DOUGLAS COUNTY, NV

Rec:\$40.00 \$40.00

Pgs=5

2021-967914 05/21/2021 03:18 PM

TOIYABE TITLE

KAREN ELLISON, RECORDER

APN# 1319-33-002-025	()
Recording Requested by/Mail to: Name: Toiyabe Title	
Address: 6774 S McCarran Blvd #102	
City/State/Zip: Reno, NV 89509	
Mail Tax Statements to: Name: Toiyabe Title	
Address: 6774 S McCarran Blvd #102	
City/State/Zip: 6774 S McCarran Blvd #102	
AFFIDAVIT OF SUCCESSOR TRUSTEE(S)	Of The Davis Family Trust, dated 06/1996
Title of Docu	ment (required) applicable)
_ \ \	he document submitted for recording as required by law: (check applicable)
XAffidavit of Death – NRS	440.380(1)(A) & NRS 40.525(5)
Judgment – NRS 17.150	4)
Military Discharge – NRS	419.020(2)
Signature Casey Kilgore	
Printed Name	
This document is being (re-)recorded to correct docu	ment #, and is correcting

APN: 1319-33-002-025

ESCROW NO.: 2112756

RECORDING REQUESTED BY:

Toiyabe Title
6774 S McCarran Blvd Ste 102A
Reno, Nevada 89509-6131
WHEN RECORDED MAIL TO
Toiyabe Title
6774 S McCarran Blvd Ste 102A
Reno, Nevada 89509-6131

AFFIDAVIT OF SUCCESSOR TRUSTEE(S) Of The Davis Family Trust, dated 06/1996

I, Irma Davis, am of legal age, being first duly sworn, deposes and says:

- Donald L. Davis, the decedents named in the attached c copy of the Certificate of Death, are the same person named in that Trustees Deed dated September 5, 2008, and recorded October 17, 2008 as Document No. 0731585, in the County of Douglas, State of Nevada;
- 2) This Affidavit of Successor Trustee(s) is in connection with that real property described in a legal description attached hereto and made a part hereof as Exhibit "A".
- 3) That I, Irma Davis, am the named Successor Trustee(s) under the above referenced Trust, which was in effect at the time of the death of the decedent named in Paragraph 1 above, and which has not been revoked and I hereby consent to act as such.
- 4) There are no federal estate taxes as a result of the decedent's death mentioned in Paragraph 1 above.

Irma Davis-Successor Trustee

State of FLORIDA

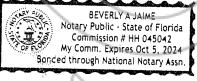
County of PINELLAS

This instrument was acknowledged before me on this <u>3ro</u> day of April, 2021,

By Irma Davis.**

BY MEANS OF PHYSICAL PRESENCE.

Notary Public





ECERTIFICATION OF VITAL RECORDS

COUNTY of SAN BENITO

HOLLISTER, CALIFORNIA

	STATE FILE NUMBER	USE BLACK HIX ONLY	FICATE OF D STATE OF CALIFORNIA 7 NO ERASLINES, WHITEOUT VS-1 WREV 3/083	S OR ALJERATIONS	69 / 1600 · 1 2000 · 10	32012350	W V. 65	
	1, NAME OF DECEDENT- FIRST (GIVEN) DONALD	2, MIDDLE LEEROY			(Femily) /IS			
NAL DATA	AKA, ALSO XNOWN AS Include full AKA (FIRST, MIDDLE	LAST)		OF BIRTH mm/dd/cc	5. AGE Yrs. L	IF UNDER ONE YEAR Months Days	F UNDER 24 HOUR Hours Minu	S a SEX
PERSO	1	CURITY NUMBER 11, EVER IN U	S. ARMED FORCES?	MARRIED	SRDP* at Time of Death	7. DATE OF DEATH mo	5 . S. S. S. S.	OUR 124 Hou 630
CEDENTS	13. EDUCATION - Highest Level/Depose 1 14/15, WAS DECEDENT HISPANICIATIND(A/SPAMBHT 8) yes, see workshed on back to back workshed on back XX NO CAUCASIAN					ay be listed (see workship	el on back)	
8	17. USUAL OCCUPATION - Type of work for most of life, DO NOT USE RETIRED 18. KIND OF BUSINESS OR INDUSTRY (a.g., gracery store, read construction, e ELECTRONICS ENGINEER AEROSPACE 20. DECEDENT'S RESIDENCE (Street and number, or location)				tion, employment agency,	employment agency, etc.) 19, YEARS IN OCCU 20		
USUAL	860 VALLEY OAK CT					. 1914). . 1914).	är är	
RESID	21. GTY HOLLISTER	22, COUNTY/PROVINCE SAN BENITO	23, 28 950	1 Carrier 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	24. YEARS IN COUN 20	TY 25, STATE/FOREIG	N COUNTRY	
MANT	26. INFORMANT'S NAME RELATIONSHIP IRMA A DAVIS, WIFE	860 VALLE	Y OAK CT,	HÖLLİSTE	R, CA 95023	n, state and zip)		
AATION	28. NAME OF SURVIVING SPOUSE/SPOPT-FIRST	29. MIDDLE ANTONIA		30. LAST (BIRTH	20 GA 60 G		San Control	.,.
MFOR	31. NAME OF FATHER/PARENT-FIRST WILLIAM	32, MIDOLE H		DAVIS			34, BI CA	ATH STATE
ARENT	35: NAME OF MOTHER/PARENT-CHRST	36. MIODLE		37. LAST (BIRTH	NAME		W 14 . 6	RTH STATE
RA.	39. DISPOSITION DATE ///min/dd/ccyy 40. PLACE OF FIN 01/06/2013 ARLINGT	ALDISPOSITION ARLINGTO ON, VA 22211	N NATIONAL		RY.		CA	2.75
REGIS	41. TYPE OF DISPOSITION(S) CR/TR/BU	AND BUSINESS AND MOUNTAINED A	RE OF EMBALMER EMBALMED				A9. LICENSE	NUMBER
LOCAL	4. NAME OF FUNERAL ESTABLISHMENT NEPTUNE SOCIETY OF CENTI CALIFORNIA		NUMBER 46, BIGNAT	URE OF LOCAL REG ARO GARZ	A, MD, MP	1441	47, DATE /m/ 01/03/:	255.5
1	101, PLACE OF DEATH RESIDENCE			F HOSPITAL SPÉCIF BP ERVOP	Land harmed	OTHER THAN HOSPITAL Inspires Mursing Home/L	SPECIFY ONE TO X Decede Home	~** 🔲 «
O.E.	SAN BENITO 105, FACELTY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 860. VALLEY OAK CT				12 27 15 7 17 feet	HOLLISTER		
	IMMEDIATE CAUSE W PULMONARY HY (Prost disease or condition resulting —)	erts — decesse, injuries, or complication physicity arrest, or verificular distribution with PERTENSION	 tiet dréctly claused di hout showing the enology. 	III DO NOT ENER FOR DO NOT ABBREVIATE	ninel évents auch	Terre Interned Between Onset and Death (AT)		[X] ^N
		ONIC OBSTRUCTIV	E PULMONA	RY DISEAS	E	eη YRS	109. BIOPSY PE	PEFORMED?
2	conditions, if any, seeding to cause on Line A Enter UNIDERLYING (C) HYPERTENSION					; (CI)	110. AUTOPSY	PERFORMED?
USEOF	CAUSE (disease or injury that invited the events (D) resulting in death) LAST					YRS on	111, USED IN DETE	RMINING CAUSE
3	9.5 (4.0)	DEATH BUT NOT RESULTING IN THE	MOERLYING CAUSE GE	EN IN 107] [] YES	M
	112. OTHER STONIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 DIABETES MELLITUS TYPE II; GASTROESOPHAGEAL REFLUX DISEASE [13] WAS OPERATION PERFORMED FOR ANY CONDITION IN (TEM 107 OR 1127 BY YES, INSTORM OF OR ANY CONDITION IN (TEM 107 OR 1127 BY YES, INSTORM OF OR ANY CONDITION IN (TEM 107 OR 1127 BY YES, INSTORM OF OR ANY CONDITION IN (TEM 107 OR 1127 BY YES, INSTORM OF OR ANY CONDITION IN (TEM 107 OR 1127 BY YES, INSTORM OF OR OWN CONDITION IN (TEM 107 OR 1127 BY YES, INSTORM OF OR OWN CONDITION IN (TEM 107 OR 1127 BY YES, INSTORM OF OR OWN CONDITION IN (TEM 107 OR 1127 BY YES, INSTORM OF OR OWN CONDITION IN (TEM 107 OR 1127 BY YES, INSTORM OF OR OWN CONDITION IN (TEM 107 OR 1127 BY YES, INSTORM OF OR OWN CONDITION IN (TEM 107 OR 1127 BY YES, INSTORM OF OR OWN CONDITION IN (TEM 107 OR 1127 BY YES, INSTORM OF OR OWN CONDITION IN (TEM 107 OR 1127 BY YES, INSTORM OF OR OWN CONDITION IN (TEM 107 OR 1127 BY YES, INSTORM OF OWN CONDITION IN (TEM 107 OR 1127 BY YES, INSTORM OF OWN CONDITION IN (TEM 107 OR 1127 BY YES, INSTORM OF OWN CONDITION IN (TEM 107 OR 1127 BY YES, INSTORM OF OWN CONDITION OF OWN CONDITION IN (TEM 107 OR 1127 BY YES, INSTORM OF OWN CONDITION OF							
_	NO 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCC.	IMED 115, SIGNATURE AND TITLE O	ir compte			116. UCENSE NUM	VES .	io 🔲 um
CATION	AT THE HOUR, DATE, AND PLACE STATED FROM THE GAUSES STATES Decedent Atlanded Since Decedent Last Seen All	NACHARTINA	LAMELU M.C		<i>[</i>	A73430	01/03/	
CE	11/05/2012 12/20/2012	7520 ARROYO	CIR, GILROY	CA 95020	VASUMITE	IA ALAMELU	M.D.	
	118. I CERTIFY THAT IN ANY OPINION DEATH COCURRED AT THE HO MANNER OF DEATH Netural Accident H	JR, DATE, AND PLACE STATED FROM THE Co smission Suicide Pending Investiga	Could not t		AT WORK?	121. INJURY DATE	mm/dd/ccyy 122.	HOUR 124 Ho
D E	183, PLACE OF INJURY (e.g., home, construction site, wood	ed grea, etc.)		2.000 2.000 2.000 2.000			NA.	180
EM-S CE	124. DESCRIBE HOW INJURY OCCURRED (Events which re	sufted in injury)					* 1,3.0 * 2,3.0 * 2,3.0	23
CORONER'S USE ONLY	125. LDCATION OF INJURY (Street and number, or location,	and city, and zip)		****	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	126. SIGNATURE OF CORONER / DEPUTY CORONER	127	DATE mm/dd/ccyy	128, TYPE NAME	TITLE OF CORONE	R / DEPUTY CORONER		
. 1	DV JAN AMA HAYA MAT PAN	37 F 388 7 7 7 7	1 902 9007	Process and	4 175			

CERTIFIED COPY OF VITAL RECORDS STATE OF CALIFORNIA, COUNTY OF SAN BENITO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Benito County Clerk-Recorder.

DATE ISSUED 04/07/2021

A Deputy

000071170

Joe Paul Hongely
JOE PAUL GONZALEZ
SAN BENTO COUNTY CLERK-RECORDER

Exhibit "A"

All that real property situated in Township 13 North, Range 19 East, Section 33, County of Douglas, State of Nevada, more specifically described as follows:

Parcel 2-A, as set forth on Amended Final Parcel Map for D.J Wright & Associates, filed for record on the office of the Douglas County Recorder on June 6, 2005, as Document No. 646055, in Book 0605, at Page 1633, Official Records of Douglas County, Nevada.

