

RECORDING REQUESTED BY:  
Stewart Title Company

WHEN RECORDED MAIL TO:  
Lisa Lippincott, Successor Trustee of the Abby Lippincott Trust  
8535 E. Cactus Road  
Scottsdale, AZ 85260

ORDER NO. 1142657

DOUGLAS COUNTY, NV **2021-965257**  
Rec:\$40.00  
\$40.00 Pgs=2 **04/09/2021 02:31 PM**  
STEWART TITLE COMPANY - NV  
KAREN ELLISON, RECORDER

**AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE**

State of Arizona )  
County of Maricopa ) ss.

Lisa Lippincott of legal age, being first duly sworn, deposes and says:

1. That the decedent mentioned in the attached copy of Certificate of Death, is the same person as named as one of the parties in that certain Grant, Bargain and Sale Deed dated April 3, 2015, executed by Abby Lippincott to Abby Lippincott Trust, recorded as Instrument No. June 11, 2015 of the Official Records of Douglas County, Nevada, covering the following described property situated in the City of Carson City, County of Douglas, State of Nevada.

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

Lot 7, as shown on the Plat of HIGHLAND ESTATES UNIT 1, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on July 26, 1977, in Book 777, Page 1278 as Document No. 11379, Official Records.

2. That I am named within the aforementioned trust as Successor Trustee;
3. That I hereby consent to act as Successor Trustee of the aforementioned trust and do hereby assume the powers and duties of Successor Trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the subject property.

Dated: March 25, 2021

Lisa Lippincott Successor Trustee of Abby  
By: Lisa Lippincott, as Successor Trustee of Abby Lippincott Trust

State of AZ  
County of maricopa

Subscribed and sworn to (or affirmed) before me on this 05<sup>th</sup> day of April, 2021 by Lisa Lippincott.

Signature

(Seal)

DOUGLAS ANYE TIGRE  
Notary Public - Arizona  
Maricopa County  
Commission # 565019  
My Commission Expires May 19, 2023

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### OFFICE OF VITAL STATISTICS COUNTY OF PLACER

AUBURN, CALIFORNIA 95603

#### CERTIFICATE OF DEATH

3202131000213

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY; NO ERASURES, WRITINGS OR ALTERATIONS VS-1 (REV. 3/03)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) ABBY		2. MIDDLE -		3. LAST (Family) LIPPINCOTT	
AKA, ALSO KNOWN AS—Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 05/29/1964		5. AGE Yrs. <input type="checkbox"/> UNDER ONE YEAR <input type="checkbox"/> UNDER 24 HOURS 66 Months Days Hours Minutes <input type="checkbox"/> F	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER [REDACTED]-6586		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) NEVER MARRIED		7. DATE OF DEATH mm/dd/yyyy 01/08/2021		8. HOUR (24 Hour) 1915	
13. EDUCATION—Highest Level/Degree (See worksheet on back) SOME COLLEGE <input type="checkbox"/> YES		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (See worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		18. 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 INVESTOR		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, meat construction, employment agency, etc.) INVESTMENTS		19. YEARS IN OCCUPATION 22	
20. DECEDENT'S RESIDENCE (Street and number, or location) 1364 LANNY LN					
21. CITY OLYMPIC VALLEY		22. COUNTY/PROVINCE PLACER		23. ZIP CODE 96146	
24. YEARS IN COUNTY 35		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP LISA LIPPINCOTT, SISTER		27. INFORMANT'S MAILING ADDRESS (Street and number, or P.O. box number, city or town, state and zip) 8535 EAST CACTUS RD, SCOTTSDALE, AZ 85260			
28. NAME OF SURVIVING SPOUSE/SRDP*—FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT—FIRST ALAN		32. MIDDLE L		33. LAST LIPPINCOTT	
34. BIRTH STATE NE		35. NAME OF MOTHER/PARENT—FIRST LOIS		36. MIDDLE A	
37. LAST (BIRTH NAME) BLEMER		38. BIRTH STATE CA			
39. DISPOSITION DATE mm/dd/yyyy 01/25/2021		40. PLACE OF FINAL DISPOSITION RES. OF LISA LIPPINCOTT 8535 EAST CACTUS RD, SCOTTSDALE, AZ 85260			
41. TYPE OF DISPOSITION(S) CR/TR/RES		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT TRUCKEE TAHOE MORTUARY		45. LICENSE NUMBER FD1191		46. SIGNATURE OF LOCAL REGISTRAR ▶ ROBERT LEE OLDHAM, MD	
47. DATE mm/dd/yyyy 01/22/2021					
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> EP/OP <input type="checkbox"/> DGA <input type="checkbox"/> Hospice <input type="checkbox"/> Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospice <input type="checkbox"/> Home <input checked="" type="checkbox"/> Other	
104. COUNTY PLACER		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1364 LANNY LN		106. CITY OLYMPIC VALLEY	
107. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) RESPIRATORY FAILURE ESOPHAGEAL CANCER		108. TIME INTERVAL BETWEEN ONSET AND DEATH (A7) MINS		109. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input 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. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED: Decedent Attended Since: 09/30/2015 Decedent Last Seen Alive: 08/15/2020			
115. SIGNATURE AND TITLE OF CERTIFIER ▶ SCOTT GUSTAV SAMELSON M.D.		116. LICENSE NUMBER A126885		117. DATE mm/dd/yyyy 01/22/2021	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE SCOTT GUSTAV SAMELSON M.D. 10956 DONNER PASS RD STE 110, TRUCKEE, CA 96161					
119. 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		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hour)					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which result 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	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
CENSUS TRACT		*010091004904429*			

CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF PLACER

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Health and Human Services Department.

DATE ISSUED

01/26/2021

000602015

ROBERT L. OLDHAM, MD  
HEALTH OFFICER AND LOCAL REGISTRAR

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



CAPLACERO1