

APN# 1420-08-211-013

Recording Requested by/Mail to:

Name: FATCO

Address: 1663 US HWY 395 STE 101

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: Margaret M. Villalobos

Address: 507 Greenacres Dr

City/State/Zip: Gardnerville NV 89460

**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)



Signature

**EMILY TOBIAS**

Printed Name

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECORDING REQUESTED BY**  
First American Title Insurance  
Company of Nevada

**AND WHEN RECORDED  
RETURN TO AND MAIL TAX  
STATEMENTS TO:**  
Margaret Villalobos  
507 Green Acres  
Gardnerville NV 89460

Space Above This Line for  
Recorder's Use Only

**A.P.N. 1420-08-211-013**

File No.: 143-2630077 (et)

**Affidavit - Death of Trustee**

State of NV )  
County of DOUGLAS )ss.  
)

**Margaret M. Villalobos** ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Pedro Villalobos** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **February 6, 2021** at **Gardnerville, NV** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **April 17, 2013** executed by **Pedro Villalobos and Margaret M. Villalobos** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a granteè in that certain **GRANT DEED** dated **April 17, 2013** which was recorded as Instrument No. **0822328** in Book **0413**, Page **6816**, of Official Records of **Douglas** County, Nevada as legally described as follows:

**Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference**

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.



**EXHIBIT 'A'**

**LOT 15, IN BLOCK D, AS SET FORTH ON THE FINAL MAP OF SUNRIDGE HEIGHTS,  
PHASES 4 & 5A, A PLANNED UNIT DEVELOPMENT, FILED FOR RECORD IN THE OFFICE  
OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JULY 1, 1994,  
IN BOOK 794, PAGE 1, AS DOCUMENT NO. 340968.**

COPY

**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4196719

**CERTIFICATE OF DEATH**

2021004054  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Pedro VILLALOBOS</b>			2. DATE OF DEATH (Mo/Day/Year) <b>February 06, 2021</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 or number) <b>507 Green Acres Drive</b>		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>		
DECEDENT	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>Yes - Mexican</b>		7a. AGE-Last birthday (Years) <b>83</b>		4. SEX <b>Male</b>	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>September 16, 1937</b>			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) <b>Mexico</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>4</b>		11. MARITAL STATUS (Specify) <b>Married</b>	
	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Margaret M PEREZ</b>		13. SOCIAL SECURITY NUMBER <b>-2861</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>BARTENDER</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>BAR</b>	
PARENTS	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>		15d. STREET AND NUMBER <b>507 Green Acres Drive</b>	
	15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Miguel VILLALOBOS</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Elodia CHAVEZ</b>			
DISPOSITION	18a. INFORMANT - NAME (Type or Print) <b>Daniel VILLALOBOS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1172 Big Jake Court Gardnerville, Nevada 89460</b>					
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Truckee Meadows Crematory</b>		19c. LOCATION City or Town State <b>Sparks Nevada 89431</b>			
TRADE CALL	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>HARRISON CODY BILLIAN</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD943</b>		20c. NAME AND ADDRESS OF FACILITY <b>Nevada Funeral Services 3094 Research Way #63 Carson City NV 89706</b>			
	20a. SIGNATURE AUTHENTICATED							
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>NITA SCHWARTZ MD</b> SIGNATURE AUTHENTICATED							
	21b. DATE SIGNED (Mo/Day/Yr) <b>February 16, 2021</b>		21c. HOUR OF DEATH <b>03:17</b>					
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)							
	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)							
REGISTRAR	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH					
	22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)					
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703</b>					23b. LICENSE NUMBER <b>9114</b>		
	24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 16, 2021</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)							
	PART I							
}	(a) <b>Leukemia, Unspecified, Not Having Achieved Remission</b>						Interval between onset and death	
	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 1.								
26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or 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				

000854553



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: 2/23/2021

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



*Blaise Satariano*  
STATE REGISTRAR

