

APN# 001-084-01

Recording Requested by:

Name: Lifeline Estate Services
Address: 3708 Lakeside Dr. #202
City/State/Zip: Reno, NV 89509

EUREKA COUNTY, NV

2019-237916

Rec:\$35.00

\$35.00 Pgs=5

01/23/2019 03:57 PM

LIFELINE ESTATE SERVICES

LISA HOEHNE, RECORDER

When Recorded Mail to:

Name: Donald W. Diehl-Co-Successor trustee
Address: 91 Ringneck Ct
City/State/Zip: Sparks, NV 89411

(for Recorder's use only)

Mail Tax Statement to:

Name: Donald W. Diehl Co-Successor-trustee
Address: 91 Ringneck Ct
City/State/Zip: Sparks, NV 89411

Affidavit of death of initial co-trustees
and assumption of trusteeship by co-successor trustees

(Title of Document)

Please complete Affirmation Statement below:

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)

Junica Day
Signature

Office manager
Title

Jessica Day
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 # 001-084-01

RECORDING REQUESTED

AND RETURN TO:

Lifeline Estate Services, Inc.

3708 Lakeside Dr. STE 202

Reno, NV 89509

MAILTAX STATEMENTS TO:

Donald W. Diehl, Co- Successor Trustee

91 Ringneck Ct.

Spark, NV 89441

AFFIDAVIT REGARDING DEATH OF INITIAL CO-TRUSTEE(S)
AND ASSUMPTION OF TRUSTEESHIP BY CO-SUCCESSOR TRUSTEES

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

See Exhibit "A" attached hereto and made a part hereof

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, CAROLYN K. LINDSAY, DONALD W. DIEHL and GAIL L. ARCHULETA, hereby declares that, MARY C. DIEHL, died on December 11, 2018, is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person as MARY C. DIEHL, named as one of the initial Trustee in that certain Declaration of Trust titled the MARY DIEHL TRUST DATED JUNE 28, 1999.

Declarant further declares that he is the Successor Trustee named in the Declaration of trust and that he hereby assumes the position of 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 3 rd day of Jan, 2019, 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.

Carolyn K Lindsay
CAROLYN K. LINDSAY,
Co-Trustee of the MARY DIEHL
TRUST DATED JUNE 28, 1999

Donald W. Diehl
DONALD W. DIEHL,
Co-Trustee of the MARY DIEHL
TRUST DATED JUNE 28, 1999

Gail L Archuleta
GAIL L. ARCHULETA
Co- Trustee of the MARY DIEHL
TRUST DATED JUNE 28, 1999

STATE OF NEVADA

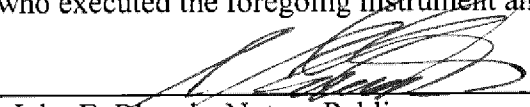
)

) SS:

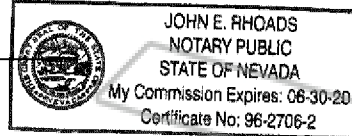
COUNTY OF WASHOE

)

Personally came before me this 3rd day of January, 2019, the above named CAROLYN K. LINDSAY, DONALD W. DIEHL AND GAIL L. ARCHULETA, to me known to be the people who executed the foregoing instrument and acknowledged the same.



John E. Rhoads, Notary Public
Washoe County, Nevada
My Commission Expires: 06/30/2020



COPY

Exhibit "A"

Commencing at NW Corner of Lot one, Block Eighty-two, thence N. 79 48'E., along the North side of Lot One, a distance of Forty Feet to a point, hence S. 11 26' E., to a point on the South side of line of Lot Two in Block Eighty-two, hence S. 25 53'E. To a point on the South side of line of Lot Three in Block Eighty-Two, thence S. 80 14' W., along the South side of Lot Three to the SW Corner of Lot Three, Block Eighty-two, thence North along the West end line of Lots One, Two, Three, Block Eighty-Two, the NW Corner of Lot One, the place of beginning.

NOTE(NRS 111.312): The above metes and bounds description appeared previously in that certain Grant, Bargain, Sale Deed, recorded in the office of the County Recorder of Eureka County, Nevada on January 17, 2003, as Document No. 180735, of Official Records.

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.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4055539

CERTIFICATE OF DEATH

2018023987

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) Mary Otegui		2. DATE OF DEATH (Mo/Day/Year) December 11, 2018		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and Love and Joy Group Home Inpatient(Specify) Nursing Home		4. SEX Female	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 91	
7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) January 20, 1927	
9a. STATE OF BIRTH (If not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Reno	
15d. STREET AND NUMBER 1750 Canyonland Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Joseph OTEGUI			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Evelyn BLAIR		
18a. INFORMANT-NAME (Type or Print) Carolyn LINDSAY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 15 Sheena Court Reno, Nevada 89521			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Mountain View Cemetery		19c. LOCATION City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TED G WILLIAMS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD898		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals - Sparks 1745 Sullivan Lane Sparks NV 89431	
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) MEL MAGBOO MD 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) December 18, 2018		21c. HOUR OF DEATH 11:25		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) Mel Magboo MD 5250 Neil Rd Ste #207 Reno, NV 89502			
23b. LICENSE NUMBER 9713		24a. REGISTRAR (Signature) VICTORIA STEBBINS SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 18, 2018		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) Atherosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (c) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Senile Degenerative Brain Disease					Interval between onset and death
26. AUTOPSY (Specify Yes or No) No					27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No
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.		28h. CITY OR TOWN STATE	

STATE REGISTRAR

000525284 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.

12/26/2018

SIGNATURE AUTHENTICATED

DEPUTY REGISTRAR

DATE ISSUED:

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

