

DOUGLAS COUNTY, NV

2020-948427

Rec:\$40.00

\$40.00

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06/30/2020 12:24 PM

FIRST CENTENNIAL - RENO (MAIN OFFICE)

KAREN ELLISON, RECORDER

APN No.: 1419-11-002-055

Escrow No.: 20004957-ES

Recording Requested By:
First Centennial Title Company of Nevada
896 W Nye Ln., Suite 104
Carson City, NV 89703

When Recorded Return to:
First Centennial Title Company of Nevada
896 W Nye Ln., Suite 104
Carson City, NV 89703

Mail Tax Statements to:
Steven T. Littleton and Diane G. Littleton
3440 Bernese Court
Carson City, NV 89705

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT DEATH OF TRUSTEE

(Title of Document)

Please complete Affirmation Statement below:

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 as required by law: NRS 440.380 (state specific law).

Liz Sumningsen
SIGNATURE

Escrow Officer
TITLE

Liz Sumningsen
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

SPACE BELOW FOR RECORDER

APN: 1419-11-002-055
Escrow No. 20004957-ES

When Recorded Return to:
Roger and Michele Joly Revocable Trust
130 Potosi Road
Dayton, NV 89403

SPACE ABOVE FOR RECORDERS USE

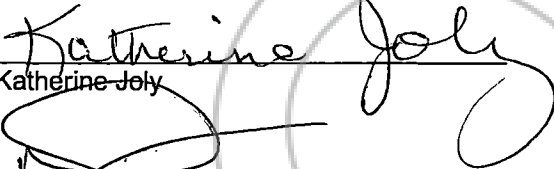

AFFIDAVIT - DEATH OF TRUSTEE

Katherine Joly and Dana M. Joly, of legal age, being duly sworn, deposes and says

That Roger Louis Joly, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Roger L. Joly named as one of the parties in that certain Deed dated March 13, 2003 executed by Roger L. Joly and Michele F. Joly to Roger L. Joly and Michele F. Joly, as Co-Trustees of the Roger and Michele Joly Revocable Trust dated March 13, 2003 recorded as Instrument No. 0569866, on March 13, 2003 in Book N/A Page N/A of Official Records of Douglas County, Nevada, covering the following described property.

Lot 67, of Alpine View Estates #3, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, recorded on April 16, 1973, as Document No. 65319.

Assessors Parcel No.: 1419-11-002-055


Katherine Joly

Dana M. Joly

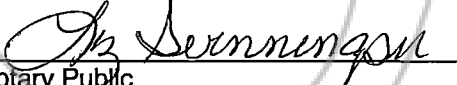
Dated: June 29, 2020

STATE OF NEVADA

COUNTY OF CARSON CITY



This instrument was acknowledged before me on this 29TH day of JUNE, 2020, by
KATHERINE JOLY AND DANA M. JOLY


Notary Public

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2014000883
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) Roger Louis JOLY		2. DATE OF DEATH (Mo/Day/Year) January 18, 2014		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) Ormsby Post Acute Rehab		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Male		5. RACE - White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE - Last birthday (Years) 89		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) November 11, 1924		9a. STATE OF BIRTH (if not U.S.A. name country) France		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 18		11. MARRIED; NEVER MARRIED; WIDOWED; DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Michele BARRAUT	
13. SOCIAL SECURITY NUMBER 5481		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Engineer		14b. KIND OF BUSINESS OR INDUSTRY Steel	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Jacks Valley	
15d. STREET AND NUMBER 3440 Bernese Court		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Leon JOLY			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Eugenie RAMEL		
18a. INFORMANT - NAME (Type or Print) Michele JOLY			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 3440 Bernese Court Carson City, Nevada 89705		
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) CURT KOESTLER		20b. FUNERAL DIRECTOR LICENSE 823		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703	
21. 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) CRAIG STEVEN RAU 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) January 22, 2014			21c. HOUR OF DEATH 05:00		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Aguirre, Jose			22b. DATE SIGNED (Mo/Day/Yr)		
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22c. HOUR OF DEATH		
21f. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		
21g. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22e. PRONOUNCED DEAD AT (Hour)		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) CRAIG STEVEN RAU MD 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 10991	
24a. REGISTRAR (Signature) BIANCA GALEANO		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 24, 2014		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: Cardiorespiratory Failure				Interval between onset and death Minutes	
(a) DUE TO, OR AS A CONSEQUENCE OF: Acute Coronary Syndrome				Interval between onset and death Minutes	
(b) DUE TO, OR AS A CONSEQUENCE OF: Cause Otherwise Unknown				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				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.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
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

511970

CERTIFIED COPY OF VITAL RECORDS

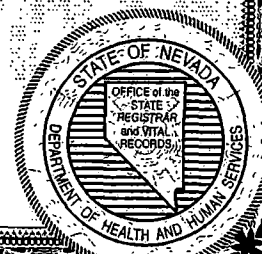
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

This copy is not valid unless it has an engraved border displaying date, seal and signature.

STATE REGISTRAR
R. J. White
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



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