

Recording Requested by and  
When Recorded Return to:

**Duane and Valerie Reynolds**  
**625 E 2750 North**  
**North Ogden, UT 84414**



00017586202302497690030034

KATHERINE J. BOWLING, CLERK RECORDER

Mail Tax Statements to Above Address

## AFFIDAVIT DEATH OF TRUSTEE

STATE OF CALIFORNIA

ss.

APN: 005-09-002

COUNTY OF KERN

In compliance with NRS 239B.030, I, the undersigned, hereby affirm that this document submitted for recording does not contain a social security number.

I, Duane Lynn Reynolds, Successor Trustee of The Dolores Mardell Abbott Revocable Trust dated January 25, 2018, of legal age, being first duly sworn, depose and say:

That Dolores Mardell Abbott, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Dolores Mardell Abbott, Trustee, named as one of the parties in that certain Grant Deed, dated January 25, 2018, executed by Dolores Mardell Abbott, as Trustee of the Dolores Mardell Abbott Revocable Trust dated January 25, 2018, and recorded on February 14, 2018 in Document #2018-234746 in the County of Eureka, State of Nevada, covering the following real property in the Crescent Valley, County of Eureka, State of Nevada:

The Northeast Quarter (NE-1/4) of the Northwest Quarter (NW-1/4) and the North Half (N-1/2) of the Southwest Quarter (SW-1/4) of Section 19, Township 31 North, Range 49 East, M.D.B. & M.

Commonly known as: n/a

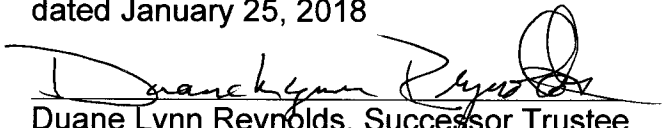
Source of Title:

Official Records of the Eureka County, Nevada Recorder's Office, Book 248 Page 212, Dated June 22, 2993.

I, Duane Lynn Reynolds, am the named Successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1 above, and which has not been revoked, and I hereby consent to act as such. I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

The Dolores Mardell Abbott Revocable Trust  
dated January 25, 2018

Dated: January 5, 2023

  
Duane Lynn Reynolds, Successor Trustee

A NOTARY PUBLIC OR OTHER OFFICER COMPLETEING 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.

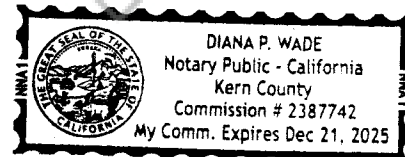
State of California  
County of Kern

SUBSCRIBED AND SWORN TO ( or affirmed) before me this 5<sup>th</sup> day of January, 2023,

by Duane Lynn Reynolds

who proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

  
\_\_\_\_\_  
Notary Signature



# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### COUNTY of KERN

#### PUBLIC HEALTH SERVICES DEPARTMENT

1800 MT. VERNON AVE., BAKERSFIELD, CALIFORNIA 93306-3302

3052021160987

#### CERTIFICATE OF DEATH

3202115003594

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV 3/06)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>DOLORES</b>		2. MIDDLE <b>MARDELL</b>		3. LAST (Family) <b>ABBOTT</b>	
4. DATE OF BIRTH mm/dd/yyyy <b>11/20/1942</b>		5. AGE Yrs. <b>78</b>		6. SEX <b>F</b>	
8. BIRTH STATE/FOREIGN COUNTRY <b>CALIFORNIA</b>		10. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SIDP* (at Time of Death) <b>WIDOWED</b>		7. DATE OF DEATH mm/dd/yyyy <b>06/16/2021</b>		8. HOUR (24 Hours) <b>0206</b>	
13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>SOME COLLEGE</b>		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>WHITE</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>ACCOUNTANT</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>ACCOUNTING</b>		19. YEARS IN OCCUPATION <b>UNK</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>707 SOUTH PAULY</b>					
21. CITY <b>TEHACHAPI</b>		22. COUNTY/PROVINCE <b>KERN</b>		23. ZIP CODE <b>93561</b>	
24. YEARS IN COUNTY <b>78</b>		25. STATE/FOREIGN COUNTRY <b>CALIFORNIA</b>			
26. INFORMANT'S NAME, RELATIONSHIP <b>AARON ABBOTT, SON</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>707 SOUTH PAULY, TEHACHAPI, CA 93561</b>			
28. NAME OF SURVIVING SPOUSE/SIDP - FIRST <b>-</b>		29. MIDDLE <b>-</b>		30. LAST (BIRTH NAME) <b>-</b>	
31. NAME OF FATHER/PARENT - FIRST <b>UDELL</b>		32. MIDDLE <b>CHARLES</b>		33. LAST <b>GOSSAGE</b>	
34. BIRTH STATE <b>MO</b>		35. NAME OF MOTHER/PARENT - FIRST <b>MARGARET</b>		36. MIDDLE <b>MARIE</b>	
37. LAST (BIRTH NAME) <b>KARLE</b>		38. BIRTH STATE <b>CA</b>			
39. DISPOSITION DATE mm/dd/yyyy <b>07/02/2021</b>		40. PLACE OF FINAL DISPOSITION <b>TEHACHAPI PUBLIC CEMETERY-EASTSIDE 820 BURNETT ROAD, TEHACHAPI, CA 93561</b>			
41. TYPE OF DISPOSITIONS <b>BU</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NUMBER <b>-</b>	
44. NAME OF FUNERAL ESTABLISHMENT <b>WOOD FAMILY FUNERAL SERVICE, INC</b>		45. LICENSE NUMBER <b>FD1405</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>KRIS LYON, MD</b>	
47. DATE mm/dd/yyyy <b>06/24/2021</b>					
101. PLACE OF DEATH <b>BAKERSFIELD MEMORIAL HOSPITAL</b>		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> P <input type="checkbox"/> ERVOP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Home <input type="checkbox"/> Other	
104. COUNTY <b>KERN</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>420 34TH STREET</b>		106. CITY <b>BAKERSFIELD</b>	
107. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>(A) LARGE LEFT MIDDLE CEREBRAL ARTERY WITH ANTERIOR CEREBRAL ARTERY STROKE CEREBRAL INJECTION WITH EDEMA</b> <b>(B) ACUTE HYPOXIC RESPIRATORY FAILURE</b> <b>(C) ASPIRATION PNEUMONIA ETIOLOGY UNKNOWN</b> 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 <b>112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE</b>		108. DEATH REPORTED TO CORONER? (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (D) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>NO</b>		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 Decedent Last Seen Alive <b>06/15/2021 06/15/2021</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>NIRMAL SINGH M.D.</b>	
116. LICENSE NUMBER <b>A156005</b>		117. DATE mm/dd/yyyy <b>06/18/2021</b>			
118. 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		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>NIRMAL SINGH M.D. 420 34TH STREET, BAKERSFIELD, CA 93301</b>		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. INJURY DATE mm/dd/yyyy		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/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.# CENSUS TRACT	

#### CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS DATE ISSUED  
COUNTY OF KERN

NOV 12 2022



000844866

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION OF THE DEPARTMENT OF PUBLIC HEALTH SERVICES.

KRIS LYON, M.D.  
PUBLIC HEALTH OFFICER AND LOCAL REGISTRAR  
OF BIRTHS AND DEATHS

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CAKERN-01