

APN# : 1318-15-611-070

**Recording Requested By:**

Western Title Company

**When Recorded Mail To:**

Sandra M. Yglesias

2041 Joann Ave.

Bullhead City, AZ 86442

**Mail Tax Statements to: (deeds only)**

same as above

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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**

Wendy Dunbar

Escrow Officer

**Affidavit Death of Trustee**

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

# AFFIDAVIT – DEATH OF TRUSTEE

Sandra M. Yglesias, of legal age, being first duly sworn, deposes and says:

1. Jose Juan Yglesias, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Jose J. Yglesias named as Trustee in the Declaration of Trust dated 10/22/1999 and executed by Jose J. Yglesias and Sandra M. Yglesias 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 447 Seminole Court Zephyr Cove, NV 89448, which property is described in a Deed which was executed by Jose J. Yglesias and Sandra Marie Yglesias as Grantor(s) on October 22, 1999 and recorded as Instrument No. 480330, in Book 1199, Page 1539, 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:

Lot 18 in Block B of ROUND HILL VILLAGE UNIT NO. 4, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on April 25, 1966, in Book 1 of Maps as Document No. 31837.

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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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.

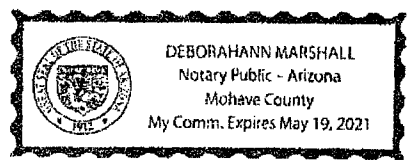
Dated 03/03/2020 Sandra M. Yglesias  
Sandra M. Yglesias

STATE OF ~~NEVADA~~ <sup>ARIZONA</sup> ) SS

COUNTY OF MOHAVE

This instrument was acknowledged before me on 03/03/2020  
By Sandra M. Yglesias.

Deborahann Marshall  
Notary Public



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

STATE REGISTRAR

VRS-Rev-20120523a

612959

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

