

APN# : 1022-18-002-034

**Recording Requested By:**

Western Title Company

**When Recorded Mail To:**

Jeffery L Peterson

3 Canyon Cedar

Littleton CO

80127

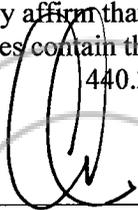
**Mail Tax Statements to: (deeds only)**

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

(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



Amy Gutierrez

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

Jeffery L. Peterson, of legal age, being first duly sworn, deposes and says:

1. Donald Lee Yougman and Vicki Diane Youngman, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Donald Lee Yougman and Vicki Diane Youngman named as Trustee in the Declaration of Trust dated 6/23/2006 and executed by Donald L Youngman and Vicki D Youngman 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 1580 Alba Vista Gardnerville, NV 89410, which property is described in a Deed which was executed by Donald Lee Youngman and Vicki Diane Youngman and recorded as Instrument No. 0677912, 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:

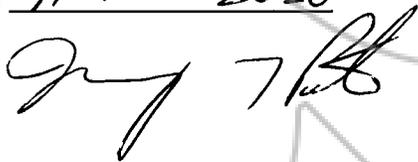
All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

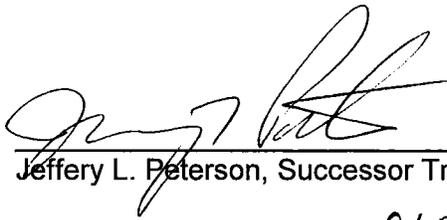
Lot 10, in Block A, as shown on the Official Map of HOLBROOK HIGHLANDS, filed for record in the office of the County Recorder of Douglas County, State of Nevada on March 22, 1978, in Book 378, Page 1422 as Document No. 18825, Official Records.

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 11-17-2020

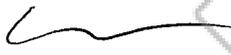


  
\_\_\_\_\_  
Jeffery L. Peterson, Successor Trustee

STATE OF <sup>Colorado</sup> NEVADA } SS  
COUNTY OF Jefferson

This instrument was acknowledged before me on  
11-13-2020

By Jeffery L. Peterson.

  
\_\_\_\_\_  
Notary Public

**CODY WISE  
NOTARY PUBLIC  
STATE OF COLORADO  
NOTARY ID 20144020970  
MY COMMISSION EXPIRES JUNE 09, 2022**

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

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

**2008001988**  
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) <b>Donald Lee YOUNGMAN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 10, 2008</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 and number) <b>665 Rocking Horse</b>		3e. If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient (Specify) <b>Male</b>	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>67</b>	
7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>July 20, 1940</b>	
9a. STATE OF BIRTH (If not U.S.A., name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (If wife, give maiden name) <b>Diane PETERSON</b>		13. SOCIAL SECURITY NUMBER <b>5822</b>	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Program Manager</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Aerospace</b>		15. Ever in US Armed Forces? <b>No</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1580 Alba Vista</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER - NAME (First Middle Last Suffix) <b>Rolland E YOUNGMAN</b>	
17. MOTHER - NAME (First Middle Last Suffix) <b>Bernice DEGROFF</b>		18a. INFORMANT - NAME (Type or Print) <b>Vicki D YOUNGMAN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1580 Alba Vista Gardnerville, Nevada 89410</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Ship-Out/Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Forest Lawn Memorial Park</b>		19c. LOCATION City or Town State <b>Hollywood Hills California</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>RICK NOEL</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE <b>620</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Douglas County Mortuary</b> <b>1478 4th Street Minden NV 89423</b>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>SUE LINDA ONKEN SANCHEZ M.D.</b> <b>SIGNATURE AUTHENTICATED</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>February 14, 2008</b>		21c. HOUR OF DEATH <b>10:30</b>		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)	
22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		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) <b>Sue Linda Onken Sanchez M.D. 1107 Hwy 395 Gardnerville, NV 89410</b>		23b. LICENSE NUMBER <b>9360</b>	
24a. REGISTRAR (Signature) <b>SARAH KOERNER</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 14, 2008</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I				Interval between onset and death	
(a) <b>Myocardial Infarction</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Coronary Artery Disease</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
PART II				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

539993

193016

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: **FEB 14 2008**

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

PBNC0 (REV) 11/05

STATE REGISTRAR



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

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

CASE FILE NO. 4164307

**CERTIFICATE OF DEATH**

2020018638  
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) Vicki D YOUNGMAN		2. DATE OF DEATH (Mo/Day/Year) August 28, 2020		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street number) Gardnerville Health and RehabCenter		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 77	
5. RACE (Specify) White		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) April 14, 1943		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER 5571		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY NEWSPAPER	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1580 Alba Vista		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Myron PETERSON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Wanda SUMNER		
18a. INFORMANT- NAME (Type or Print) Debra L. QUINTANILLA		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1522 Wimbledon Pl Santa Rosa, California 95401			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		19b. CEMETERY OR CREMATORY - NAME Forest Lawn Hollywood Hills		19c. LOCATION City or Town State Los Angeles California 90068	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES P. SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD217		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N. Roop Carson City NV 89706	
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) B A BOTTENBERG DO 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) August 28, 2020		21c. HOUR OF DEATH 02:39		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) B A BOTTENBERG DO 550 W Washington #1 Carson City, NV 89706				23b. LICENSE NUMBER DO674	
24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 31, 2020		24c. DEATH DUE TO COMMUNICABLE DISEASE 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) End Stage Renal Disease				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF Systemic Lupus Erythematosus				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF Unknown Etiology				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:				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) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
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	

000833445



CERTIFIED COPY OF VITAL RECORDS

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DATE ISSUED:

10/5/2020

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*Wesley T Storey*  
STATE REGISTRAR

