

APN# 1220-16-110-004



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: William Thomas Coleman

Address: ~~627 Joette Drive~~ POB 7464

City/State/Zip: Gardnerville NV 89460

Mail Tax Statements to:

Name: William Thomas Coleman

Address: ~~627 Joette Drive~~ POB 7464

City/State/Zip: Gardnerville NV 89460

Affidavit Of Death Of Trustees

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

William Thomas Coleman

Printed Name

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

Recorded at the request of:
When recorded, mail to:
Mail tax statements to:
William Thomas Coleman
627 Joette Drive
Gardnerville, Nevada 89460

AFFIDAVIT OF DEATH OF TRUSTEES

APN: 1220-16-110-004

STATE OF NEVADA)
): ss.
CARSON CITY)

William Thomas Coleman, being first duly sworn, deposes and says:

1. William J. Coleman died on the 20th day of March, 2020, in the state of Nevada and that a certified copy of his Death Certificate is attached hereto.

2. Lori Ann Cooper died on the 6th day of April, 2018, in the state of Nevada and that a certified copy of her Death Certificate is attached hereto.

3. That at the date of their deaths, William J. Coleman and Lori Ann Cooper were Trustees of the William J. Coleman Revocable Trust dated February 15, 2007, which is the owner of certain real property located in the County of Douglas, State of Nevada, described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND
INCORPORATED HEREIN BY SAID REFERENCE

4. That said ownership was created by a Deed dated the 15th day of February, 2007, and recorded on March 12, 2007, as Document Number 0696783 in the Douglas County Recorder's Office.

5. That upon the death of William J. Coleman and Lori Ann Cooper, the Affiant became the Successor Trustee of the William J. Coleman Revocable Trust dated February 15, 2007.

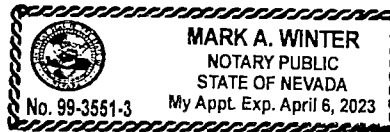


William Thomas Coleman

SUBSCRIBED and SWORN to before me this 18th day of May, 2020.



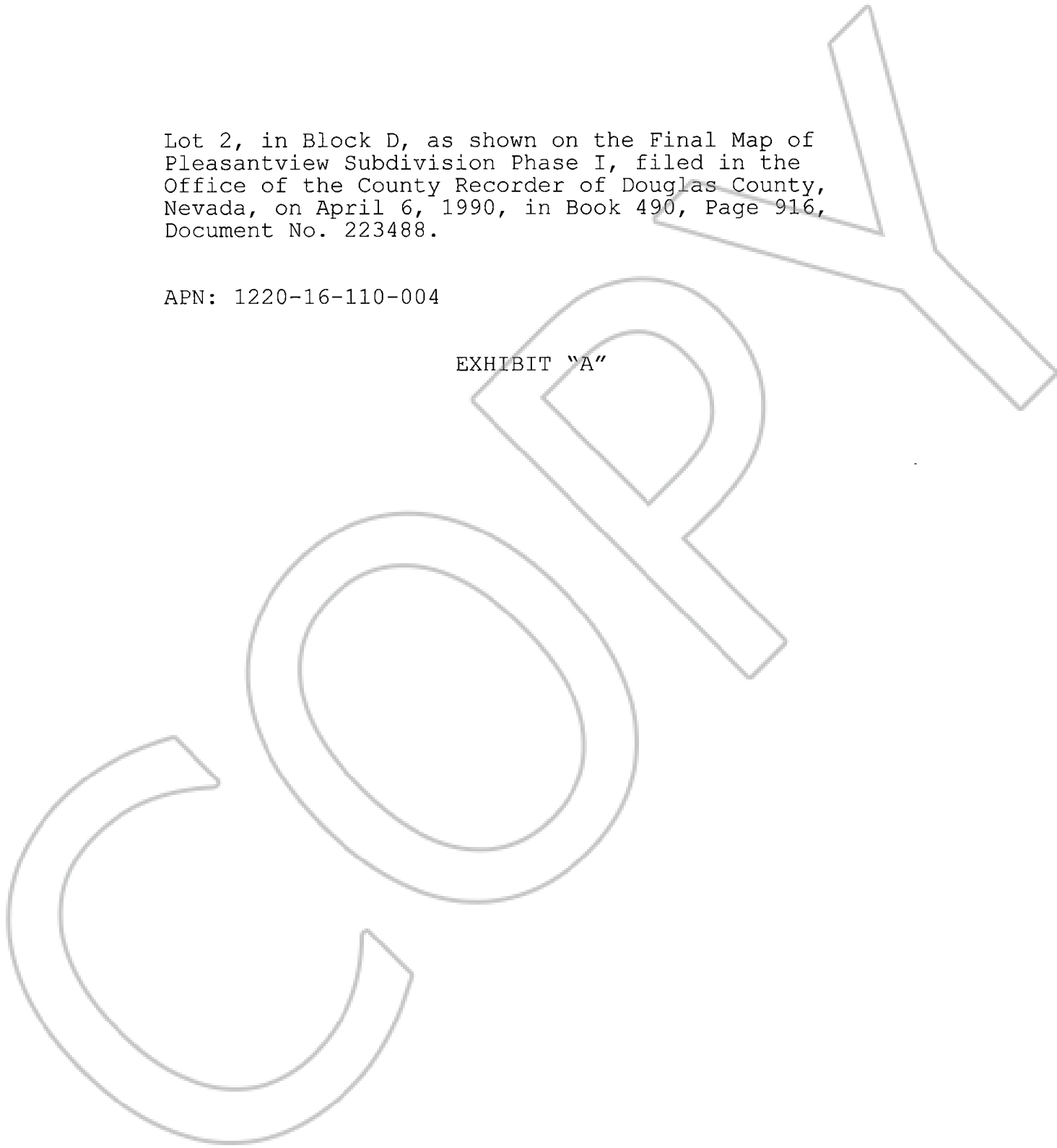
Notary Public



Lot 2, in Block D, as shown on the Final Map of Pleasantview Subdivision Phase I, filed in the Office of the County Recorder of Douglas County, Nevada, on April 6, 1990, in Book 490, Page 916, Document No. 223488.

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EXHIBIT "A"



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4135566

CERTIFICATE OF DEATH

2020005694
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) William James COLEMAN		2. DATE OF DEATH (Mo/Day/Year) March 20, 2020		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 Heights Residential Care		3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Assisted Living Facility	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 84	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		7d. UNDER 1 DAY MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
	11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13. SOCIAL SECURITY NUMBER 2709		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Meat Cutter		14b. KIND OF BUSINESS OR INDUSTRY GROCERY STORE	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 627 Joette Drive		16. FATHER/PARENT - NAME (First Middle Last Suffix) Erwin COLEMAN		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Edna FITZPATRICK	
	18a. INFORMANT- NAME (Type or Print) William T COLEMAN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 7464 Gardnerville, Nevada 89460			
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 Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	
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) DOUGLAS VACEK DO SIGNATURE AUTHENTICATED					
	21b. DATE SIGNED (Mo/Day/Yr) March 21, 2020		21c. HOUR OF DEATH 05:00		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)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
	21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Douglas Vacek DO 850 6th Street Lovelock, NV 89419				23b. LICENSE NUMBER 1125	
	24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 23, 2020		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					Interval between onset and death
	(a) Cardiac Arrest					Interval between onset and death
	(b) Atherosclerotic Cardiovascular Disease					Interval between onset and death
	(c) Hypertension					Interval between onset and death
CONDITIONS IF ANY WHICH GAVE RISE TO CAUSE STATING THE UNDERLYING CAUSE LAST	(d) OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Advanced Age					Interval between onset and death
	26. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)				26. AUTOPSY (Specify Yes or No) No	
27a. DATE OF INJURY (Mo/Day/Yr)		27b. HOUR OF INJURY		27c. DESCRIBE HOW INJURY OCCURRED		
28a. INJURY AT WORK (Specify Yes or No)		28b. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28c. LOCATION STREET OR R.F.D No CITY OR TOWN STATE		

000811308



CERTIFIED COPY OF VITAL RECORDS

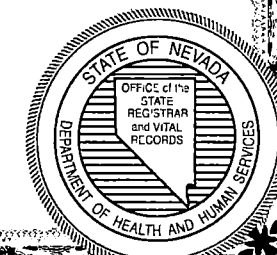
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

3/31/2020

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

Blaise Satariano
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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. 4013364

2018006945
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) Lori Ann COOPER		2. DATE OF DEATH (Mo/Day/Year) April 06, 2018		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION-Name(if not either, give street an 1472 Mary Jo Drive		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 59		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 25, 1958		9a. STATE OF BIRTH (if not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER -8538		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Dealer		14b. KIND OF BUSINESS OR INDUSTRY Gaming	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1472 Mary Jo Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No		15f. Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) William James COLEMAN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lois Jean SPITALERI		
18a. INFORMANT- NAME (Type or Print) Dustin COOPER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1472 Mary Jo Drive Gardnerville, Nevada 89460			
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 FD881		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 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) MEL MAGBOO MD SIGNATURE AUTHENTICATED			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) April 10, 2018		21c. HOUR OF DEATH 11:17		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) MELISSA KNIGHT SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 10, 2018		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 Lung				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
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.				28. 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)			
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

VRS-Rev-20120523a



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DATE ISSUED:

APR 11 2018

Julie Katchear
STATE REGISTRAR

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

