

DOUGLAS COUNTY, NV **2020-953760**  
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\$40.00 Pgs=5 10/02/2020 09:34 AM  
TICOR TITLE - CC (NVTH3K)  
KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:  
**Christina Holland, Surviving Trustee of  
The Clarence & Christina Holland  
Revocable Family Trust dated 10/29/2003  
52294 Rosewood Lane  
La Quinta, CA 92253**

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 02006619DKD

APN No.: 1420-18-114-002

**AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE**

State of Nevada }  
County of **Douglas** }

Christina Holland, being duly sworn, deposes and says:

1. Clarence Ira Holland, the decedent mentioned in attached copy of Certificate of Death, is the same person as C.I. Holland named as one of the trustee(s) in that certain Grant, Bargain, Sale Deed dated October 10, 2018, executed by Clarence I Holland and Christine Holland, Trustees of The Clarence I and Christine Holland Revocable Family Trust dated 10/29/2003 to Clarence & Christina Holland Revocable Family Trust, C.I. Holland and Christina Holland, Trustees, recorded on October 12, 2018 as instrument number 920894, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

2. That I, Christina Holland, am named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

Dated: 9-21-20

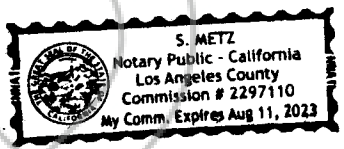
Christina Holland TTE  
Christina Holland, Successor Trustee

STATE OF <sup>SM</sup> NEVADA ~~CA~~ } SS:  
COUNTY OF ~~DOUGLAS~~ <sup>SM</sup> Riverside

This instrument was acknowledged before me on 9/21/2020,

by Christina Holland

[Signature]  
NOTARY PUBLIC



All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 33, in Block D, as set forth on Final Map No. 1011-2C entitled VALLEY VISTA ESTATES 2, PHASE 2C, filed for record in the office of the Douglas County Recorder on September 21, 2001, Book 901, Page 4969, Document No. 523258, Official Records

APN: 1420-18-114-002

COPY

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4164066

**CERTIFICATE OF DEATH**

2020014145  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN THIS STATE, 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>Clarence Ira HOLLAND</b>		2. DATE OF DEATH (Mo/Day/Year) <b>July 04, 2020</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION (Name and address, give street and city or inst. indicate DCA (Prepaid Post-Insurance) (Specify)) <b>Veterans Hospital - Washoe</b>		4. SEX <b>Male</b>	
5. RACE (Specify) <b>White</b>		6. HISPANIC ORIGIN? Specify No - Non-Hispanic		7a. AGE Last birthday (Years) <b>84</b>	
8a. STATE OF BIRTH (If not U.S.A. name country) <b>Arkansas</b>		8b. CITIZEN OF WHAT COUNTRY? <b>United States</b>		8c. DATE OF BIRTH (Mo/Day/Yr) <b>September 19, 1935</b>	
9. SOCIAL SECURITY NUMBER <b>7185</b>		10. USUAL OCCUPATION (Give kind of Work Done during Most of Year) <b>Owner/Operator</b>		11. SURVIVING SPOUSE'S FULL Last name given at marriage <b>Christina AGUILAR</b>	
12a. RESIDENCE - STATE <b>Nevada</b>		12b. COUNTY <b>Carson City</b>		12c. CITY, TOWN OR LOCATION <b>Carson City</b>	
12d. STREET AND NUMBER <b>817 Vista Hill Ct</b>		12e. RENTAL STATUS (Specify) <b>Married</b>		12f. RENTED FROM (Specify) <b>Automotive</b>	
13. FATHER/PARENT NAME (First Middle Last Suffix) <b>Clarence R HOLLAND</b>		14. MOTHER/PARENT NAME (First Middle Last Suffix) <b>Mary Elizabeth SUTTON</b>			
15a. INFORMANT NAME (Type or Print) <b>Anthony J HOLLAND</b>		15b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>52294 Rosewood Ln. La Quinta, California 92263</b>			
16a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Removal/State</b>		16b. CEMETERY OR CREMATORY NAME <b>Acheson &amp; Graham Garden Of Prayer Mortuary</b>		16c. LOCATION - City or Town - State <b>Riverside California 92504</b>	
17a. FUNERAL DIRECTOR - SIGNATURE (or Print name, address, phone) <b>CHRISTIE D WILDE</b>		17b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD917</b>		17c. NAME AND ADDRESS OF FACILITY <b>Fitzhenrys Funeral Home 3945 Fairview Dr. Carson City NV 89701</b>	
18. TRADE CALL - NAME AND ADDRESS <b>Acheson &amp; Graham Garden of Prayer Mortuary 7544 Magnolia Ave. Riverside CA 92504</b>					
19a. On the basis of my knowledge, death occurred at the time, date and place and due to the cause(s) stated; (Signature & Title) <b>ROHEE KRISHAN MD</b>		19b. On the basis of information from investigation in my opinion, death occurred at the time, date and place and due to the cause(s) stated; (Signature & Title)			
20a. DATE SIGNED (Mo/Day/Yr) <b>July 10, 2020</b>		20b. HOUR OF DEATH <b>08:01</b>		20c. DATE SIGNED (Mo/Day/Yr)	
20d. NAME OF ATTENDING PHYSICIAN (Other than Certifier) (Type or Print)		20e. PRONOUNCED DEAD (Mo/Day/Yr)			
21a. NAME AND ADDRESS OF CERTIFIER (Physician, Attending Physician, Medical Examiner, or Coroner) (Type or Print) <b>Rohee Krishan MD 1155 Mill St Reno NV 89502</b>		21b. LICENSE NUMBER <b>LL3095</b>			
22a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b>		22b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 10, 2020</b>		22c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)) PART I (a) <b>Aspiration Pneumonitis</b> (b) <b>Agitated Delirium</b> (c) <b>Dehydration</b> (d) <b>Etiology Unknown</b>		Interval between onset and death			
PART II (IF B SIGNIFICANT CONDITIONS Contributing to death but not resulting in the underlying cause given in Part I Type 2 Diabetes Mellitus, Congestive Heart Failure, Essential Hypertension, Dyslipidemia, Coronary Artery Disease		Interval between onset and death			
24a. AGE (Specify Exact Month or Pending (Mo/Day/Year))		24b. DATE OF INJURY (Mo/Day/Year)		24c. HOUR OF INJURY	
24d. INJURY AT WORK (Specify Yes or No)		24e. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		24f. LOCATION - STREET OR R.F.D. No., CITY OR TOWN, STATE	

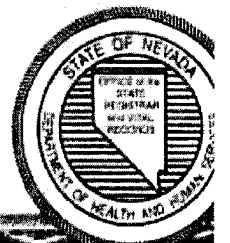
**CERTIFIED COPY OF VITAL RECORDS**

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: 7/20/2020

*Blaise Satariano*  
STATE REGISTRAR

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





Douglas County Recorder's Office

Karen Ellison, Recorder

<http://recorder.co.douglas.nv.us>

[kellison@co.douglas.nv.us](mailto:kellison@co.douglas.nv.us)

(775) 782-9027

### LEGIBILITY NOTICE

The Douglas County Recorder's Office has determined that the attached document may not be suitable for recording by the method used by the Recorder to preserve the Recorder's records. The customer was advised that copies reproduced from the recorded document would not be legible. However, the customer demanded that the document be recorded without delay as the parties right may be adversely affected because of a delay in recording. Therefore, pursuant to NRS 247.120 (3), the County Recorder accepted the document conditionally, based on the undersigned's representation (1) that a suitable copy will be submitted at a later date (2) it is impossible or impracticable to submit a more suitable copy.

By my signing below, I acknowledge that I have been advised that once the document has been microfilmed, it may not reproduce a legible copy.

*Ron Breaux*  
Signature

10-2-20  
Date

RON BREAUZALE  
Printed Name

MAILING ADDRESS: P.O. Box 218, Minden, Nevada 89423

Main phone (775) 782-9025 - FAX (775) 783-6413