

APN# : 1220-22-410-051

DOUGLAS COUNTY, NV      **2020-955955**  
Rec:\$40.00  
\$40.00      Pgs=4      11/06/2020 02:13 PM  
ETRCO  
KAREN ELLISON, RECORDER

**Recording Requested By:**  
eTRCo, LLC.

**When Recorded Mail To:**  
Lucy Corliss  
1443 Sally Lane  
Gardnerville NV 89460

**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 *Kinsey Bell*  
**Kinsey Bell**      **Escrow Assistant**

**Affidavit Death of Trustee**

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

## AFFIDAVIT – DEATH OF TRUSTEE

Lucy Corliss, of legal age, being first duly sworn, deposes and says:

1. Chester E. Ott, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Chester E. Ott named as Trustee in the Declaration of Trust dated 2/10/1994 and executed by Chester E. Ott 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 1444 Sally Lane Gardnerville, NV 89460, which property is described in a Deed which was executed by Chester E. Ott as Grantor(s) on February 10, 1994 and recorded as Instrument No. 331522, in Book 0394, Page 0746, 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 842 of Gardnerville Ranchos Unit No. 7 as shown on the official map thereof filed in the Office of the County Recorder of Douglas County, State of Nevada on March 27, 1974 in Book 374, Page 676 as Document No. 72456.

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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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 11-05-2020

Lucy Corliss  
Lucy Corliss, Successor Trustee


STATE OF NEVADA

COUNTY OF DOUGLAS

This instrument was acknowledged before me on

~~Lucy Corliss~~ 11/5/2020  
By Lucy Corliss.

[Signature]  
Notary Public

 **ANU JANSSE**  
Notary Public - State of Nevada  
Appointment Recorded in Douglas County  
No: 03-80889-5 - Expires March 20, 2023

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

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

CASE FILE NO. 4112062

**CERTIFICATE OF DEATH**

2019021776  
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)<br><b>Chester Edward OTT</b>  |  | 2. DATE OF DEATH (Mo/Day/Yr)<br><b>November 01, 2019</b>  |   | 3a. COUNTY OF DEATH<br><b>Douglas</b>   |  |
| 3b. CITY, TOWN, OR LOCATION OF DEATH<br><b>Gardnerville</b>   |  | 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number)<br><b>1444 Sally Ln</b>                      |   | 3e. If Hosp. or Inst. Indicate DOA OP/Emer. Rm. Inpatient(Specify)<br><b>Home</b>   |  |
| 5. RACE (Specify)<br><b>White</b>   |  | 6. Hispanic Origin? Specify No - Non-Hispanic   |   | 7a. AGE-Last birthday (Years)<br><b>95</b>  |  |
| 9a. STATE OF BIRTH (If not US/CA, name country)<br><b>Nevada</b>  |  | 9b. CITIZEN OF WHAT COUNTRY<br><b>United States</b>   |   | 10. EDUCATION<br><b>14</b>  |  |
| 13. SOCIAL SECURITY NUMBER<br><b>3057</b>   |  | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)   |   | 14b. KIND OF BUSINESS OR INDUSTRY   |  |
| 15a. RESIDENCE - STATE<br><b>Nevada</b>   |  | 15b. COUNTY<br><b>Douglas</b>   |   | 15c. CITY, TOWN OR LOCATION<br><b>Gardnerville</b>  |  |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix)<br><b>Fidellis G OTT</b>  |  | 17. MOTHER/PARENT - NAME (First Middle Last Suffix)<br><b>Frances MCCANN</b>  |   |   |  |
| 18a. INFORMANT - NAME (Type or Print)<br><b>Lucy CORLISS</b>  |  | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)<br><b>1443 Sally Ln Gardnerville, Nevada 89460</b> |   |   |  |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Cremation</b>  |  | 19b. CEMETERY OR CREMATORY - NAME<br><b>Walton's Sierra Crematory</b>   |   | 19c. LOCATION City or Town State<br><b>Carson City Nevada 89706</b>   |  |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br><b>CARLEN BLANSETT</b><br>SIGNATURE AUTHENTICATED   |  | 20b. FUNERAL DIRECTOR LICENSE NUMBER<br><b>FD861</b>  |   | 20c. NAME AND ADDRESS OF FACILITY<br><b>Walton's Funerals and Cremations</b><br><b>1521 Church Street Gardnerville NV 89410</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)<br><b>MARK D CANTY MD</b><br>SIGNATURE AUTHENTICATED |  |   | 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)<br><b>November 06, 2019</b>  |  | 21c. HOUR OF DEATH<br><b>13:20</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)<br><b>Mark D. Canty MD 1495 Mill Street Reno, NV 89502</b>          |  |   |   |   | 23b. LICENSE NUMBER<br><b>15475</b>          |
| 24a. REGISTRAR (Signature)<br><b>BLAISE SATARIANO</b><br>SIGNATURE AUTHENTICATED  |  | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>November 07, 2019</b>   |   | 24c. DEATH DUE TO COMMUNICABLE DISEASE<br>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) <b>Malignant Neoplasm Of The Skin</b>   |  |   |   | Interval between onset and death<br><b>Years</b>  |  |
| DUE TO, OR AS A CONSEQUENCE OF:   |  |   |   |   |  |
| (b) <b>Unknown Etiology</b>   |  |   |   | Interval between onset and death  |  |
| DUE TO, OR AS A CONSEQUENCE OF:   |  |   |   |   |  |
| (c)   |  |   |   | Interval between onset and death  |  |
| DUE TO, OR AS A CONSEQUENCE OF:   |  |   |   |   |  |
| (d)   |  |   |   | 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)<br><b>No</b> |
| 27. WAS CASE REFERRED TO CORONER (Specify Yes or No)<br><b>No</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   |  |

000794281



**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: 11/12/2019

*Blaise Satariano*  
**Blaise Satariano**  
ADMINISTRATOR  
STATE REGISTRAR

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

