

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

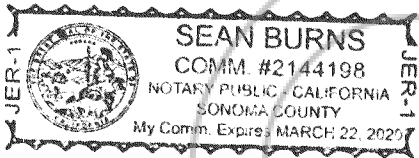
personally appeared Colleen MARVIN THORN  
Name(s) of Signer(s)

AKA S. Colleen THORN

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 1. <b>ALTA PAULINE MARVIN</b>			SEX 2. <b>FEMALE</b>	DATE OF DEATH 3. <b>DECEMBER 23 2004</b>		
RACE (e.g., white, black, American Indian, (specify tribe) etc.) 4A. <b>WHITE</b>		WAS DECEDENT OF HISPANIC ORIGIN? (SPECIFY YES OR NO) 4B. <b>NO</b>		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. 4C.		WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) 4D. <b>NO</b>
PLACE OF DEATH 6. <b>MARICOPA</b>		6A. COUNTY		6B. TOWN OR CITY <b>PEORIA</b>		6C. HOSPITAL OR INSTITUTION <b>SUN HEALTH HOSPICE</b>
DATE OF BIRTH 7. <b>MAY 16 1921</b>		AGE (YEARS LAST BIRTHDAY) 8A. <b>83</b>	IF UNDER 1 YEAR MOS. DAYS 8B.	IF UNDER 1 DAY HRS. MIN. 8C.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 9. <b>WIDOWED</b>	SURVIVING SPOUSE 10. (IF WIFE, GIVE MAIDEN NAME)
STATE AND CITY OF BIRTH (if not in USA, name country) 11. <b>TRENTON, NEBRASKA</b>		CITIZEN OF WHAT COUNTRY? 12. <b>UNITED STATES</b>		SOCIAL SECURITY NO. 13. [REDACTED]		USUAL OCCUPATION (Give kind of work done most of working life, even if retired) 14. <b>ELEMENTARY TEACHER</b>
USUAL RESIDENCE 15. <b>ARIZONA</b>		15A. STATE		15B. COUNTY <b>MARICOPA</b>		15C. TOWN OR CITY <b>SUN CITY</b>
STREET ADDRESS OF R.F.D. 16. <b>19437 N. SOMBRERO CIRCLE</b>		INSIDE CITY LIMITS? (SPECIFY Yes or No) 16F. <b>YES</b>		ON RESERVATIONS (SPECIFY Yes or No) 16G. <b>NO</b>		PREVIOUS STATE OF RESIDENCE 18. <b>NEW MEXICO</b>
FATHER'S NAME 18. <b>CHAS W. BAKER</b>		MOTHER'S MAIDEN NAME 20. <b>IRMA EVANS</b>		16. HOW LONG IN ARIZONA? <b>15 YEARS</b>		
INFORMANT'S SIGNATURE 21. <i>Colleen Marvin Thorn</i>		RELATIONSHIP TO DECEASED 22. <b>DAUGHTER</b>		ADDRESS 23. <b>707-685 WINGFIELD ROAD E JANESVILLE, CA 96114</b>		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 24. <b>CREMATION</b>		DATE 25. <b>12/28/04</b>		CEMETERY OR CREMATORY - NAME/LOCATION 26. <b>BEST FUNERAL SERVICES, INC. CREMATORY</b>		EMBALMER'S SIGNATURE 27A. <i>[Signature]</i>
FUNERAL HOME 28. <b>BEST FUNERAL SERVICES, INC.</b>		NAME 29. <b>9380 W PEORIA AVE., PEORIA, AZ. 85345</b>		CITY AND STATE		27B. <b>PEORIA, ARIZONA</b>
TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY		TO BE COMPLETED BY MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY ONLY		ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED.		
30. SIGNATURE AND TITLE <i>[Signature]</i>		31. DATE SIGNED (Mo., Day, Year) <b>12-27-04</b>		32. HOUR OF DEATH <b>11:12 A.M.</b>		34. SIGNATURE AND TITLE <i>[Signature]</i>
33. NAME OF ATTENDING PHYSICIAN OF OTHER THAN CERTIFIER (Type or print)		35. DATE SIGNED (Mo., Day, Year)		36. HOUR OF DEATH		37. ON
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY 39. <b>STAFFAN PETERSSON, MD-13640 N PLAZA DEL RIO BLVD, 85381</b>		AUTHORIZED FOR CREMATION (SPECIFY) 40. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		MEDICAL EXAMINER'S SIGNATURE 41. <i>[Signature]</i>		
DATE REGISTERED 42. <b>DEC 30 2004</b>		REG. FILE NO. 43. <b>25072</b>		REG. DISTRICT 45. <b>0705</b>		DATE RECORDED IN STATE OFFICE 46. <b>DEC 30 2005</b>



0781696

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



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