DEATH | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 18, 2019 | | 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) Malignant Neoplasm Of The Breast DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) | |
| | 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) | |
| CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST | 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. PLAGE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) | | 28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE | |

000794697



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: 11/20/2019

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

Lucy Skyles
Administrator
STATE REGISTRAR

