

APN# : 1320-33-714-040

**Recording Requested By:**

Western Title Company

**When Recorded Mail To:**

Patricia Eckford-Appel

5790 Barrows Drive

Kountze, TX 77625

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

same as above

(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

Wendy Dunbar

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

Patricia A. Eckford-Appel, of legal age, being first duly sworn, deposes and says:

1. Daniel Abraham Appel, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Daniel A. Appel named as Trustee in the Declaration of Trust dated 3/8/2001 and executed by Daniel A. Appel and Patricia A. Eckford-Appel 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 1310 Brooke Way Gardnerville, NV 89410, which property is described in a Deed which was executed by Daniel A. Appel and Patricia A. Eckford-Appel, husband and wife as joint tenants with right of survivorship, not tenants in common as Grantor(s) on November 5, 2012 and recorded as Instrument No. 0813359, in Book 1112, Page 6362, 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 real property situate in the County of Douglas, State of Nevada, described as follows:  
Lot 40, in Block G, as shown on the Final Subdivision Map No. 1006-6 of CHICHESTER ESTATES PHASE 6, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on February 16, 2000, in Book 200, Page 2552, as Document No. 486411, 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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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.

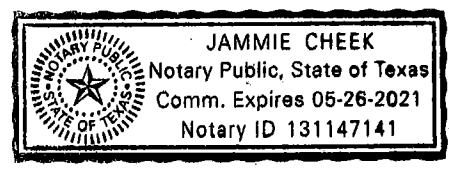
I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Dated 9-2-2020 Patricia A. Eckford-Appel  
Patricia A. Eckford-Appel

STATE OF Texas }SS  
COUNTY OF Hardin

This instrument was acknowledged before me on September 2<sup>nd</sup>, 2020  
By Patricia A. Eckford-Appel.

Jmcheek  
Notary Public



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

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

**CERTIFICATE OF DEATH**

CASE FILE NO. 3847137

**2015014392**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Daniel Abraham APPEL</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 06, 2015</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 or <b>1310 Brooke Way</b> inpatient (Specify) <b>Home</b>		4. SEX <b>Male</b>	
	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>Yes - Cuban</b>		7a. AGE-Last birthday (Years) <b>74</b>	
	7b. UNDER 1 YEAR <b>MOS</b> <b>DAYS</b>		7c. UNDER 1 DAY <b>HOURS</b> <b>MINS</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>April 10, 1941</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) <b>Cuba</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>	
	11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Patricia A ARNOLD</b>			
	13. SOCIAL SECURITY NUMBER <b>-7959</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Tech Support</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Phone Company</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
PARENTS	15d. STREET AND NUMBER <b>1310 Brooke Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>Yes</b>	
	16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) <b>Carlos APPEL</b>			17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) <b>Maria RIVAS</b>		
	18a. INFORMANT - NAME (Type or Print) <b>Pat APPEL</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>1310 Brooke Way Gardnerville, Nevada 89410</b>			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
DISPOSITION	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CURT KOESTLER</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>823</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> <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)		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) <b>GEOFF MARSHALL</b> <b>SIGNATURE AUTHENTICATED</b>			
	21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) <b>August 24, 2015</b>	
CERTIFIER	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH <b>17:47</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>August 06, 2015</b>	
	22e. PRONOUNCED DEAD AT (Hour) <b>17:47</b>		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>GEOFF MARSHALL 1038 Buckeye Rd. Minden, NV 89423</b>			
	23b. LICENSE NUMBER <b>430</b>		24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b> <b>SIGNATURE AUTHENTICATED</b>			
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 24, 2015</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>			
REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					Interval between onset and death
	PART I: (a) <b>Coronary Artery Disease Due To Cardiomyopathy</b>					Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Hypertension</b>					Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF: (c) <b></b>					Interval between onset and death
CAUSE OF DEATH	DUE TO, OR AS A CONSEQUENCE OF: (d) <b></b>					Interval between onset and death
	PART II: OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause given in Part I:					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

000698830



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:

**DEC 13 2017**

STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a

