

DOUGLAS COUNTY, NV

2020-953516

Rec:\$40.00

\$40.00

Pgs=4

09/29/2020 10:30 AM

ETRCO

KAREN ELLISON, RECORDER

APN#: 1319-03-414-007

**Recording Requested By:**

eTRCo, LLC.

**When Recorded Mail To:**

Jacqueline G. Aboody

6 Corte Vizcaya

San Clemente, CA 92610

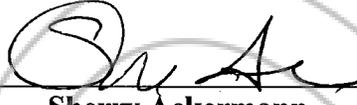
**Mail Tax Statements to: (deeds only)**

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

(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



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

Jacqueline G. Aboody, of legal age, being first duly sworn, deposes and says:

1. Nicholas F. Aboody, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Nicholas F. Aboody named as Trustee in the Declaration of Trust dated 11/1/2006 and executed by Nicholas F. Aboody and Jacqueline G. Aboody, Trustee of the Aboody Family Trust dated November 1, 2006 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 2462 Genoa Meadows Circle Genoa, NV 89411, which property is described in a Deed which was executed by Nicholas F. Aboody and Jackie Aboody (aka Jacqueline G. Aboody) husband and wife as joint tenants as Grantor(s) on March 23, 2007 and recorded as Instrument No. 0697641, in Book 0307, Page 7587, 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 certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 6 in Block D, as set forth on the Final Map for HIGH MEADOWS UNIT NO. 2, GENOA LAKES PHASE 4, a Planned Unit Development, filed for record in the office of the Douglas County Recorder, State of Nevada, on June 24, 2002 in Book 602 at Page 7600, as Document No. 545421, Official Records.

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 9-22-2020 Jacqueline G. Aboody  
Jacqueline G. Aboody, Successor Trustee

STATE OF NEVADA }SS

COUNTY OF Douglas

This instrument was acknowledged before me on September 22, 2020  
By Jacqueline G. Aboody.

[Signature]  
Notary Public



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF ORANGE**  
**HEALTH CARE AGENCY**

3052020140872

**CERTIFICATE OF DEATH**

3202030010644

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY (115 CHARACTERS, 10 DIGITS OR ALTERNATES AS 12/20/13)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>NICHOLAS</b>		2. MIDDLE <b>F.</b>		3. LAST (Family) <b>ABOODY</b>	
AKA: ALSO KNOWN AS - Indicate full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy <b>12/08/1940</b>		5. AGE Yrs. Mths. Days <b>79</b>	
6. BIRTH STATE/FOREIGN COUNTRY <b>MA</b>		10. SOCIAL SECURITY NUMBER <b>████████-3024</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LINK	
13. EDUCATION - Highest Law Degree (See worksheet on back) <b>HS GRADUATE</b>		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS/ROP* (at Time of Death) <b>MARRIED</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>LIQUOR SALES</b>		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail, construction, employment agency, etc.) <b>LIQUOR</b>		7. DATE OF DEATH mm/dd/yyyy <b>06/22/2020</b>	
18. DECEDENT'S RESIDENCE (Street and number, or location) <b>6 CORTE VIZCAYA</b>		19. YEARS IN OCCUPATION <b>28</b>		8. HOUR (24 Hours) <b>M</b>	
21. CITY <b>SAN CLEMENTE</b>		22. COUNTY/PROVINCE <b>ORANGE</b>		23. ZIP CODE <b>92673</b>	
24. YEARS IN COUNTY <b>54</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural road number, city or town, state and zip) <b>6 CORTE VIZCAYA, SAN CLEMENTE, CA 92673</b>	
28. INFORMANT'S NAME, RELATIONSHIP <b>JACQUELINE G. ABOODY, SPOUSE</b>		29. MIDDLE <b>G.</b>		30. LAST (BIRTH NAME) <b>LANG</b>	
26. NAME OF SURVIVING SPOUSE/SHOP - FIRST <b>JACQUELINE</b>		31. NAME OF FATHER/PARENT - FIRST <b>SALEM</b>		32. MIDDLE <b>ABOODY</b>	
33. LAST (BIRTH NAME) <b>LANG</b>		34. BIRTH STATE <b>LEBANON</b>		35. BIRTH STATE <b>LEBANON</b>	
36. NAME OF MOTHER/PARENT - FIRST <b>ROSE</b>		37. MIDDLE <b>HALAL</b>		38. BIRTH STATE <b>LEBANON</b>	
39. DISPOSITION DATE mm/dd/yyyy <b>07/07/2020</b>		40. PLACE OF FINAL DISPOSITION <b>FOREST LAWN MEMORIAL PARK 4471 LINCOLN AVENUE, CYPRESS, CA 90630</b>		43. LICENSE NUMBER	
41. TYPE OF DISPOSITION <b>BU</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		44. NAME OF FUNERAL ESTABLISHMENT <b>FOREST LAWN MEMORIAL PARKS &amp; MORTUARIES</b>	
45. LICENSE NUMBER <b>ED1051</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>CLAYTON CHAU, MD, PHD.</b>		47. DATE mm/dd/yyyy <b>06/30/2020</b>	
109. PLACE OF DEATH <b>RESIDENCE-HOSPICE</b>		110. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> SNOP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
104. COUNTY <b>ORANGE</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>6 CORTE VIZCAYA</b>		106. CITY <b>SAN CLEMENTE</b>	
107. CAUSE OF DEATH Enter the chain of events, i.e., disease, injury, or complication... which directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, disseminated intravascular coagulation without showing the etiology. DO NOT abbreviate. <b>A CARDIOPULMONARY ARREST</b>		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>END STAGE PARKINSON'S DISEASE</b>		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NO</b>		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Accident Attended Physician <input type="checkbox"/> Decedent Last Seen Alive <input type="checkbox"/> <b>06/17/2020</b> <b>06/22/2020</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>MOHANA SHIVRAM KULKARNI M.D.</b>	
116. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> LINK		117. LICENSE NUMBER <b>A106999</b>		118. TYPE ATTENDING PHYSICIAN'S NAME (MAILING ADDRESS, ZIP CODE) <b>MOHANA SHIVRAM KULKARNI M.D. 20 CORPORATE PARK DRIVE SUITE 300, IRVINE, CA 92606</b>	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> LINK		121. INJURY DATE mm/dd/yyyy	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		122. HOUR (24 Hours)		123. SIGNATURE OF CORONER / DEPUTY CORONER	
125. LOCATION OF INJURY (Street and number, or location), and city, and zip		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
STATE REGISTRAR	A	B	C	D	E
				FAX AUTH.#	
				CENSUS TRACT	
				*01000100457878*	



CERTIFIED COPY OF VITAL RECORDS  
 DATE ISSUED: **July 6, 2020**

STATE OF CALIFORNIA }  
 COUNTY OF ORANGE } SS.

Eric G. Handler, M.D.  
 HEALTH OFFICER  
 ORANGE COUNTY, CALIFORNIA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

