

DOUGLAS COUNTY, NV

2021-972713

Rec:\$40.00

\$40.00

Pgs=6

08/18/2021 03:41 PM

FIRST AMERICAN TITLE MINDEN

KAREN ELLISON, RECORDER

APN# 1320-36-002-044

Recording Requested by/Mail to:

Name: FATCO

Address: 1663 Hwy 395, Ste101

City/State/Zip: Minden NV 89423

Mail Tax Statements to:

Name: Catherine F. McHale

Address: 22677 Buttercup Pl

City/State/Zip: Canyon Lake CA 92587

Affidavit-death of trustee

Kim Figueroa

Title of Document (required)

Printed Name

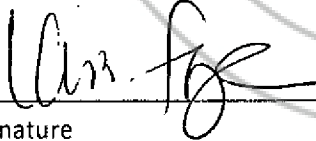
----- (Only use if applicable) -----

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

Kim Figueroa

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:**

Space Above This Line for
Recorder's Use Only

A.P.N. 1320-36-002-044

File No.: 143-2625979 (mk)

Affidavit - Death of Trustee

State of Nevada)
County of Douglas) ss.

Catherine F. McHale ("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. **Pierre J. McHale** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **September 1, 2018** at **Gardnerville, Nevada** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **April 2, 2018** executed by **Pierre J. McHale and Catherine F. McHale, Co-Trustees** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant, Bargain and Sale Deed** dated **April 3, 2018** which was recorded as Instrument No. **2018-912578** in Book **n/a**, Page **n/a**, of Official Records of **Douglas County** 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.

Dated: 8-16-2021

DECLARANT:

Catherine F. McHale
Catherine F. McHale, Successor Trustee

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
San Luis Obispo) ss
County of Douglas)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County San Luis Obispo and State California this 16th day of August, 20 21 by Catherine F. McHale, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

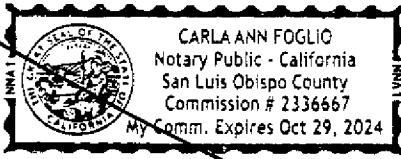
SEE ATTACHED

WITNESS my hand and official seal.

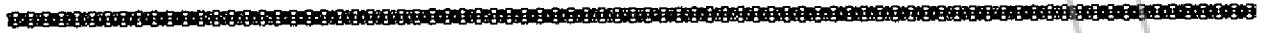
This area for official notarial seal

Signature Carla Ann Foglio

My Commission Expires: 10/29/2024

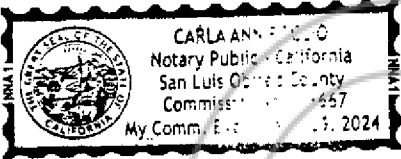
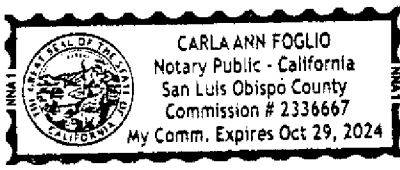


Notary Name: Carla Ann Foglio Notary Phone: 559-840-9806
Notary Registration Number: _____ County of Principal Place of Business San Luis Obispo



A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of San Luis Obispo



Subscribed and sworn to (or affirmed) before me on
this 16 day of August, 2021, by
Date Month Year

(1) Catherine F. McHale

(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to
be the person(s) who appeared before me.

Signature Carla Ann Foglio
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Affidavit Death of a Trustee

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: None

EXHIBIT 'A'

LOT 3, BLOCK I, OF WILDFLOWER RIDGE UNIT 7-A, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON FEBRUARY 5, 1991, IN BOOK 291, PAGE 313, AS DOCUMENT NO. 244241.

COPY

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STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4038841

CERTIFICATE OF DEATH

2018017241
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) Pierre J MCHALE		2. DATE OF DEATH (Mo/Day/Year) September 01, 2018		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or Carson Valley Medical Center		3e. Hosp. or Inst. Indicate DOA, OP/Emer. Rm (Inpatient)(Specify) Emergency Room / Outpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birth'day (Years) 79		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY	
8. DATE OF BIRTH (Mo/Day/Yr) December 29, 1938		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY? United States	
10. EDUCATION 14		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Catherine F HOFFMAN	
13. SOCIAL SECURITY NUMBER -0470		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Firefighter		14b. KIND OF BUSINESS OR INDUSTRY County	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1820 Camas Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Alvin Eugene MCHALE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Alice B LORTIE		
18a. INFORMANT- NAME (Type or Print) Catherine MCHALE		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1820 Camas Court Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN BLANSETT		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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) BASIL E CHRYSOS MD			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) September 07, 2018		21c. HOUR OF DEATH 07:03		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)	
21e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Basil E Chryssos MD 1470 Medical Pkwy Carson City, NV 89703			
23b. LICENSE NUMBER 6678		24a. REGISTRAR (Signature) BREECE D FLORES			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 10, 2018		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). Interval between onset and death					
PART I (a) Cardiopulmonary Arrest Interval between onset and death					
(b) Coronary Artery Disease Interval between onset and death					
(c) Atherosclerotic Coronary Disease Interval between onset and death					
(d) Congestive Heart Failure 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. Chronic Kidney Disease				25. AUTOPSY (Specify Yes or No) No	
26. ACC., SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED					
28a. INJURY AT WORK (Specify Yes or No)		28b. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28c. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

000734791



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: 9/11/2018

Julie Katchmar
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

