

APN: 1319-10-201-011

DOUGLAS COUNTY, NV      **2023-999350**  
Rec:\$40.00  
\$40.00      Pgs=3      08/09/2023 02:35 PM  
ALLING & JILLSON LTD  
SHAWNYNE GARREN, RECORDER

**RECORDING REQUESTED BY AND  
WHEN RECORDED MAIL TO:**

Kara M. Hayes, Esq.  
c/o ALLING & JILLSON, LTD.  
276 Kingsbury Grade, Suite 2000  
Post Office Box 3390  
Lake Tahoe, Nevada 89449-3390

Pursuant to *NRS 440.380, I*, the undersigned, affirm that this document submitted for recording does contain personal information of any person or persons.

**NOTICE OF DEATH OF TRUSTEE**

**COMES NOW** Arlene H. Cochran, and being first duly sworn, deposes and says:

1. She is the sole serving Successor Trustee of The David L. Cochran 2018 Trust;
2. That as Trustee, David L. Cochran, acquired title to certain real property as follows:

“PARCEL ONE:

UNIT 6 AS SHOWN ON THE PLANNED DEVELOPMENT MAP (PD 03-005) FOR MINDEN TOWN HOMES, FILED IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER ON FEBRUARY 2, 2004, AS FILE NO. 603488.

PARCEL TWO:

AN UNDIVIDED 1/31ST INTEREST IN THE COMMON ELEMENTS SHOWN ON THE ABOVE MENTION PLANNED DEVELOPMENT MAP AND AS SET FORTH IN THE DECLARATIONS OF COVENANTS, CONDITIONS, AND RESTRICTIONS FOR MINDEN TOWNHOMES, RECORDED NOVEMBER 5, 2003, IN BOOK 1103, PAGE 2081, DOCUMENT NO. 595951, AND IN THE AMENDED AND RESTATED DECLARATION RECORDED FEBRUARY 6, 2004, IN BOOK 204, PAGE 2633, DOCUMENT NO. 604005.

PARCEL THREE:

AN EXCLUSIVE EASEMENT FOR THE USE AND ENJOYMENT OF THE LIMITED COMMON ELEMENTS APPURTENANT TO PARCEL ONE, DESCRIBED ABOVE, AS SHOWN ON THE ABOVE MENTIONED DECLARATION AND AMENDED AND RESTATED DECLARATION.”

Assessors Parcel No. 1319-10-20-011.

4. That David L. Cochran, died in Douglas County, State of Nevada, on or about July 8, 2023. The State of Nevada issued a Death Certificate Number 4358799 attached hereto as **Exhibit A** and incorporated herein by reference.

5. Pursuant to the trust instrument which states, “In the event of the death of DAVE, or if for any reason whatsoever Dave ceases to serve as Trustee hereunder, the Grantor nominates and appoints ARLENE H. COCHRAN to serve as Successor Trustees hereunder without the approval of any court.” Now, therefore, be it known the undersigned is acting as sole Successor Trustee of the David L. Cochran 2018 Trust..

IN WITNESS WHEREOF, Grantor and Trustee has executed this document at Douglas County, Nevada, on this 1<sup>st</sup> day of ~~July~~, 2023. August

*Arlene H. Cochran*

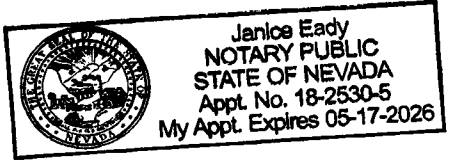
ARLENE H. COCHRAN, Sole Successor Trustee of the David L. Cochran 2018 Trust

STATE OF NEVADA )  
 ) ss.  
COUNTY OF DOUGLAS )

This instrument was acknowledged before me on August 1<sup>st</sup>, 2023, by Arlene H. Cochran.

WITNESS my hand and official seal.

*Janice Eady*  
NOTARY PUBLIC



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

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

CASE FILE NO. 4358799

**CERTIFICATE OF DEATH**

2023014896  
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) <b>David Leo COCHRAN</b>			2. DATE OF DEATH (Mo/Day/Year) <b>July 08, 2023</b>			3a. COUNTY OF DEATH <b>Douglas</b>											
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Genoa</b>			3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) <b>2335 Main Street</b>			3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>			4. SEX <b>Male</b>								
5. RACE (Specify) <b>White</b>			6. Hispanic Origin? Specify No - Non-Hispanic			7a. AGE-Last birthday (Years) <b>93</b>			7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS			7c. UNDER 1 DAY HOURS   MINS			8. DATE OF BIRTH (Mo/Day/Yr) <b>December 17, 1929</b>		
9a. STATE OF BIRTH (If not US/CA, name country) <b>New York</b>			9b. CITIZEN OF WHAT COUNTRY <b>United States</b>			10. EDUCATION <b>20</b>			11. MARITAL STATUS (Specify) <b>Married</b>			12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Arlene Helen LAMBERT</b>					
13. SOCIAL SECURITY NUMBER <b>5122</b>			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>BUSINESS OWNER</b>						14b. KIND OF BUSINESS OR INDUSTRY <b>ENGINEERING</b>			Ever in US Armed Forces? <b>Yes</b>					
15a. RESIDENCE - STATE <b>Nevada</b>			15b. COUNTY <b>Douglas</b>			15c. CITY, TOWN OR LOCATION <b>Genoa</b>			15d. STREET AND NUMBER <b>2335 Main Street</b>			15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>					
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Leo COCHRAN</b>						17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Sonia BARNDT</b>											
18a. INFORMANT - NAME (Type or Print) <b>Arlene Helen COCHRAN</b>						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2335 Main Street Genoa, Nevada 89411</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>											
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>NORMA M FINKES</b> SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD967</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1637 Esmeralda Place Minden NV 89423</b>											
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) <b>NITA SCHWARTZ MD</b> 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) <b>July 11, 2023</b>			21c. HOUR OF DEATH <b>09:10</b>			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH								
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						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) <b>Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703</b>									23b. LICENSE NUMBER <b>9114</b>								
24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b> SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 11, 2023</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																	
(a) <b>Coronary Atherosclerosis</b> Interval between onset and death																	
DUE TO, OR AS A CONSEQUENCE OF:																	
(b) <b>Unknown Etiology</b> Interval between onset and death																	
DUE TO, OR AS A CONSEQUENCE OF:																	
(c) Interval between onset and death																	
DUE TO, OR AS A CONSEQUENCE OF:																	
(d) 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>Senile Dementia</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.

*Cody Thirney*

DATE ISSUED: **7/12/2023**

STATE REGISTRAR

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

