

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT DOES CONTAIN A SOCIAL SECURITY NUMBER AS REQUIRED BY LAW NRS 440.380(1)(a) and NRS 40.525(5)



KAREN ELLISON, RECORDER

**APN: 1220-16-210-101**

**After Recording, Return and Mail Tax Statements to:**

SALLY PRINZMETAL, Trustee of the  
Loren H. Atchison and Eloise M. Atchison  
1997 Revocable Trust  
2044 Plateau  
Prescott, AZ 86305

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

## AFFIDAVIT OF DEATH OF TRUSTEE

SALLY PRINZMETAL, of legal age, being first duly sworn, deposes and says:

1. By instrument dated April 17, 1997, ELOISE M. ATCHISON executed the LOREN H. ATCHISON and ELOISE M. ATCHISON 1997 REVOCABLE TRUST.
2. Said Trust appointed me to serve as sole Surviving Trustee upon the death or incapacity of ELOISE M. ATCHISON.
3. ELOISE M. ATCHISON deceased on January 30, 2022, at Yavapai County, Arizona a resident of Yavapai County, Arizona. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said ELOISE M. ATCHISON.
4. Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Surviving Trustee.
5. The following described real property is part of the Trust estate and is commonly known as 1265 Manhattan Way.

Lot 4 in Block E, as shown on the amended map of RANCHOS ESTATES, filed in the office of the County Recorder of Douglas County, Nevada on October 30, 1972 in Book 1072 at Page 642 as Document No. 62493.

6. I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Surviving Trustee with respect to the Trust's interest in the described property.
7. No other person has a right to the interest of the Trust in the described property.

8. The described property shall be transferred to me as Surviving Trustee.

Executed this March 17, 2022, at Yavapai County, Arizona.

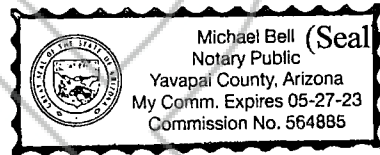
Sally Prinzmetal TTE  
SALLY PRINZMETAL, Surviving Trustee

**ARIZONA NOTARY ACKNOWLEDGEMENT  
(JURAT)**

State of Arizona )  
County of Yavapai )

Subscribed and sworn (or affirmed) before me this 17<sup>th</sup> day of March, 2022, by  
SALLY PRINZMETAL.

Michael Bell  
Notary Public Signature



Notary Public  
Title or Rank

564885  
Serial Number, if any

My Commission Expires: 5-27-2023

# STATE OF ARIZONA

## CERTIFICATION OF VITAL RECORD

ORIGINAL  
STATE COPY

### STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS CERTIFICATE OF DEATH

State File Number  
102-2022-006215

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>ELOISE, MARIE, ATCHISON</b>		2. AKA'S (IF ANY)		3. DATE OF DEATH <b>01/30/2022</b>	
4. SEX <b>FEMALE</b>		5. SOCIAL SECURITY NUMBER <b>[REDACTED]-1750</b>		6. DATE OF BIRTH <b>08/01/1929</b>	
7. AGE <b>92 YEARS</b>		8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH <b>PRESCOTT, YAVAPAI, 86301</b>			
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS) <b>NURSING HOME/LONG TERM CARE - LAS FUENTES RESORT VILLAGE</b>					
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>KENOSHA, WISCONSIN</b>		11. MARITAL STATUS <b>WIDOWED</b>		12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) <b>NOT LISTED</b>	
13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP) <b>2044 PLATEAU, PRESCOTT, YAVAPAI, AZ, 86305</b>					
14. DECEDENT'S HISPANIC ORIGIN(S) <b>NO, NOT SPANISH/HISPANIC/LATINO</b>		15. DECEDENT'S RACE(S) <b>WHITE</b>		16. EVER IN ARMED FORCES <b>NO</b>	
17. OCCUPATION <b>LIBRARY CLERK</b>		18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>DAVID, ALLEN, CLARK</b>			
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) <b>CARRIE, MAY, CLARK</b>		20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>SALLY, MARIE, PRINZMETAL</b>			
21. RELATIONSHIP <b>DAUGHTER</b>		22. INFORMANT'S MAILING ADDRESS <b>2044 PLATEAU, PRESCOTT, AZ, 86305</b>			
23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON <b>HAMPTON FUNERAL HOME 240 S CORTEZ, PRESCOTT, AZ, 86301</b>		24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON <b>THOMAS, BLAKESLEY</b>		25. LICENSE NUMBER <b>FDL-000695</b>	
26. METHOD(S) OF DISPOSITION <b>CREMATION</b>		27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY <b>SUNRISE CREMATORY, PRESCOTT VALLEY, AZ, US</b>		28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
<b>MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I</b>					
29. A. IMMEDIATE CAUSE OF DEATH <b>END-STAGE ALZHEIMER'S DEMENTIA</b>				30. APPROXIMATE INTERVAL <b>UNKNOWN</b>	
31. B. DUE TO OR AS A CONSEQUENCE OF:				32. APPROXIMATE INTERVAL	
33. C. DUE TO OR AS A CONSEQUENCE OF:				34. APPROXIMATE INTERVAL	
35. D. DUE TO OR AS A CONSEQUENCE OF:				36. APPROXIMATE INTERVAL	
<b>CAUSE OF DEATH PART II</b>					
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: <b>SEVERE PROTEIN CALORIE MALNUTRITION, HALLUCINATIONS, DYSPHAGIA, WEIGHT LOSS</b>		38. INJURY? <b>NO</b>		39. INJURY AT WORK? <b>NO</b>	
40. MANNER OF DEATH <b>NATURAL DEATH</b>		41. TIME OF DEATH <b>06:07 PM</b>		42. WAS AN AUTOPSY PERFORMED? <b>NO</b>	
43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?					
<b>CAUSE AND MANNER CERTIFICATION</b>					
TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ABOVE IS CORRECT AND THE DEATH OCCURRED DUE TO THE CAUSE(S) AND MANNER STATED.		44. NAME OF PERSON COMPLETING CAUSE OF DEATH <b>FRED., MARKHAM</b>		45. DATE CERTIFIED <b>01/31/2022</b>	
46. CERTIFIER'S ADDRESS <b>1063 RUTH STREET, PRESCOTT, AZ, 86301</b>					

Date Registered: 02/01/2022

Date Issued: 02/02/2022

VS-49 Rev. 12/2017



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA.  
Revised 07/2016

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

*Krystal Colburn*  
**KRYSTAL COLBURN  
ASSISTANT STATE REGISTRAR**



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE