

APN#: 1220-20-001-011



00116350202009507420040044

Recording Requested By:

Scott C. Jacobs

KAREN ELLISON, RECORDER

When Recorded Mail To:

Scott C. Jacobs

842 Branstetter Ave.  
Dayton, NV 89403

Mail Tax Statements to: (deeds only)

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

(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

*Scott C. Jacobs*

Scott C. Jacobs

Successor Trustee

**Affidavit Death of Trustee**

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

# AFFIDAVIT – DEATH OF TRUSTEE

Scott C. Jacobs, of legal age, being first duly sworn, deposes and says:

1. Shirley Louise Jacobs, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Shirley Louise Jacobs named as Trustee in the Declaration of Trust dated March 25, 1994 Shirley Louise Jacobs as Trustor(s).
2. At the time of the decedent's death, decedent was the beneficiary, as Trustee, of certain real property commonly known as 704 Marron Way, Gardnerville, NV 89460 which property is described in a Deed of Trust which was executed by Melissa Rains and Shannon Harris as Grantor(s) on March 27, 2015 and recorded as Instrument No. 2015-859300, 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:  
  
See Exhibit "A" attached
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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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.

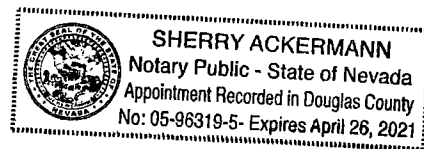
Dated 8-11-2020 Scott C. Jacobs  
Scott C. Jacobs,

STATE OF NEVADA }SS

COUNTY OF Douglas

This instrument was acknowledged before me on August 11, 2020  
By Scott C. Jacobs.

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. 3954179

**CERTIFICATE OF DEATH**

2017008463  
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) <b>Shirley Louise JACOBS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 30, 2017</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address) <b>Carson Valley Medical Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>82</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Wyoming</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
13. SOCIAL SECURITY NUMBER <b>██████████-7489</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1404 S Riverview Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		4. SEX <b>Female</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Clarence E BLOMBERG</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Ethel TRIPLETT</b>		
18a. INFORMANT - NAME (Type or Print) <b>Scott JACOBS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>842 Branstetter Drive Dayton, Nevada 89403</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CHRISTIE D WILDE</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD917</b>		20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701</b>	
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) <b>TREVOR PHAN MD</b>			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>May 05, 2017</b>		21c. HOUR OF DEATH <b>09:41</b>		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) <b>Trevor Phan MD 801 W Williams Ave Fallon, NV 89406</b>				23b. LICENSE NUMBER <b>12765</b>	
24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 08, 2017</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				Interval between onset and death	
(a) <b>Acute Respiratory Failure</b>				Interval between onset and death	
(b) <b>Metabolic Encephalopathy</b>				Interval between onset and death	
(c) <b>Chronic Obstructive Pulmonary Disease With Exacerbation</b>				Interval between onset and death	
(d) <b>Other Significant Conditions-Conditions contributing to death but not resulting in the underlying cause given in Part 1.</b> <b>Atrial Fibrillation And Sepsis</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</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



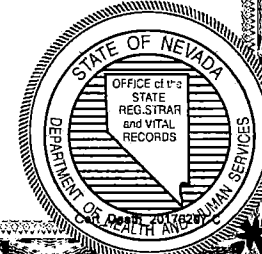
CERTIFIED COPY OF VITAL RECORDS

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: 5/10/2017

*Cody Phinney*  
SIGNATURE AUTHENTICATED

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



## EXHIBIT "A"

Lot 13, in Block B, as shown on that map entitled COUNTRY LANE SUBDIVISION, recorded on February 4, 1981 in Book 281 of Official Records at page 242, Douglas County, Nevada, as Document No. 53226.

Assessor's Parcel No. 1220-20-001-011

