

DOUGLAS COUNTY, NV

2020-949719

Rec:\$40.00

\$40.00

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07/24/2020 03:30 PM

FIRST CENTENNIAL - RENO (MAIN OFFICE)

KAREN ELLISON, RECORDER

APN No.: 1318-16-810-010

Escrow No.: 20004453-DR

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:
**Stephen R. Bertron, Trustee of the Bertron Trust
created on September 24, 2015
6590 Jeremie Drive
San Jose, CA 95120**

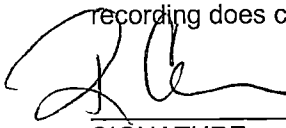
SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT

(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 any person or persons. (Per NRS 440.380 (1))



SIGNATURE

Title Assistant

TITLE

Roseanne Cusumano

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: 1318-16-810-010
Escrow No. 20004453-DR

When Recorded Return to:
Donna R. Howell, Successor Trustee of The Howell
Family Trust dated April 7, 2011
7770 Autumn Ridge Circle
Reno, NV 89523


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AFFIDAVIT - DEATH OF TRUSTEE

Donna R. Howell, of legal age, being duly sworn, deposes and says

That the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Robert M. Howell named as one of the parties in that certain Quitclaim Deed dated April 7, 2011 executed by Donna R. Howell, Trustee of the Donna R. Howell Trust AGREEMENT dated August 26, 1997 as amended to Robert M. Howell and Donna R. Howell, Trustees of the Howell Family Trust dated April 7, 2011 recorded as Instrument No.0781579, on April 14, 2011 in Book 0411 Page 2692 of Official Records of Douglas County, Nevada, covering the following described property.

Lot 44, of the ELKS SUBDIVISION PLAT, according to the official map thereof, filed in the office of the County Recorder of Douglas County, Nevada, on May 5, 1927 and as shown on the Amended Plat of the Elks Subdivision, on January 5, 1928 and as shown on the Second Amended Plat of the Elks Subdivision, on June 5, 1952, as Document No. 8537.


Donna R. Howell

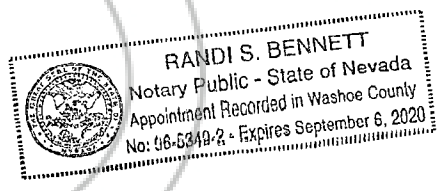
Dated: 7.20.2020

STATE OF NEVADA

COUNTY OF Washoe

This instrument was acknowledged before me on this 20th day of July, 2020, by
Donna R. Howell


Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT
VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4119033

CERTIFICATE OF DEATH

2019024819
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) Robert M HOWELL		2. DATE OF DEATH (Mo/Day/Year) December 13, 2019		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 7770 Autumn Ridge Circle		3e. If Hosp. or Inst. indicate DOA,OP/Emar. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 74		7b. UNDER 1 YEAR MOS: _____ DAYS: _____		7c. UNDER 1 DAY HOURS: _____ MINS: _____	
8. DATE OF BIRTH (Mo/Day/Yr) October 01, 1945		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) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Donna R RICHARDS	
13. SOCIAL SECURITY NUMBER ██████████-7630		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Chief Investigator		14b. KIND OF BUSINESS OR INDUSTRY LAW	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Reno	
15d. STREET AND NUMBER 7770 Autumn Ridge Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		14c. Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Joe Rex HOWELL			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Doris Ann MILLER		
18a. INFORMANT- NAME (Type or Print) Donna R HOWELL		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 7770 Autumn Ridge Circle Reno, Nevada 89523			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION - City or Town - State Reno, Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) MICHAEL C FICKE		20b. FUNERAL DIRECTOR LICENSE NUMBER FD928		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations - Ross, Burke 2155 Kietzke Lane Reno NV 89502	
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) SIGNATURE AUTHENTICATED SHANNON L ZAMBONI 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) December 19, 2019		21c. HOUR OF DEATH 11:05		22b. DATE SIGNED (Mo/Day/Yr)	
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) Shannon L Zamboni MD 601 Ralston Street Reno, NV 89503				23b. LICENSE NUMBER 9022	
24a. REGISTRAR (Signature) BLAIR J HEDRICK		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 19, 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) Atherosclerotic Cardiovascular Disease		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.				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	

000364326 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.

DEPUTY REGISTRAR

DATE ISSUED: **12/23/2019** This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

