

A.P.N. No.:	1420-33-213-008
File No.:	1737765 sa
Recording Requested By:	
Stewart Title Company	
When Recorded Mail To:	
Clara M. Pickel	
20542 Galloway Drive	
Santa Clarita, CA 91350	

DOUGLAS COUNTY, NV	2022-988705
Rec:\$40.00	
\$40.00 Pgs=5	08/23/2022 11:01 AM
STEWART TITLE COMPANY - NV	
KAREN ELLISON, RECORDER	

(for recorders use only)


AFFIDAVIT OF 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 not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

- 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(1)(A) and NRS 40.525(5)


 Signature _____ Escrow Officer _____
 Title _____
 Sherry Ackermann
 Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1 - 2 and NRS 239B.030 Section 4.

Pickel Living Trust

Clara M. Pickel

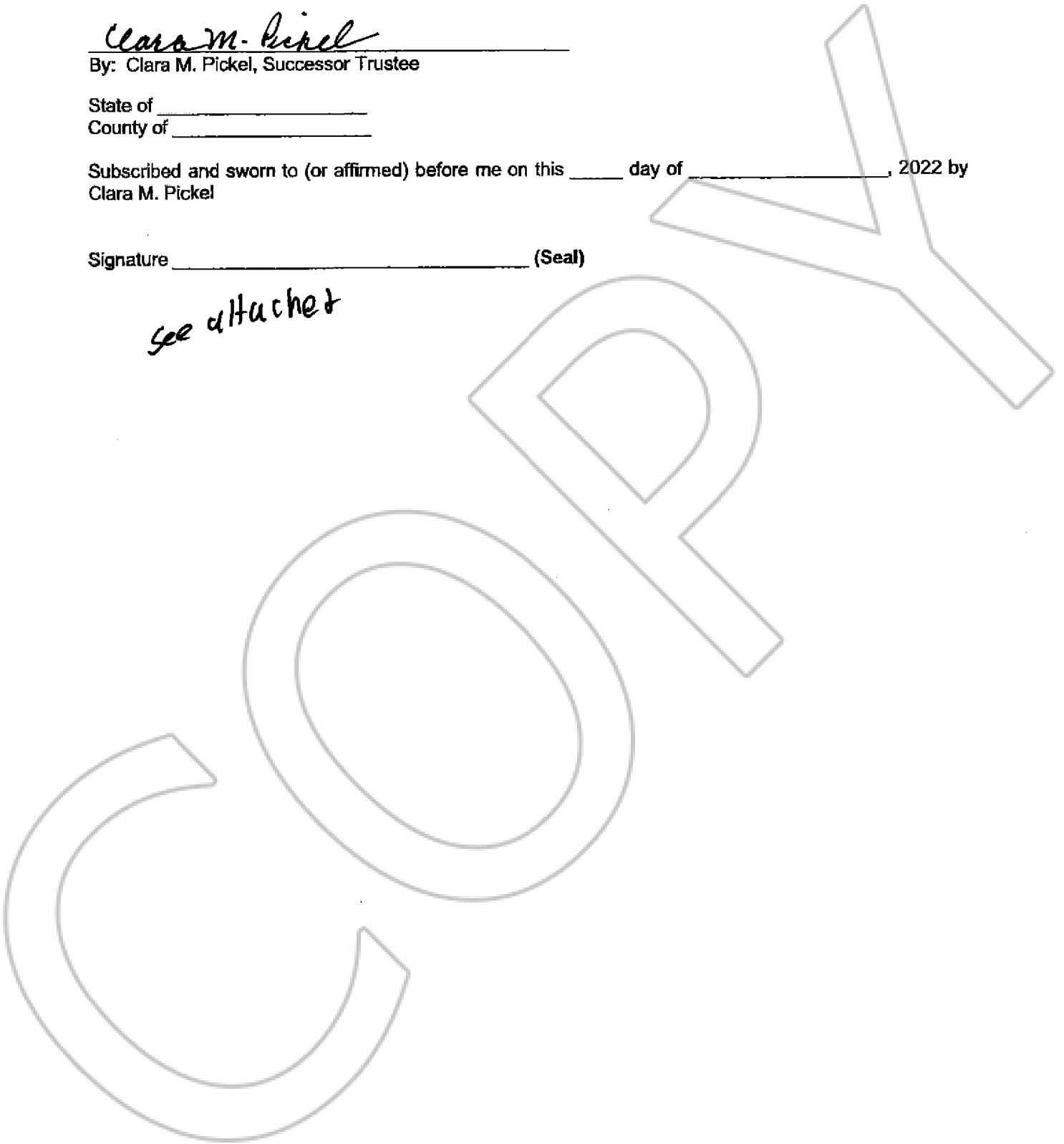
By: Clara M. Pickel, Successor Trustee

State of _____
County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 2022 by
Clara M. Pickel

Signature _____ (Seal)

see attached



CALIFORNIA JURAT

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 Los Angeles)

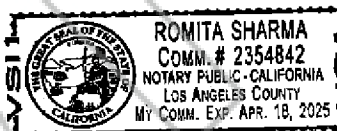
Subscribed and sworn to (or affirmed) before me on this 11th day of Aug, 2022
Date Month Year

by Clara M. Pickel

Name of Signers

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

Signature: Romita Sharma
Signature of Notary Public



Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent attachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Affidavit - Death of Trustee

Document Date: _____

Number of Pages: _____

Signer(s) Other Than Named Above: _____

