

APN# : 1219-10-002-024

**Recording Requested By:**

eTRCo, LLC.

**When Recorded Mail To:**

Yvonne J. French

1788 Bella Casa Drive

Minden, NV89423

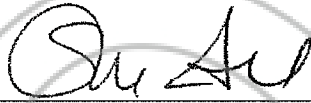
**Mail Tax Statements to: (deeds only)**

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

(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 \_\_\_\_\_



**Sherry Ackermann**

**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

Yvonne J. French, of legal age, being first duly sworn, deposes and says:

1. Melvyn L. French, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Melvyn L. French named as Trustee in the Declaration of Trust dated 6/17/2003 and executed by Melvyn L. French and Yvonne J. French 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 285 Sierra Country Circle Gardnerville, NV 89460, which property is described in a Deed which was executed by Melvyn L. French and Yvonne J. French, Trustees of the French Living Trust dated June 17, 2003 as Grantor(s) on July 10, 2003 and recorded as Instrument No. 582841, in Book 0703, Page 3897, 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 real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 23, of SIERRA COUNTRY ESTATES PHASE 2, a Planned Unit Development, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on January 27, 2000, in Book 100, Page 4088, Document No. 485130.

Together with a Private Access Easement set forth on map of SIERRA COUNTRY ESTATES PHASE 2.

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.

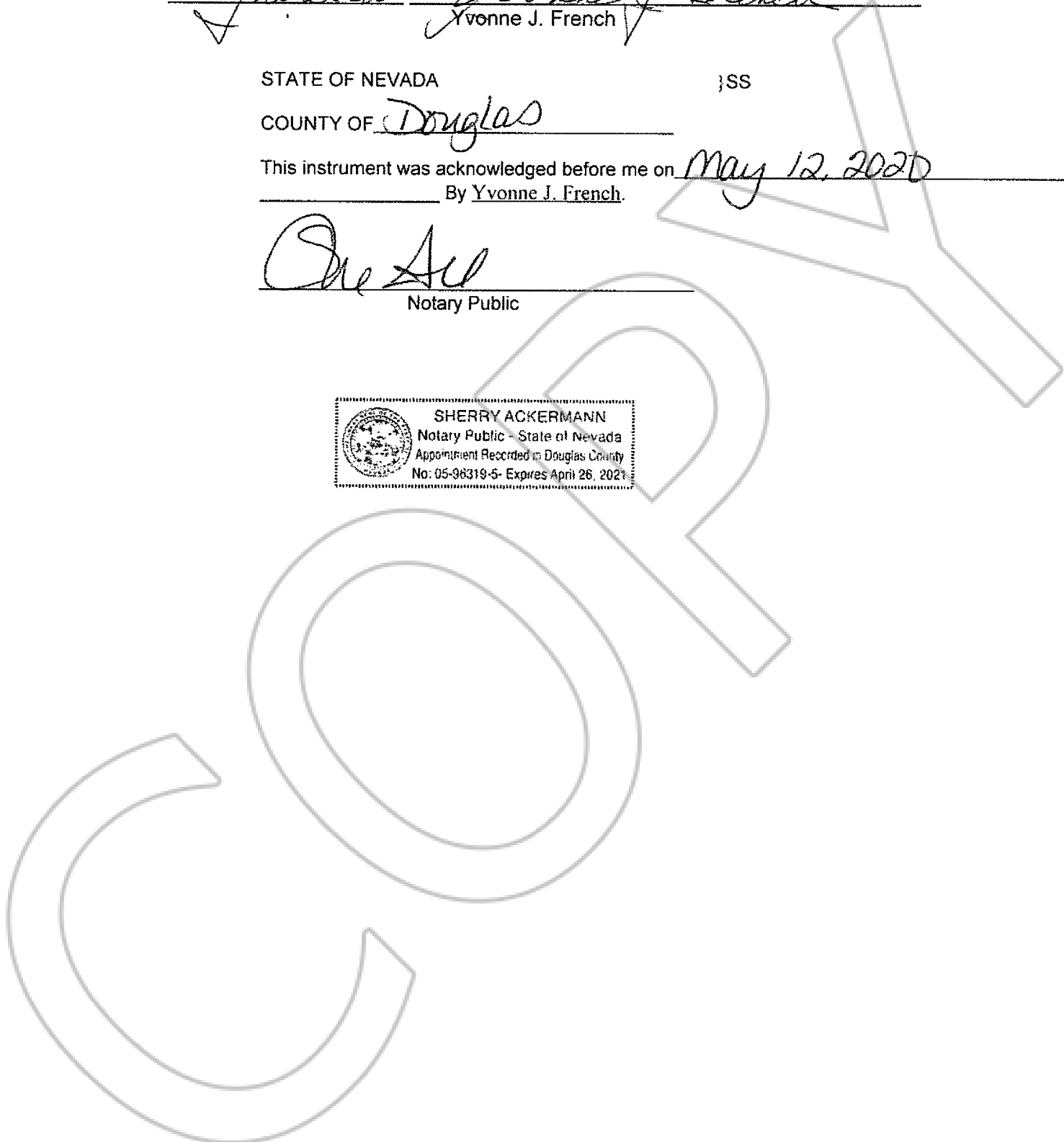
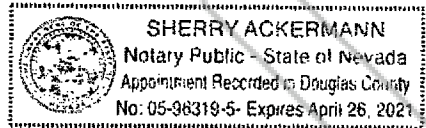
Dated May 12, 2020 Yvonne J. French  
Yvonne J. French

STATE OF NEVADA ;SS

COUNTY OF Douglas

This instrument was acknowledged before me on May 12, 2020  
By Yvonne J. French.

Sherry Ackermann  
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. 4141387

**202008484**  
STATE FILE NUMBER

**CERTIFICATE OF DEATH**

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) <b>Melvyn Lee FRENCH</b>			2. DATE OF DEATH (Mo/Day/Year) <b>April 23, 2020</b>		3a. COUNTY OF DEATH <b>Douglas</b>		
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or 3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>1788 Bella Casa Dr Home</b>			4. SEX <b>Male</b>		
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) <b>83</b>	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) <b>August 28, 1936</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	10. EDUCATION <b>14</b>	11. MARITAL STATUS (Specify) <b>Married</b>	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Yvonne EALES</b>		
13. SOCIAL SECURITY NUMBER <b>5511</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>Communications Engineering</b>		15. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	
15a. RESIDENCE - STATE <b>Nevada</b>	15b. COUNTY <b>Douglas</b>	15c. CITY, TOWN OR LOCATION <b>Minden</b>	15d. STREET AND NUMBER <b>1788 Bella Casa Dr</b>			Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Lloyd FRENCH</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Jeanne STRONG</b>				
18a. INFORMANT- NAME (Type or Print) <b>Yvonne FRENCH</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1788 Bella Casa Dr Minden, Nevada 89423</b>					
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>			
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CARLEN BLANSETT</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD861</b>	20c. NAME AND ADDRESS OF FACILITY <b>Waltons Funerals &amp; Cremations-Chapel of the Valley</b> <b>1281 N Roop Carson City NV 89706</b>				
TRADE CALL - NAME AND ADDRESS							
To Be Completed by CERTIFYING PHYSICIAN	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>NITA SCHWARTZ MD</b> SIGNATURE AUTHENTICATED			To Be Completed by CORONER'S OFFICE	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) <b>April 27, 2020</b>	21c. HOUR OF DEATH <b>01:50</b>		22b. DATE SIGNED (Mo/Day/Yr)	22c. HOUR OF DEATH		
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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>Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703</b>					23b. LICENSE NUMBER <b>9114</b>		
24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 28, 2020</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).)						Interval between onset and death	
PART I	(a) <b>Coronary Atherosclerosis</b>					Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
	(b) 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.						25. AUTOPSY (Specify Yes or No) <b>No</b>	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>
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

000814665



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:

**MAY 06 2020**

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

*Joe Joseph*  
STATE REGISTRAR

VRS-Rev-20120523a

