

APN# 1220-21-510-042

Recording Requested by/Mail to:

Name: FIRST AMERICAN TITLE

Address: 1663 US HWY 395 N STE 101

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: Meadows Family Trust

Address: 93 Saratoga Way

City/State/Zip: Portsmouth NH 03801

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

E. 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:**  
William Meadows

Space Above This Line for  
Recorder's Use Only

**A.P.N. 1220-21-510-042**

File No.: 143-2663142 (et)

**Affidavit - Death of Trustee**

State of NV )  
County of DOUGLAS )ss.  
)

**William E. Meadows** ("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. **Irma R. Meadows** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **10/21/2022** at **Temecula, CA** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **May 15, 1990** executed by **Harry E. Meadows and Irma R. Meadows** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **GRANT BARGAIN SALE DEED** dated **7/10/2008** which was recorded as Instrument No. **726644** in Book **708**, Page **2175**, 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: 4-27-23

**DECLARANT:**

W E Meadows  
**William E. Meadows**

State of NEW HAMPSHIRE  
County of ROCKINGHAM<sup>SS</sup>

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County ROCKINGHAM and State NEW HAMPSHIRE, this 27<sup>th</sup> day of APRIL, 2023 by WILLIAM E. MEADOWS, 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 Andrea Collins

My Commission Expires: 2-5-2025

*This area for official notarial seal*

ANDREA COLLINS  
Notary Public-New Hampshire  
My Commission Expires  
February 05, 2025

Notary Name: ANDREA COLLINS Notary Phone: (603) 231-2667  
Notary Registration Number: N/A County of Principal Place of Business DEWKENT

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF RIVERSIDE**

**RIVERSIDE, CALIFORNIA**

3052022248596

**CERTIFICATE OF DEATH**

3202233016164

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITOUTS OR ALTERATIONS VS-11 (REV 3/09)		LOCAL REGISTRATION NUMBER	
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST, (Given) <b>IRMA</b>	2. MIDDLE <b>R</b>	3. LAST (Family) <b>MEADOWS</b>		
	AKA; ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/ccyy <b>06/02/1937</b>	5. AGE Yrs. Months Days <b>85</b>	6. SEX <b>F</b>
	9. BIRTH STATE/FOREIGN COUNTRY <b>KS</b>	10. SOCIAL SECURITY NUMBER <b>██████████5825</b>	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SRDP (at Time of Death) <b>WIDOWED</b>	7. DATE OF DEATH mm/dd/ccyy <b>10/21/2022</b>
	13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>SOME COLLEGE</b>	14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>WHITE</b>		8. HOUR (24 Hours) <b>1418</b>
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>ACCOUNTING</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, head construction, employment agency, etc.) <b>ELECTRONICS</b>		19. YEARS IN OCCUPATION <b>45</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>41780 BUTTERFIELD STAGE ROAD BLDG C 105</b>					
USUAL RESIDENCE	21. CITY <b>TEMECULA</b>	22. COUNTY/PROVINCE <b>RIVERSIDE</b>	23. ZIP CODE <b>92592</b>	24. YEARS IN COUNTY <b>1</b>	25. STATE/FOREIGN COUNTRY <b>CA</b>
	26. INFORMANT'S NAME, RELATIONSHIP <b>MARYANN DESANDO, DAUGHTER</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>33652 HAYWOOD COURT, TEMECULA, CA 92592</b>		
SPOUSE/SRDP AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SRDP - FIRST <b>-</b>		29. MIDDLE <b>-</b>	30. LAST (BIRTH NAME) <b>-</b>	
	31. NAME OF FATHER/PARENT - FIRST <b>DAMON</b>		32. MIDDLE <b>-</b>	33. LAST <b>RICKETTS</b>	
	35. NAME OF MOTHER/PARENT - FIRST <b>ROZELLA</b>		36. MIDDLE <b>-</b>	37. LAST (BIRTH NAME) <b>BRADY</b>	
				34. BIRTH STATE <b>KS</b>	
FUNERAL DIRECTOR / LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/ccyy <b>10/31/2022</b>		40. PLACE OF FINAL DISPOSITION <b>RESIDENCE, MARYANN DESANDO 33652 HAYWOOD COURT, TEMECULA, CA 92592</b>		
	41. TYPE OF DISPOSITION(S) <b>CREMATE/RESIDENCE</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NUMBER <b>-</b>
	44. NAME OF FUNERAL ESTABLISHMENT <b>ENGLAND FAMILY MORTUARY INC.</b>		45. LICENSE NUMBER <b>FD1934</b>	46. SIGNATURE OF LOCAL REGISTRAR <b>GEOFFREY LEUNG, M.D., ED. MO</b>	
				47. DATE mm/dd/ccyy <b>10/28/2022</b>	
PLACE OF DEATH	101. PLACE OF DEATH <b>RESIDENCE HOSPICE</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/TC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		
	104. COUNTY <b>RIVERSIDE</b>	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>41780 BUTTERFIELD STAGE ROAD BLDG C 105</b>		106. CITY <b>TEMECULA</b>	
CAUSE OF DEATH	107. CAUSE OF DEATH: Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. <b>(A) CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>			108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	IMMEDIATE CAUSE (Final disease or condition resulting in death): <b>(A) CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>			109. BIRDSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. <b>(C) NONE</b>			110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>			111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NO</b>		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
PHYSICIAN'S CERTIFICATION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: Decedent Last Seen Alive: <b>(A) 10/20/2022 (B) 10/21/2022</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>PRANAV RAJENDRA BARVE, MD</b>		
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>PRANAV RAJENDRA BARVE, MD 29826 HAUN ROAD STE 108, MENIFEE, CA 92586</b>		116. LICENSE NUMBER <b>A129731</b>	117. DATE mm/dd/ccyy <b>10/27/2022</b>	
CORONER'S USE ONLY	119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		
	121. INJURY DATE mm/dd/ccyy		122. HOUR (24 Hours)		
	123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)				
	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)				
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/ccyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

**CERTIFIED COPY OF VITAL RECORD**

STATE OF CALIFORNIA }  
COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file by the Riverside University Health System, Department of Public Health.

\* 002137520 \*

DATE ISSUED **Nov 1, 2022**

Dr. Geoffrey Leung, M.D., Ed.M., County Health Officer  
RIVERSIDE COUNTY, CALIFORNIA

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



**EXHIBIT 'A'**

**LOT 110, AS SHOWN ON THE OFFICIAL MAP OF GARDNERVILLE RANCHOS UNIT NO. 6,  
FILED FOR RECORD ON MAY 29, 1973, IN BOOK 573, PAGE 1026, IN THE OFFICE OF THE  
COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA AS DOCUMENT NO. 66512 AND ON  
RECORD OF SURVEY RECORDED OCTOBER 1, 1982, IN BOOK 1082, OF OFFICIAL  
RECORDS AT PAGE 6, AS DOCUMENT NO. 71399.**

**COPY**