

DOUGLAS COUNTY, NV

2021-970970

Rec:\$40.00

\$40.00 Pgs=3

07/16/2021 10:30 AM

FIRST CENTENNIAL - RENO (MAIN OFFICE)

KAREN ELLISON, RECORDER

APN No.: 1320-30-813-008

Escrow No.: 21018646-ES

Recording Requested By:
First Centennial Title Company of Nevada
896 W Nye Ln, Ste 104
Carson City, NV 89703

When Recorded Return to:
First Centennial Title Company of Nevada
896 W Nye Ln, Ste 104
Carson City, NV 89703

Mail Tax Statements to:
Gerardo Velez and Carol Velez
1001 Saddleback Dr.
San Francisco, CA 94134

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT DEATH OF TRUSTEE

(Title of Document)

Please complete Affirmation Statement below:

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 as required by law: NRS 440.380 (state specific law).

Liz Summing
SIGNATURE

Escrow Officer
TITLE

Liz Summing
Print Signature

SPACE BELOW FOR RECORDER

APN: 1320-30-813-008
Escrow No. 21018646-ES

When Recorded Return to:
Donna Sue Cherry Kruger, Trustee of The DCV Trust
dated July 25, 2019
1793 Bella Casa Dr.
Minden, NV 89423

SPACE ABOVE FOR RECORDERS USE

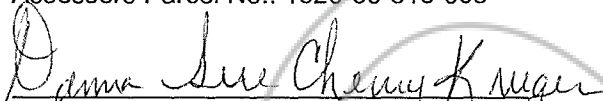
AFFIDAVIT - DEATH OF TRUSTEE

Donna Sue Cherry Kruger, of legal age, being duly sworn, deposes and says

That Daisy Nell Cherry Valkenburg the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Daisy Nell Valkenburg, Trustee of the DCV Trust dated July 25, 2019 named as one of the parties in that certain Quitclaim Deed dated July 25, 2019 executed by Daisy Nell Valkenburg, an unmarried woman to Daisy Nell Valkenburg, Trustee of the DCV Trust dated July 25, 2019 recorded as Instrument No. 2019-933172, on August 7, 2019 in Book N/A Page N/A of Official Records of Douglas County, Nevada, covering the following described property.

Lot 8, in Block C, of Mountain Glen, Phase 2, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on September 28th, 1989, as Document No. 211874.

Assessors Parcel No.: 1320-30-813-008

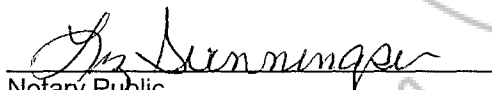

Donna Sue Cherry Kruger, Successor Co-Trustee

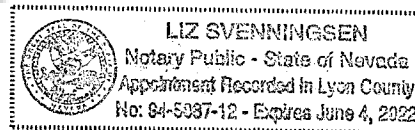
Dated: 7-14-21

STATE OF NEVADA

COUNTY OF CARSON CITY

This instrument was acknowledged before me on this 14 day of JULY, 2021, by Donna Sue Cherry Kruger.


Notary Public



**STATE OF NEVADA
CERTIFICATION OF VITAL RECORD**

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

CERTIFICATE OF DEATH

CASE FILE NO. 4198431

2021005125
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) Daisy Nell CHERRY VALKENBURG		2. DATE OF DEATH (Mo/Day/Year) February 18, 2021		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No- Non-Hispanic	
7a. AGE-Last birthday (Years) 88		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) February 04, 1933		9a. STATE OF BIRTH (If not US/CA, name country) Kentucky		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 ██████-2152		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
Assembly Worker		Tobacco		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1034 Aspen Grove Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Shelby WHITE	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ethel SKILLERN		18a. INFORMANT - NAME (Type or Print) Donna Sue KRUGER		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1034 Aspen Grove Circle Minden, Nevada 89423	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) HARRISON CODY BILLIAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD943		20c. NAME AND ADDRESS OF FACILITY Nevada Funeral Services 3094 Research Way #63 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) AMANDA M GRIFFITH 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) February 19, 2021		21c. HOUR OF DEATH 14:33		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) Amanda M Griffith DO 1600 Medical Pkwy Carson City, NV 89703				23b. LICENSE NUMBER DO1685	
24a. REGISTRAR (Signature) SHANA B RHINEHART SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 25, 2021		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				Interval between onset and death	
(a) Aspiration Pneumonia DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Acute Hypoxemic Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Chronic Obstructive Pulmonary Disease DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Encephalopathy 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. Ischemic Cardiomyopathy; Pulmonary Hypertension; Unknown Etiology				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			

000856594



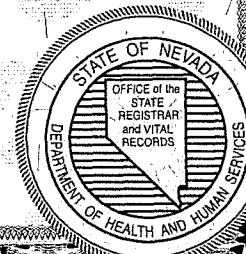
CERTIFIED COPY OF VITAL RECORDS

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: 3/4/2021

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

Shana B Rhinehart
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE