

DOUGLAS COUNTY, NV

2020-953755

Rec:\$40.00

\$40.00

Pgs=4

10/02/2020 09:00 AM

ETRCO

KAREN ELLISON, RECORDER

APN# : 1320-29-110-039

Recording Requested By:

Western Title Company

When Recorded Mail To:

Scott Lightfoot

941 PALM TERRACE
PASADENA CA 91104

Mail Tax Statements to: (deeds only)

SCOTT LIGHTFOOT
941 PALM TERRACE
PASADENA CA 91104

(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

Scott Lightfoot, of legal age, being first duly sworn, deposes and says:

1. Marinell Wright, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Marinell Wright named as Trustee in the Declaration of Trust dated 6/28/2004 and executed by Marinell Wright 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 1785 Lantana Drive Minden, NV 89423, which property is described in a Deed which was executed by Marinell Wright as Grantor(s) on June 30, 2014 and recorded as Instrument No. 0845458, in Book 0614, Page 7370, 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 443, in Block D, as shown on the Final Map No. 1008-8 for WINHAVEN, UNIT NO. 8, A Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, Nevada on September 11, 1997, in Book 997 of Official Records at Page 2125, as Document No. 421412.

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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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

9/28/2020

Scott Lightfoot

STATE OF NEVADA

}SS

see attached

COUNTY OF _____

This instrument was acknowledged before me on _____

By Scott Lightfoot.

Notary Public

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }

County of Los Angeles }

On 9/25/2020 before me, Maureen G. Calney, Notary Public
(Here insert name and title of the officer)

personally appeared Scott Lightfoot
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Maureen G. Calney
Notary Public Signature

(Notary Public Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Affidavite - Death of Trustee
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 1 Document Date _____

CAPACITY CLAIMED BY THE SIGNER

- Individual (s)
- Corporate Officer

(Title)

- Partner(s)
- Attorney-in-Fact
- Trustee(s)
- Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he/she/they~~, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

CITY OF PASADENA

PUBLIC HEALTH DEPARTMENT

3052018205448

CERTIFICATE OF DEATH

3201863001099

USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-1 (REV. 3/03)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT- FIRST (Given) MARINELL		3. LAST (Family) WRIGHT	
2. MIDDLE -		4. DATE OF BIRTH mm/dd/yyyy 06/19/1938	
5. AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		6. AGE Yrs. Mths. Ds. Hrs. Min. Sec. 80	
8. BIRTH STATE/FOREIGN COUNTRY INDIANA		10. SOCIAL SECURITY NUMBER -0870	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP (at time of Death) DIVORCED	
13. EDUCATION - Highest level/degree (see worksheet on back) BACHELOR		14. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED BUSINESS OWNER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) TIRE SHOP	
19. YEARS IN OCCUPATION 40		20. DECEASED'S RESIDENCE (Street and number, or location) 1490 RIVIERA DRIVE	
21. CITY PASADENA		22. COUNTY/PROVINCE LOS ANGELES	
23. ZIP CODE 91107		24. YEARS IN COUNTY 60	
25. STATE/FOREIGN COUNTRY CALIFORNIA		26. INFORMANT'S NAME, RELATIONSHIP SCOTT C. LIGHTFOOT, FRIEND	
27. INFORMANT'S MAILING ADDRESS (Street and number or care of, city or town, state and zip) 941 PALM TERRACE, PASADENA, CA 91104		28. NAME OF SURVIVING SPOUSE/SRDP-FIRST -	
29. MIDDLE -		30. LAST (BIRTH NAME)	
31. NAME OF FATHER/PARENT-FIRST ALVIN		32. MIDDLE J.	
33. NAME OF MOTHER/PARENT-FIRST ETHEL		34. LAST (BIRTH NAME) WRIGHT	
35. MIDDLE -		36. LAST (BIRTH NAME) WYGAL	
37. BIRTH STATE ILLINOIS		38. BIRTH STATE ILLINOIS	
39. DISPOSITION DATE mm/dd/yyyy 10/22/2018		40. PLACE OF FINAL DISPOSITION FOREST LAWN MEMORIAL PARKS AND MORTUARIES 1712 S. GLENDALE AVENUE, GLENDALE, CA 91205	
41. TYPE OF DISPOSITION(S) CR/TR/BU/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT FOREST LAWN MEM PARKS AND MTYS	
45. LICENSE NUMBER FD 656		46. SIGNATURE OF LOCAL REGISTRAR YING-YING GOH, MD	
47. DATE mm/dd/yyyy 10/1/2018		48. PLACE OF DEATH RESIDENCE	
101. COUNTY LOS ANGELES		102. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1490 RIVIERA DRIVE	
103. CITY PASADENA		104. CAUSE OF DEATH Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) CARDIOPULMONARY ARREST	
105. IMMEDIATE CAUSE (Final disease or condition resulting in death) (B) ALZHEIMER'S DISEASE		106. TIME INTERVAL BETWEEN DEATH AND DEATH REPORT TO CORNER? (A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO MINS	
107. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST NONE		108. BIOPSY PERFORMED? (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO MOS	
109. AUTOPSY PERFORMED? (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. LIGED PROTECTIVE CAUSE? (D) <input type="checkbox"/> YES <input type="checkbox"/> NO	
111. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN BY 107 NONE		112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO	
113. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		114. SIGNATURE AND TITLE OF CERTIFIER DARREN J. MCDOW M.D.	
115. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE DARREN J. MCDOW M.D. 3637 MOTOR AVENUE, SUITE 360, LOS ANGELES, CA 90034		116. LICENSE NUMBER A75639	
117. DATE mm/dd/yyyy 10/01/2018		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE DARREN J. MCDOW M.D. 3637 MOTOR AVENUE, SUITE 360, LOS ANGELES, CA 90034	
119. 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 type="checkbox"/> UNK		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. INJURY DATE mm/dd/yyyy		122. HOUR (24 hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. SIGNATURE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		CENSUS TRACT	

This is to certify that this document is a true copy of the official record filed with the City of Pasadena.

Ying-Ying Goh
YING-YING GOH, MD
HEALTH OFFICER

DATE ISSUED
OCT 18 2018

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

