

This document includes a certified death certificate as required by NRS 40.525(5) which contains a social security number as required by NRS 440.380(1)(a).



KAREN ELLISON, RECORDER

*Valerie dePourtales White*

Valerie dePourtales White

APN: 1320-36-002-035

Recording Requested By, and when recorded, please Mail To:

Valerie dePourtales White  
1430 Rabbitbrush Drive  
Gardnerville, NV 89410

Mail Tax Statements To: Same as Above

-----Above Space for County Recorder-----

### AFFIDAVIT OF DEATH OF TRUSTEES

STATE OF NEVADA  
COUNTY OF DOUGLAS

Valerie dePourtales White, of legal age, being first duly sworn, deposes and says:

1. That **LaJune Alida de Pourtales**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **LaJune A. de Pourtales** named as Trustee in that certain Declaration of Trust identified as the **de Pourtales Family Trust dated 8/17/1989**, and executed by James R. de Pourtales and LaJune A. de Pourtales as Trustors.
2. That **James Robert dePourtales**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **James R. de Pourtales** named as Trustee in that certain Declaration of Trust identified as the **de Pourtales Family Trust dated 8/17/1989**, and executed by James R. de Pourtales and LaJune A. de Pourtales as Trustors.
3. At the time of their deaths, decedents were owners, as Trustees, of certain real property commonly identified as 1430 Rabbitbrush Drive, Gardnerville, Nevada, which property is described in a Deed which was signed on 12/5/2013 by John K. Martinelli and Sherry A. Martinelli, Trustees of the Martinelli Family Trust, as Grantors, and recorded on **12/6/2013**, as document number **835110** in the Official Records of Douglas County, State of Nevada, covering the following described property situated in Douglas County, State of Nevada:

Lot 15, in Block B, as shown on the map of WILDFLOWER RIDGE SUBDIVISION, UNIT NO. 1, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on June 4, 1991, in book 691, Page 338, as Document No. 252076.

APN: 1320-36-002-035

AKA: 1430 Rabbitbrush Drive, Gardnerville, Nevada

4. I, **Valerie dePourtales White**, am the sole Successor Trustee under the above referenced de Pourtales Family Trust dated 8/17/1989, which was in effect at the time of death of the decedents identified in Paragraphs 1 and 2 above, and which has not been revoked or terminated, and I consent to act as such Successor Trustee thereof.
5. I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustee with respect to the Trust's interest in the described property. No other person has a right to the interest of the Trust in the described property.
6. I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Dated: 2/5/2021

Valerie dePourtales White  
 Valerie dePourtales White,  
 Successor Trustee of the de Pourtales Family Trust  
 dated 8/17/1989

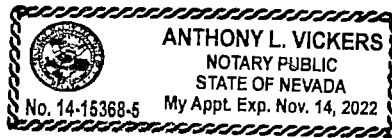
**JURAT**

STATE OF NEVADA

COUNTY OF DOUGLAS

Subscribed and sworn to (or affirmed) before me on this 5<sup>th</sup> day of FEBRUARY, 2021, by Valerie dePourtales White, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Anthony L. Vickers  
 Notary Signature



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

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

CASE FILE NO. 3981929

**CERTIFICATE OF DEATH**

2017018899  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Lajune Alida DE POURTALES</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 06, 2017</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 Inpatient(Specify)) <b>1430 Rabbitbrush Drive Home</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. <b>Home</b>	
DECEDENT	4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) <b>89</b>		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS		7c. UNDER 1 DAY HOURS   MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) <b>November 21, 1927</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>North Dakota</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
	10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>James R DE POURTALES</b>	
PARENTS	13. SOCIAL SECURITY NUMBER <b>██████████ 8316</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Homemaker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
DISPOSITION	15d. STREET AND NUMBER <b>1430 Rabbitbrush Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Hans HASLEKAAS</b>	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Annie KIGEN</b>		18a. INFORMANT- NAME (Type or Print) <b>James R DE POURTALES</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1430 Rabbitbrush Drive Gardnerville, Nevada 89410</b>	
TRADE CALL	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>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CRAIG R COLEMAN</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD921</b>		20c. NAME AND ADDRESS OF FACILITY <b>Cremation Society of Nevada - Capitol City</b> <b>1614 N Curry Street Carson City NV 89703</b>	
CERTIFIER	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>REED DOFF MD</b> <b>SIGNATURE AUTHENTICATED</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)			
	21b. DATE SIGNED (Mo/Day/Yr) <b>October 11, 2017</b>		21c. HOUR OF DEATH <b>06:30</b>		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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>Reed Doff MD 18653 Wedge Pkwy Reno, NV 89511</b>		23b. LICENSE NUMBER <b>13920</b>	
CAUSE OF DEATH	24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 11, 2017</b>		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) <b>Terminal Complications Of Alzheimer's Pattern Dementia</b>		Interval between onset and death			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
	(b)		Interval between onset and death			
	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
	(c)		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
(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 I. <b>Hypertension</b>		26. AUTOPSY (Specify Yes or No)		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <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		

STATE REGISTRAR

000693362



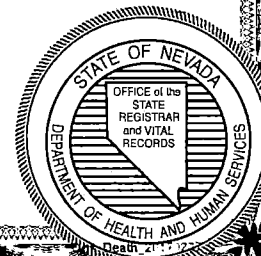
CERTIFIED COPY OF VITAL RECORDS

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: 10/12/2017

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

*[Signature]*  
STATE REGISTRAR  
**SIGNATURE AUTHENTICATED**



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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

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

CASE FILE NO. 4098453

**2019016407**  
STATE FILE NUMBER

**CERTIFICATE OF DEATH**

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>James Robert DEPURTALES</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 17, 2019</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 ar <b>Carson Valley Medical Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</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>92</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>February 20, 1927</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Oregon</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>16</b>		11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]-2441</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Engineer</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Aerospace</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>1430 Rabbitbrush Drive</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>Louis James POURTALES</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Blanch BABCOCK</b>		
18a. INFORMANT- NAME (Type or Print) <b>Valerie WHITE</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1430 Rabbitbrush Drive Gardnerville, Nevada 89410</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Eastside Memorial Park</b>		19c. LOCATION City or Town State <b>Minden Nevada 89423</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>LYLE P MEYER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD854</b>		20c. NAME AND ADDRESS OF FACILITY <b>Eastside Memorial Park Funeral &amp; Cremations</b> <b>1600 Buckeye Rd Minden NV 89423</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) <b>EVAN W EASLEY MD</b> 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) <b>August 20, 2019</b>		21c. HOUR OF DEATH <b>00:07</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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>Evan W Easley MD 1520 Virginia Ranch Rd Gardnerville, NV 89410</b>			
23b. LICENSE NUMBER <b>7446</b>		24a. REGISTRAR (Signature) <b>ANGELICA RAMIREZ</b> SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 20, 2019</b>		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) <b>Septic Shock</b>				Interval between onset and death	
(b) <b>Pneumonia</b>				Interval between onset and death	
(c) <b>Chronic Obstructive Pulmonary Disease</b>				Interval between onset and death	
(d) <b>Diabetes Mellitus</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 1.				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

000839719



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:

NOV 17 2020

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

