

A.P.N. No.:	1420-08-211-059
File No.:	1919506 AMG
Recording Requested By:	
Stewart Title Company	
When Recorded Mail To:	
Kenneth Douglas Caillat	
2463 La Granada Drive	
Thousand Oaks, CA 91362	

DOUGLAS COUNTY, NV	2023-994477
Rec:\$40.00	
\$40.00 Pgs=4	03/06/2023 09:03 AM
STEWART TITLE COMPANY - NV	
SHAWNYNE GARREN, RECORDER	

(for recorders use only)

AFFIDAVIT – DEATH OF TRUSTEE AND NOTICE CONFIRMING APPOINTMENT OF CO-TRUSTEES


(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 

Agent
Title

RECORDING REQUESTED BY:
Stewart Title Company

WHEN RECORDED MAIL TO:
the Caillat Family Trust dated October 26, 1987

ORDER NO. 1919506
A.P.N. No.: 1420-08-211-059

**AFFIDAVIT – DEATH OF TRUSTEE
AND NOTICE CONFIRMING APPOINTMENT OF CO-TRUSTEES**

State of Nevada }
County of Douglas } ss.

Joy Leslie Tonn, of legal age, being first duly sworn, deposes and says:

1. That the decedent mentioned in the attached copy of Certificate of Death, is the same person as named as one of the parties in that certain Grant, Bargain, Sale Deed dated September 21st, 2001, executed by Daniel F. Bolduc and Lila J. Bolduc to Kenneth Frederick Caillat and Beryl Priestley Caillat, Trustees of The Caillat Family Trust dated October 26, 1987, recorded as Instrument No. 0523735 of the Official Records of Douglas County, Nevada, covering the following described property situated in the City of Carson City, County of Douglas, State of Nevada.

All that certain real property situated in the County of Douglas, State of Nevada, described as follows:

Lot 11, in Block H, of SUNRIDGE HEIGHTS, PHASES 4 & 5A, A PLANNED UNIT DEVELOPMENT, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on July 1, 1994, in Book 794, Page 1, as Document No. 340968.

2. **BERYL PRIESTLEY CAILLAT**, the surviving Grantor and Trustee of the Trust, amended the trust on November 15, 2019, and appointed **KENNETH DOUGLAS CAILLAT** and **JOY LESLIE TONN** as acting co-trustees of the Trust; and **WHEREAS**, **KENNETH DOUGLAS CAILLAT** and **JOY LESLIE TONN** are competent and desire to serve as co-trustees of the Trust pursuant to the Trust amendment and the provisions of the Trust Agreement;

3. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the subject property.


Dated: 2/24/23, 2023

Joy Leslie Tonn
By: Joy Leslie Tonn, Co-Trustee of the Caillat Family Trust
dated October 26, 1987

State of Nevada
County of Washoe

Subscribed and sworn to (or affirmed) before me on this 24 day of February, 2023 by
Joy Leslie Tonn, Co-Trustee of the Caillat Family Trust dated October 26, 1987

Signature Tami B. Haworth (Seal)

 TAMI BRANDON HAWORTH
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 21-5742-02 - Expires February 1, 2024

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

CASE FILE NO. 3924951

2016020518

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) Kenneth Frederick CAILLAT		2. DATE OF DEATH (Mo/Day/Year) November 11, 2016		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or 1991 Mountain Vista Way Inpatient(Specify) Home		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 96	
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) Buryl PRIESTLEY			
13. SOCIAL SECURITY NUMBER ██████████ 5714		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Model Builder		14b. KIND OF BUSINESS OR INDUSTRY Nasa	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Reno	
15d. STREET AND NUMBER 1991 Mountain Vista Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Frank W CAILLAT /			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Florence BROWN		
18a. INFORMANT - NAME (Type or Print) Buryl CAILLAT			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1991 Mountain Vista Way Reno, Nevada 89519		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOANN BUSAM SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 624		20c. NAME AND ADDRESS OF FACILITY Truckee Meadows Cremation and Burial 616 South Wells Avenue Reno NV 89502	
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) KAREN S McDERMOTT M.D. SIGNATURE AUTHENTICATED			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) November 14, 2016		21c. HOUR OF DEATH 15:10		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22e. PRONOUNCED DEAD AT (Hour)	
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) Karen S McDermott M.D. 1625 E Prater Way Sparks, NV 89434				23b. LICENSE NUMBER 6450	
24a. REGISTRAR (Signature) SANDI BRIDGES SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 15, 2016		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).) PART I (a) Malignant Melanoma Metastatic To Lung DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death (b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death (c) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death (d) DUE TO, OR AS A CONSEQUENCE OF: 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.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
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

VRS-Rev-20120523a

000 2016 150

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.

11/21/2016

DEPUTY REGISTRAR

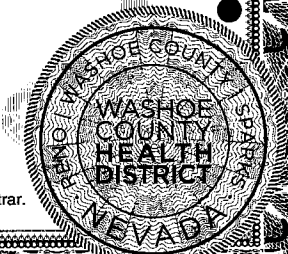
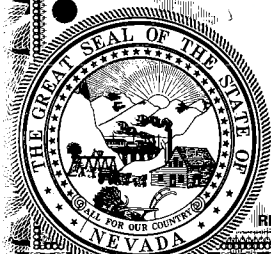
SIGNATURE AUTHENTICATED

DATE ISSUED:

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

REV 10/15

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



HOLD UP TO LIGHT TO VIEW WATERMARK