

APN# 1420-28-511-015

Recording Requested by:

Name: LIFELINE ESTATE SERVICES, INC.

Address: 3708 LAKESIDE DR. STE. 202

City/State/Zip: RENO/NEVADA/89509

When Recorded Mail to:

Name: James L. Yarnell

Address: 2964 San Miguel Ct.

City/State/Zip: Minden, NV 89423

Mail Tax Statement to:

Name: James L. Yarnell

Address: 2964 San Miguel Ct.

City/State/Zip: Minden, NV 89423

[ for Recorder's use only ]

Affidavit re: Death of initial CO-trustee  
1/3 assumption of trusteeship by surviving 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 personal information 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 personal information of a person or persons as required by law; NRS 440.380

(State specific law)

[Signature]  
Signature

OFFICE MANAGER

Title

Stefanie Hughes  
Printed Name

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

This cover page must be typed or printed in black ink.

APN # : 1420-28-511-015  
RECORDING REQUESTED  
AND RETURN TO:  
James L. Yarnell, Trustee  
2964 San Miguel Ct.  
Minden, NV 89423

MAILTAX STATEMENTS TO:  
James L. Yarnell, Trustee  
2964 San Miguel Ct.  
Minden, NV 89423

**AFFIDAVIT REGARDING DEATH OF INITIAL CO-TRUSTEE  
AND ASSUMPTION OF TRUSTEESHIP BY SURVIVING TRUSTEE**

The following described real estate in Douglas County, State of Nevada:

SEE ATTACHMENT EXHIBIT 'A'

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues, and profits thereof.

The undersigned, JAMES L. YARNELL, hereby declares that, KATHLEEN YARNELL, died on August 22, 2022, is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person as KATHLEEN YARNELL, named as one of the initial Trustee in that certain Declaration of Trust titled the YARNELL TRUST DATED SEPTEMBER 4, 2004.

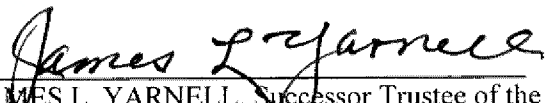
Declarant further declares that he is the surviving Co-Trustee named in the Declaration of trust and that he hereby assumes the position of sole Trustee.

The undersigned declares under penalty of perjury that the foregoing is true and correct, and that this declaration is executed on the date and place indicated below.

Executed on this 31 st day of July, 20 23, in the City of Reno,  
County of Washoe, State of Nevada.

**VERIFICATION**

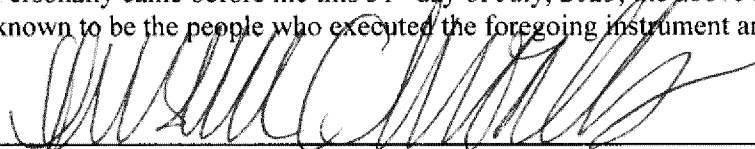
I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

  
\_\_\_\_\_  
JAMES L. YARNELL, Successor Trustee of the  
YARNELL TRUST DATED SEPTEMBER 4, 2004

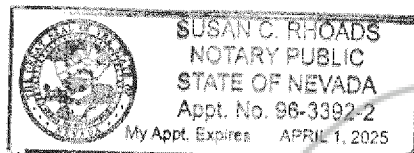
STATE OF NEVADA  
COUNTY OF WASHOE

)  
) SS:  
)

Personally came before me this 31<sup>st</sup> day of July, 2023, the above named JAMES L. YARNELL, to me known to be the people who executed the foregoing instrument and acknowledged the same.



Susan C. Rhoads, Notary Public  
Washoe County, Nevada  
My Commission 04/01/2025



COPY

**EXHIBIT 'A'**

LOT 23, IN BLOCK B, AS SET FORTH ON THE OFFICIAL MAP OF MISSION HOT SPRINGS, UNIT NO. 2, A PLANNED UNIT DEVELOPMENT, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON SEPTEMBER 14, 1988, IN BOOK 988, PAGE 1849, AS DOCUMENT NO. 186262 OFFICIAL RECORDS.

COPY

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**

CASE FILE NO. 4301955

**CERTIFICATE OF DEATH**

2022020612  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Kathleen YARNELL</b>		2. DATE OF DEATH (Mo/Day/Yr) <b>August 22, 2022</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION - (Name)(If not either, give street and number) <b>Carson Nursing and Rehabilitation Center</b>		3d. If Hosp. or inst. indicate DOA, OP/Enter Rm. (Inpatient)(Specify) <b>Assisted Living Facility</b>	
DECEDENT	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>81</b>	
	7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>September 22, 1940</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) <b>England</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
	11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>James YARNELL</b>			
PARENTS	13. SOCIAL SECURITY NUMBER <b>██████████ 5796</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>MILITARY/ARMED FORCES</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
DISPOSITION	15d. STREET AND NUMBER <b>2964 San Miguel Court</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Henry Hardy WILSON</b>	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Isabella GRAY</b>		18a. INFORMANT - NAME (Type or Print) <b>James YARNELL</b>			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2964 San Miguel Court Minden, Nevada 89423</b>				19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>	
	19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>MERCEDES Q QUARTUCCI</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD983</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno 5390 S Virginia St. Suite 4-E Reno NV 89502</b>	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>REED DOFF MD</b>		21b. SIGNATURE AUTHENTICATED			
	21c. DATE SIGNED (Mo/Day/Yr) <b>August 23, 2022</b>		21d. HOUR OF DEATH <b>10:14</b>			
CAUSE OF DEATH	21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
	22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Reed Doff MD 907 Mountain Street Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>13920</b>	
	24a. REGISTRAR (Signature) <b>SCOTT SHELDON SPANGLER</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 30, 2022</b>		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				Interval between onset and death	
	(a) <b>Respiratory Arrest</b>				Interval between onset and death	
(b) <b>Acute Respiratory Failure</b>				Interval between onset and death		
(c) <b>Dementia</b>				Interval between onset and death		
(d) <b>Etiology Is Not Specified</b>				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 <b>Stroke, Hypertension</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		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		



**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.

DATE ISSUED: **9/8/2022**

*Scott Spangler*  
STATE REGISTRAR

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

