

APN# 1319-00-001-009

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: Christopher and Ronelle Caldwell

Address: 1621 33rd Ave

City/State/Zip: Greeley CO 80634

**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:**  
Christopher & Ronelle Caldwell  
1621 33rd Ave  
Greeley CO 80634

Space Above This Line for  
Recorder's Use Only

**A.P.N. 1319-00-001-009**

File No.: 143-2641794 (et)

**Affidavit - Death of Trustee**

State of NV )  
County of DOUGLAS )ss.  
)

**Christopher F. Caldwell and Ronelle D. Caldwell** ("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. **Patrick Claire Caldwell** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **January 23, 2019** at **Reno, NV** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **May 18, 2000** executed by **Christopher F. Caldwell, Successor Trustee** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **DEED** dated **May 17, 2019** which was recorded as Instrument No. **2020-947541** in Book **N/A**, Page **N/A**, 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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.

Dated: 12-15-2021

**DECLARANT:**

Christopher F. Caldwell Co Trustee  
Christopher F. Caldwell Co Trustee

**DECLARANT:**

Ronelle D. Caldwell Co Trustee  
Ronelle D. Caldwell, Co Trustee

State of Colorado )  
County of Weld )ss

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Weld and State Colorado, this 15th day of December, 20 21 by Christopher & Ronelle Caldwell, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

Signature Karen Ann Melby  
My Commission Expires: Oct. 27, 2025

*This area for official notarial seal*

KAREN ANN MELBY  
NOTARY PUBLIC  
STATE OF COLORADO  
NOTARY ID 20214042425  
MY COMMISSION EXPIRES OCTOBER 27, 2025

Notary Name: Karen A Melby Notary Phone: 970-330-9728  
Notary Registration Number: 20214042425 County of Principal Place of Business Weld

**EXHIBIT 'A'**

**PARCEL 1**

**THE SOUTHWEST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 16, TOWNSHIP 13 NORTH, RANGE 19 EAST, M.D.B. AND M. SAID LAND MORE FULLY SHOWN AS PARCEL 9, AS SET FORTH IN THAT CERTAIN LAND DIVISION MAP FOR JAMES A. HUSSMAN, KATHRYN HUSSMAN & GEORGE HUSSMAN IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, RECORDED ON MAY 23, 1979, AS DOCUMENT NUMBER 32768 OF OFFICIAL RECORDS.**

**EXCEPTING THEREFROM ALL THAT PORTION OF SAID ACCESS AND UTILITY EASEMENTS AFFECTING THE HEREIN ABOVE DESCRIBED PARCEL OF LAND.**

**PARCEL 2**

**TOGETHER WITH THOSE NON-EXCLUSIVE, RECIPROCAL ROAD EASEMENTS, SUBJECT TO THE TERMS THEREIN, AS DESCRIBED IN THE EASEMENT DEED FROM THE UNITED STATES OF AMERICA, RECORDED OCTOBER 3, 1996, IN BOOK 1096, PAGE 416, AS DOCUMENT NO. 397886, AND RECORDED OCTOBER 3, 1996, IN BOOK 1096, PAGE 422, AS DOCUMENT NO. 397887 AND RECORDED OCTOBER 3, 1996, IN BOOK 1096, PAGE 428, AS DOCUMENT NO. 397888 OFFICIAL RECORDS, DOUGLAS COUNTY, NEVADA.**

STATE OF NEVADA  
**CERTIFICATION OF VITAL RECORD**

**WASHOE COUNTY HEALTH DISTRICT**

VITAL STATISTICS - RENO, NEVADA  
**CERTIFICATE OF DEATH**

**2019001491**  
 STATE FILE NUMBER

CASE FILE NO. 4062840

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) <b>Patrick Claire CALDWELL</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 23, 2019</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or <b>Brookdale Reno</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. <b>Nursing Home</b> (Inpatient)(Specify)	
4 SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday <b>78</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>April 09, 1940</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Michigan</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>14</b>		11. MARITAL STATUS (Specify) <b>Divorced</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER <b>3151</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>PILOT (AIRCRAFT)</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Commerical Airlines</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Washoe</b>		15c. CITY, TOWN OR LOCATION <b>Reno</b>	
15d. STREET AND NUMBER <b>3105 Plumas St</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Frederick CALDWELL</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Francis LOMPREY</b>		
18a. INFORMANT - NAME (Type or Print) <b>Christopher CALDWELL</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1621 33Rd Ave Greeley, Colorado 80634</b>		
19a. BURIAL, CREMATION, REMOVAL OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>La Paloma Reno</b>		19c. LOCATION City or Town State <b>Reno Nevada 89511</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>RYAN BOWEN</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD810</b>		20c. NAME AND ADDRESS OF FACILITY <b>Simple Cremation Reno</b> <b>4800 Kietzke Lane, Ste. G-173 Reno NV 89502</b>	
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) <b>NEWTON GARCIA YCO DO</b>			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) <b>January 26, 2019</b>		21c. HOUR OF DEATH <b>14:35</b>		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) <b>Newton Garcia Yco DO 255 W. Peckham Lane Reno, NV 89509</b>				23b. LICENSE NUMBER <b>DO976</b>	
24a. REGISTRAR (Signature) <b>VICTORIA STEBBINS</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 28, 2019</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). PART I (a) <b>Bilateral Pulmonary Emboli</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Gastro Intestinal Bleed</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Unknown Etiology</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: (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) <b>Yes</b>					
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	

STATE REGISTRAR

**000330059** 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 Registrar and Vital Records.

SIGNATURE AUTHENTICATED

DEPUTY REGISTRAR

DATE ISSUED:

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

