

APN# 11-182-01 1319-18-413-007



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Terry L. Mercer

Address: 1255 Old Hickory Rd

City/State/Zip: Corona CA 92882

Mail Tax Statements to:

Name: Terry L. Mercer

Address: 1255 Old Hickory Rd

City/State/Zip: Corona CA 92882

Affidavit-Death of Trustee

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Terry L. Mercer
Signature

TERRY L. MERCER

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

RECORDING REQUESTED BY
AND WHEN RECORDED, RETURN TO:
TERRY L. MERCER
Successor Trustee
1255 OLD HICKORY RD
CORONA CA 92882

AND MAIL TAX STATEMENTS TO:
TERRY L. MERCER
Successor Trustee
1255 OLD HICKORY RD
CORONA CA 92882

APN: 11-182-01

(ABOVE SPACE FOR RECORDER'S USE)

AFFIDAVIT--DEATH OF TRUSTEE

TERRY L. MERCER, of legal age, being first duly sworn, depose and say:

That AEOLA JEAN MERCER, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person named as Trustee in that certain Paul Ernest Mercer and Aeola Jean Mercer Family Trust dated November 27, 1991.

At the time of decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on March 4, 2002, as Instrument No. 0536074, Book 0302, Page 00742, in Official Records of Douglas County, Nevada, describing the following real property:

Lot 54, as shown on the map of Kingsbury Village Unit No. 5, filed in the office of the County Recorder on September 7, 1966, in Book 1 of Maps, File No. 33768, Douglas County, Nevada, records.

Commonly known as: 329 Barrett Drive, Stateline, NV

I am the Successor Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Successor Trustee thereof.

DATED: 12/30/2020

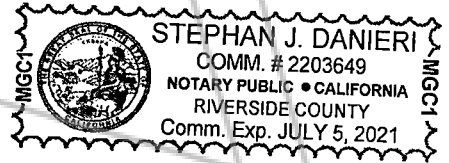


TERRY L. MERCER

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)

Subscribed and sworn to (or affirmed) before me on this 30th day of December, 2020, by Terry L. Mercer, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Signature 
Stephan J. Danieri, Notary Public

Official Seal

COPIES

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052019144853

CERTIFICATE OF DEATH

3201933009016

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/06)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) AEOLA		2. MIDDLE JEAN		3. LAST (Family) MERCER			
AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 04/28/1933		5. AGE Yrs. <input type="checkbox"/> Months <input type="checkbox"/> Days 86		6. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY IL		10. SOCIAL SECURITY NUMBER [REDACTED]-5273		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) WIDOWED	
13. EDUCATION - Highest Level/Degree HS GRADUATE		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN			
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED BANK MANAGER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) BANKING				19. YEARS IN OCCUPATION 36	
20. DECEDENT'S RESIDENCE (Street and number, or location) 6445 MADERA ST							
21. CITY LONG BEACH		22. COUNTY/PROVINCE LOS ANGELES		23. ZIP CODE 90815		24. YEARS IN COUNTY 70	
25. STATE/FOREIGN COUNTRY CA							
28. INFORMANT'S NAME, RELATIONSHIP TERRY MERCER, SON				27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1255 OLD HICKERY RD, CORONA, CA 92882			
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -			
31. NAME OF FATHER/PARENT - FIRST RICHARD		32. MIDDLE WILLIAM		33. LAST DONLEY		34. BIRTH STATE UNK	
35. NAME OF MOTHER/PARENT - FIRST LETAH		36. MIDDLE UNK		37. LAST (BIRTH NAME) VASEY		38. BIRTH STATE UNK	
39. DISPOSITION DATE mm/dd/yyyy 07/18/2019		40. PLACE OF FINAL DISPOSITION RIVERSIDE NATIONAL CEMETERY 22495 VAN BUREN BLVD, RIVERSIDE, CA 92518					
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED				43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT THOMAS MILLER MORTUARY & CREMATORY		45. LICENSE NUMBER FD66		46. SIGNATURE OF LOCAL REGISTRAR CAMERON KAISER, MD		47. DATE mm/dd/yyyy 07/17/2019	
101. PLACE OF DEATH CORONA REGIONAL MEDICAL CENTER							
104. COUNTY RIVERSIDE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 800 S MAIN ST				106. CITY CORONA	
107. 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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) SEPSIS (B) INSULIN DEPENDENT TYPE II DIABETES		108. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DDA		109. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) SEPSIS		Time Interval Between Onset and Death HRS		110. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
Sequitentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) INSULIN DEPENDENT TYPE II DIABETES		YRS		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
				110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
				111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 HYPOTHYROIDISM, STAGE III CHRONIC RENAL DISEASE							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO						113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive (A) mm/dd/yyyy (B) mm/dd/yyyy 07/16/2013 07/12/2019		115. SIGNATURE AND TITLE OF CERTIFIER Laurie Ann Mortara M.D.		116. LICENSE NUMBER G64673		117. DATE mm/dd/yyyy 07/17/2019	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE Laurie Ann Mortara M.D. 2110 N BELLFLOWER BLVD, LONG BEACH, CA 90815							
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. 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							
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	



CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file by the Riverside University Health System, Department of Public Health.

DATE ISSUED **Jul 19, 2019**

Dr. Cameron Kaiser, M.D., County Health Off. cer
RIVERSIDE COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

