

APN: 1022-09-002-017
Escrow No. 24040036-SA

When Recorded Return to:
Ronald J. Furtado, Successor Trustee of The Lillian
E. Wresh Family Trust, dated July 25, 2017
1887 Arabian Lane
Gardnerville, NV 89410

DOUGLAS COUNTY, NV

2024-1005870

Rec:\$40.00

\$40.00

Pgs=3

03/21/2024 02:07 PM

FIRST CENTENNIAL - RENO (MAIN OFFICE)

SHAWNYNE GARREN, RECORDER

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF TRUSTEE

Ronald J. Furtado, Jr., of legal age, being duly sworn, deposes and says

That Lillian E. Wresh, as Trustee of the Lillian E. Wresh Family Trust dated July 25, 2017 the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Lillian Elaine Wresh named as one of the parties in that certain Deed dated August 29, 2017 executed by Lillian Elaine Wresh, an unmarried woman who acquired title as Lillian E. Christopher to Lillian E. Wresh, as Trustee of the Lillian E. Wresh Family Trust dated July 25, 2017 recorded as Instrument No. 2017-903297, on August 29, 2017 of Official Records of Douglas County, Nevada, covering the following described property.

Lot 1, in Block N, of Topaz Ranch Estates, Unit No. 4, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on November 16th, 1970, as Document No. 50212.

EXCEPTING THEREFROM any mobile home or manufactured housing unit and appurtenances, if any, located on said land.

Assessors Parcel No.: 1022-09-002-017

The Lillian E. Wresh Family Trust dated July 25, 2017

Ronald J. Furtado, Jr.
Ronald J. Furtado, Jr., Successor Trustee

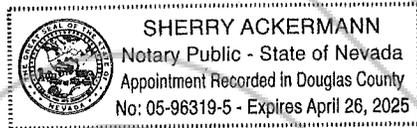
Dated: 3-21-2024

STATE OF Nevada

COUNTY OF Douglas

This instrument was acknowledged before me on this 21 day of March, 2024 by
Ronald J. Furtado, Jr. _____.

Sherry Ackermann
Notary Public



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SOLANO

HEALTH AND SOCIAL SERVICES DEPARTMENT

3052020062029

CERTIFICATE OF DEATH

3202048000792

STATE FILE NUMBER 3052020062029		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITE CORNERS OR ALTERATIONS VS-1 (REV. 2/08)		LOCAL REGISTRATION NUMBER 3202048000792	
1. NAME OF DECEDENT - FIRST (Given) LILLIAN		2. MIDDLE ELAINE		3. LAST (Family) WRESH	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/ccyy 04/20/1938		5. AGE Yrs. 81	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER ██████-9780		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION - Highest Level/Degree (see worksheet on back) 10		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS/SRDP* (at Time of Death) WIDOWED	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED SALES CLERK		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) RETAIL		7. DATE OF DEATH mm/dd/ccyy 03/21/2020	
20. DECEDENT'S RESIDENCE (Street and number, or location) 7435 N MERIDIAN RD		19. YEARS IN OCCUPATION 30		8. HOUR (24 Hour) 0218	
21. CITY VACAVILLE		22. COUNTY/PROVINCE SOLANO		23. ZIP CODE 95688	
24. YEARS IN COUNTY 8		25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP JOYCE WHITE, DAUGHTER	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 7435 N MERIDIAN RD, VACAVILLE, CA 95688		28. NAME OF SURVIVING SPOUSE/SRDP - FIRST -		29. MIDDLE -	
30. LAST (BIRTH NAME) -		31. NAME OF FATHER/PARENT - FIRST ANTHONY		32. MIDDLE -	
33. LAST LAWRENCE		34. BIRTH STATE CA		35. NAME OF MOTHER/PARENT - FIRST LILLIAN	
36. MIDDLE ELAINE		37. LAST (BIRTH NAME) VARGAS		38. BIRTH STATE CA	
39. DISPOSITION DATE mm/dd/ccyy 03/25/2020		40. PLACE OF FINAL DISPOSITION HAPPY HOMESTEAD CEMETERY 1261 JOHNSON BLVD, SOUTH LAKE TAHOE, CA 96150			
41. TYPE OF DISPOSITION(S) CR/RES/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT MCCUNE GARDEN CHAPEL		45. LICENSE NUMBER FD388		46. SIGNATURE OF LOCAL REGISTRAR BELA MATYAS, MD, MPH	
47. DATE mm/dd/ccyy 03/25/2020		101. PLACE OF DEATH RESIDENCE			
104. COUNTY SOLANO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 7435 N MERIDIAN RD		106. CITY VACAVILLE	
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. (A) LUNG CANCER STAGE IV		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DGA <input type="checkbox"/> Hospice		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
IMMEDIATE CAUSE (A) LUNG CANCER STAGE IV		Time Interval Between Onset and Death (AT) YRS 2020-0303		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input 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		(BT)		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(C)		(CT)		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(D)		(DT)		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NO					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NONE					
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 mm/dd/ccyy 03/18/2015		115. SIGNATURE AND TITLE OF CERTIFIER YELENA KRIJANOVSKI M.D.		116. LICENSE NUMBER A106347	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE YELENA KRIJANOVSKI M.D. 2702 LOW COURT, FAIRFIELD, CA 94534		117. DATE mm/dd/ccyy 03/24/2020		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
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					

STATE REGISTRAR A B C D E *010001004487750* FAX AUTH.# CENSUS TRACT

CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA, COUNTY OF SOLANO



This is a true and exact reproduction of the document officially registered and placed on file in the office of the Solano County Health and Social Services Department, Public Health Division.

By *[Signature]*, Deputy. DATE ISSUED **MAR 26 2020**

[Signature]
 BELA MATYAS, MD, MPH
 HEALTH OFFICER AND LOCAL REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CASOLANO01

