

APN# 1022-10-002-030

**Recording Requested by/Mail to:**

Name: The Cascio Trust

Address: 1817 Greymouth Rd Apt

City/State/Zip: Charlotte NC 28262

**Mail Tax Statements to:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

3433-JL

**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

J Lane

\_\_\_\_\_  
Printed Name

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

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

RECORDING REQUESTED BY:  
Signature Title Company LLC

AND WHEN RECORDED MAIL TO:

The Suzanne L. Cascio Revocable Trust U/D April 26,  
2011

1817 Greymouth Road, Apt 201  
Charlotte, NC 28262

A.P.N.: 1022-10-002-030  
Order No.:  
Escrow No.: ZC3433-JL

SPACE ABOVE THIS LINE IS FOR RECORDER'S USE

### AFFIDAVIT – DEATH OF TRUSTEE

STATE OF NEVADA  
COUNTY OF DOUGLAS

**Ted Walley**, of legal age, being first duly sworn, deposes and says:

That **Suzanne L. Cascio** the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **Suzanne L. Cascio**, trustee of the **The Suzanne L. Cascio Trust**, named as one of the parties in that certain **Quitclaim Deed** dated **September 8<sup>th</sup> 2014**, executed by **Edward J. Walley**, to **Suzanne L. Cascio** or her **Successors in interest as Trustee of the Suzanne L. Cascio Revocable Trust U/D April 26, 2011**, recorded as Instrument No. **2014-0849591**, on **September 18, 2014**, of Official Records of **Douglas** County, Nevada covering the following described real property situated in the County of **Douglas**, State of Nevada:

**See attached exhibit A legal description**

A section of the trust provides that if either **Suzanne L. Cascio**, through death, disability or refusal to act, unable or unwilling to act as Trustee, the other shall act alone as Trustee. That at the date hereof, **Ted Walley** is the sole Trustee of the above-named Trust.

Dated: October 4, 2022

*Ted Walley Successor Trustee*  
Ted Walley, Successor Trustee

STATE OF <sup>mm</sup>NEVADA *North Carolina*  
COUNTY OF *Mecklenburg*

This instrument was acknowledged before me on October 6, 2022

by Ted Walley

*Michelle Mortice* (seal)  
Notary Public

MICHELLE MORTICE  
Notary Public - North Carolina  
Mecklenburg County  
My Commission Expires Mar 26, 2025

*Comm exp: 3/26/2025*

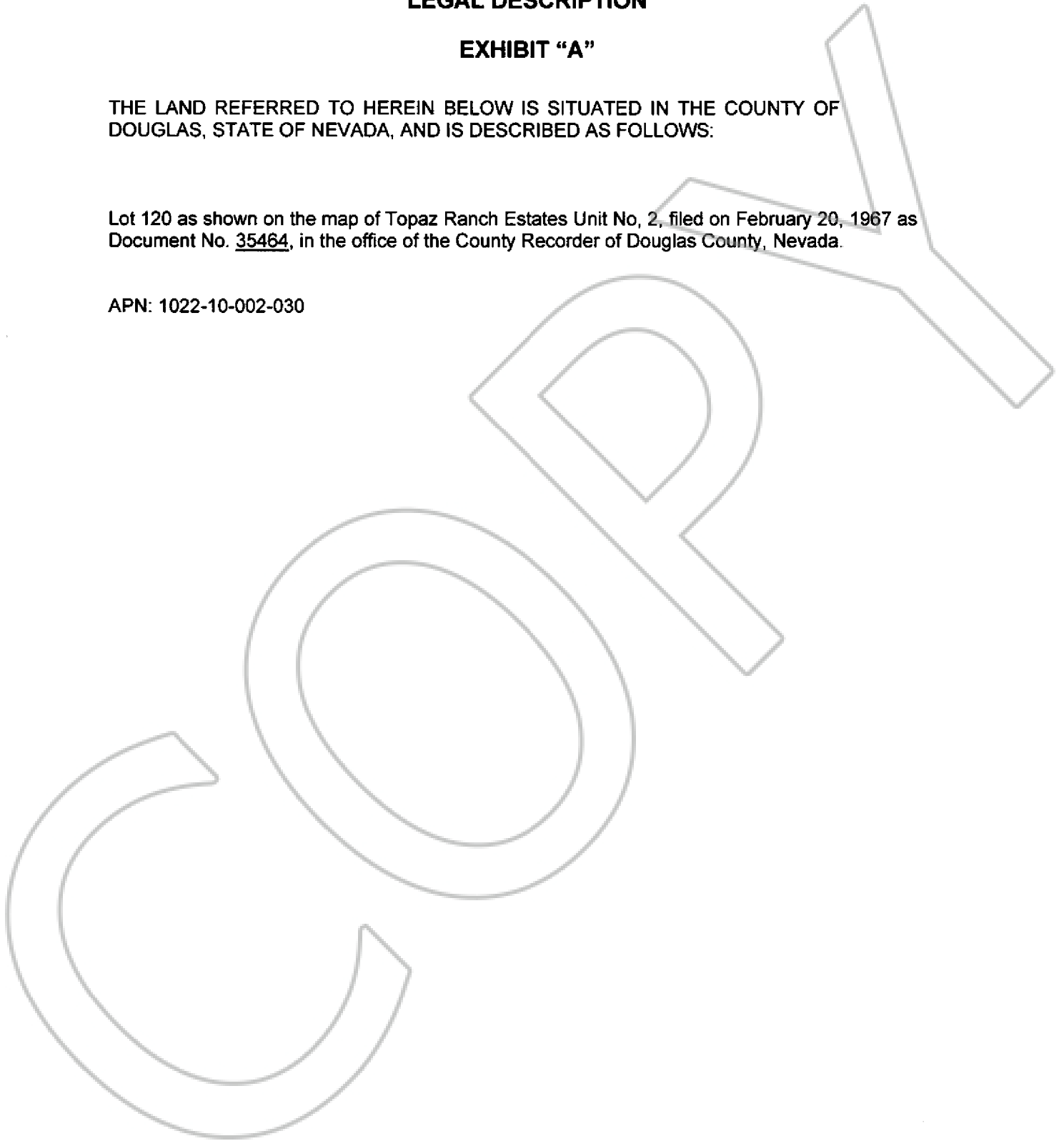
**LEGAL DESCRIPTION**

**EXHIBIT "A"**

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, AND IS DESCRIBED AS FOLLOWS:

Lot 120 as shown on the map of Topaz Ranch Estates Unit No. 2, filed on February 20, 1967 as Document No. 35464, in the office of the County Recorder of Douglas County, Nevada.

APN: 1022-10-002-030



# CERTIFICATION OF DEATH RECORD

## COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2015 0038042

DATE ISSUED 5/13/2015

|  |                                      |  |  |  |  |       |
|--|--------------------------------------|--|--|--|--|-------|
| DECEDENT'S LEGAL NAME<br>SUZANNE L CASCIO  |                                      |  |  | SEX<br>FEMALE  | DATE OF DEATH<br>MAY 07, 2015                      |       |
| COUNTY OF DEATH<br>COOK  |                                      | AGE AT LAST BIRTHDAY<br>47 YEARS                 |  | DATE OF BIRTH<br>MAY 28, 1967  |  |       |
| CITY OR TOWN<br>GLENVIEW   |                                      |  | HOSPITAL OR OTHER INSTITUTION NAME<br>MIDWEST PALLIATIVE & HOSPICE CARECENTER  |  |  |       |
| PLACE OF DEATH<br>HOSPICE FACILITY   |                                      |  |  |  |  |       |
| BIRTHPLACE<br>PARK RIDGE, IL   |                                      | SOCIAL SECURITY NUMBER<br>[REDACTED]-3344        | STATUS AT TIME OF DEATH<br>DIVORCED FROM MARRIAGE                              | SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME                         | EVER IN U.S. ARMED FORCES?<br>NO                   |       |
| RESIDENCE<br>909 GARDEN ST   |                                      |  | APT. NO.   | CITY OR TOWN<br>PARK RIDGE   | INSIDE CITY LIMITS?<br>YES                         |       |
| COUNTY<br>COOK   | STATE<br>IL                          | ZIP CODE<br>60068                                | FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION<br>THEODORE WALLEY | MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION<br>SHARON EVEY |  |       |
| INFORMANT'S NAME<br>THEODORE WALLEY  |                                      | RELATIONSHIP<br>FATHER                           |  | MAILING ADDRESS<br>909 GARDEN ST, PARK RIDGE, IL, 60068                    |  |       |
| METHOD OF DISPOSITION<br>CREMATION   |                                      | PLACE OF DISPOSITION<br>ACACIA PARK CEMETERY     |  | LOCATION - CITY OR TOWN AND STATE<br>CHICAGO, IL                           | DATE OF DISPOSITION<br>MAY 12, 2015                |       |
| FUNERAL HOME<br>CUMBERLAND CHAPELS, 8300 W LAWRENCE AVE, NORRIDGE, IL, 60706   |                                      |  |  |  |  |       |
| FUNERAL DIRECTOR'S NAME<br>ANTHONY J LUPO  |                                      |  |  | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER<br>031007657                    |  |       |
| LOCAL REGISTRAR'S NAME<br>DAVID ORR  |                                      |  |  | DATE FILED WITH LOCAL REGISTRAR<br>MAY 12, 2015                            |  |       |
| CAUSE OF DEATH PART I. BREAST CANCER   |                                      |  |  |  |  |       |
| IMMEDIATE CAUSE<br>(Final disease or condition resulting in death)   |                                      | a. _____<br>Due to (or as a consequence of):     |  |  | APPROXIMATE<br>INTERVAL BETWEEN<br>ONSET AND DEATH | YEARS |
|  |                                      | b. _____<br>Due to (or as a consequence of):     |  |  |  |       |
|  |                                      | c. _____<br>Due to (or as a consequence of):     |  |  |  |       |
|  |                                      | Due to (or as a consequence of):                 |  |  |  |       |
| PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.<br>LIVER METASTASES |                                      |  |  | WAS AN AUTOPSY PERFORMED? NO   |  |       |
|  |                                      |  |  | WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A                 |  |       |
| FEMALE PREGNANCY STATUS<br>NOT PREGNANT WITHIN LAST YEAR   |                                      |  |  | MANNER OF DEATH<br>NATURAL   |  |       |
| DATE OF INJURY   | TIME OF INJURY                       | PLACE OF INJURY                                  |  |  | INJURY AT WORK?                                    |       |
| LOCATION OF INJURY   |                                      |  |  |  |  |       |
| DESCRIBE HOW INJURY OCCURRED:  |                                      |  |  |  | IF TRANSPORTATION INJURY, SPECIFY:                 |       |
| ATTEND THE DECEASED?<br>YES  | DATE LAST SEEN ALIVE<br>MAY 05, 2015 | WAS MEDICAL EXAMINER OR CORONER CONTACTED?<br>NO | DATE PRONOUNCED  | TIME OF DEATH<br>04:15 PM  |  |       |
| CERTIFIER<br>PHYSICIAN   |                                      |  |  | DATE CERTIFIED<br>MAY 11, 2015   |  |       |
| NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH<br>CHRISTOPHER G ROSE, 8915 GOLF RD, NILES, ILLINOIS, 60714                       |                                      |  |  | PHYSICIAN'S LICENSE NUMBER<br>36.061232                                    |  |       |

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

*David Orr*  
David Orr  
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE