

APN: 005-010-53

EUREKA COUNTY, NV      **2018-235153**  
Rec:\$35.00  
\$35.00      Pgs=3      **05/16/2018 11:25 AM**  
COPENHAVER & MCCONNELL, PC  
LISA HOEHNE, RECORDER

When recorded return to:  
Copenhaver & McConnell, P.C.  
950 Idaho Street  
Elko, NV 89801

NOTICE OF DEATH OF TRUSTOR AND NOTICE OF SUCCESSOR TRUSTEE

Please take notice that on the 23rd day of December, 2004, **ALTA. P. MARVIN**, an original Trustor and Trustee of the **ALTA P. MARVIN REVOCABLE LIVING TRUST** dated **July 19, 1989**, died in the City of Perioa, County of Maricopa, State of Arizona.

Attached hereto is a copy of the Certificate of Death of **ALTA. P. MARVIN** who is the original Trustor and Trustee of the **ALTA P. MARVIN REVOCABLE LIVING TRUST**.

The Successor Trustee of the **ALTA P. MARVIN REVOCABLE LIVING TRUST** is **S. COLLEEN THORN**, 9459 Argonne Way, Forestville, California, 95436.

This Notice is being recorded to give notice of the death of the Trustor and Trustee of the Trust as well as notice of the Successor Trustee.

DATED this 3<sup>rd</sup> day of APRIL, 2018.

**ALTA P. MARVIN REVOCABLE LIVING TRUST**

  
\_\_\_\_\_  
**S. COLLEEN THORN**, Successor Trustee

★ SEE ATTACHED ★

# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )

County of **SONOMA** )

On 04/03/2018 before me, **SEAN BURNS (notary public)**  
Date Here Insert Name and Title of the Officer

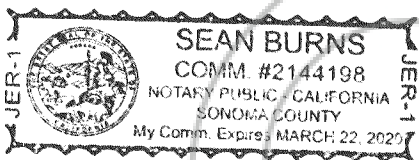
personally appeared Colleen MARVIN THORN

AKA S. Colleen THORN  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Sean Burns  
Signature of Notary Public

Place Notary Seal Above

## OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

### Description of Attached Document

Title or Type of Document: Notice of Death Document Date: None  
Number of Pages: 01 Signer(s) Other Than Named Above: \_\_\_\_\_

### Capacity(ies) Claimed by Signer(s)

Signer's Name: Colleen MARVIN THORN  
☐ Corporate Officer — Title(s): \_\_\_\_\_  
☐ Partner — ☐ Limited ☐ General  
☒ Individual ☐ Attorney in Fact  
☐ Trustee ☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_  
☐ Corporate Officer — Title(s): \_\_\_\_\_  
☐ Partner — ☐ Limited ☐ General  
☐ Individual ☐ Attorney in Fact  
☐ Trustee ☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

# STATE OF ARIZONA

## CERTIFICATION OF VITAL RECORD

ORIGINAL  
STATE  
COPY

### STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS CERTIFICATE OF DEATH

DEATH NO.  
**D-102 2004 - 042167**

NAME OF DECEASED <b>1. ALTA PAULINE MARVIN</b>		SEX <b>2. FEMALE</b>	DATE OF DEATH <b>3. DECEMBER 23 2004</b>	
RACE (e.g., white, black, American Indian, (specify tribe) etc.) <b>4A. WHITE</b>		WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) <b>5. NO</b>		
PLACE OF DEATH <b>6. MARICOPA</b>		6B. TOWN OR CITY <b>PEORIA</b>		6C. HOSPITAL OR INSTITUTION <b>SUN HEALTH HOSPICE</b>
DATE OF BIRTH <b>7. MAY 16 1921</b>		AGE (YEARS LAST BIRTHDAY) <b>8A. 83</b>	IF UNDER 1 YEAR MOS. DAYS <b>8B.</b>	IF UNDER 1 DAY HRS. MIN. <b>8C.</b>
STATE AND CITY OF BIRTH <b>11. TRENTON, NEBRASKA</b>		CITIZEN OF WHAT COUNTRY? <b>12. UNITED STATES</b>		SOCIAL SECURITY NO. <b>13. [REDACTED]</b>
USUAL RESIDENCE <b>15A. ARIZONA 15B. MARICOPA</b>		15C. TOWN OR CITY <b>SUN CITY</b>		15D. ZIP CODE <b>85373</b>
STREET ADDRESS OF R.F.D. <b>16E. 19437 N. SOMBRERO CIRCLE</b>		INSIDE CITY LIMITS? (SPECIFY Yes or No) <b>16F. YES</b>		ON RESERVATIONS (SPECIFY Yes or No) <b>16G. NO</b>
FATHER'S NAME <b>18. CHAS W. BAKER</b>		MOTHER'S MAIDEN NAME <b>19. IRMA EVANS</b>		18. NEW MEXICO
INFORMANT'S SIGNATURE <b>COLLEEN MARVIN THORN</b>		RELATIONSHIP TO DECEASED <b>22. DAUGHTER</b>		ADDRESS <b>23. 707-685 WINGFIELD ROAD E JAMESVILLE, CA 96114</b>
BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>24. CREMATION</b>		DATE <b>25. 12/28/04</b>		CEMETERY OR CREMATORY - NAME/LOCATION <b>26. PEORIA, ARIZONA</b>
FUNERAL HOME <b>28. BEST FUNERAL SERVICES, INC.</b>		NAME <b>9380 W PEORIA AVE., PEORIA, AZ. 85345</b>		CITY AND STATE
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED <b>30. SIGNATURE AND TITLE</b>		DATE SIGNED (Mo., Day, Year) <b>31. 12-27-04</b>		HOUR OF DEATH <b>32. 11:12 A.M.</b>
NAME OF ATTENDING PHYSICIAN OF OTHER THAN CERTIFIER (Type or print) <b>33.</b>		TO BE COMPLETED BY MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY ONLY <b>34. SIGNATURE AND TITLE</b>		DATE SIGNED (Mo., Day, Year) <b>35.</b>
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY <b>37. STAFFAN PETTERSSON, MD-13640 N PLAZA DEL RIO BLVD, 85381</b>		AUTHORIZED FOR CREMATION (SPECIFY) <b>40. [X] Yes [ ] No</b>		MEDICAL EXAMINER'S SIGNATURE <b>41. [Signature]</b>
DATE REGISTERED <b>DEC 30 2004</b>	REG. FILE NO. <b>43. 25072</b>	REGISTRAR'S SIGNATURE <b>44. [Signature]</b>	REG. DISTRICT <b>45. 0705</b>	DATE RECORDED IN STATE OFFICE <b>46. DEC 30 2004</b>



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records. PHOENIX, ARIZONA.  
Revised 07/2016

Date Issued: 03/02/2018

*Krystal Colburn*  
**KRYSTAL COLBURN**  
ASSISTANT STATE REGISTRAR



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

J0781696