

**APNs:**

**010-553-06;**

**002-452-04;**

**002-452-11;**

**WHEN RECORDED RETURN TO:**

**KYLE A. WINTER, ESQ.**

**ALLISON MacKENZIE, LTD.**

**P.O. Box 646**

**Carson City, Nevada 89702**

**MAIL TAX STATEMENTS TO:**

**JUDITH C. EPSTEIN, Trustee**

**1769 Harper Drive**

**Carson City, NV 89701**

The person executing this document hereby affirms that this document submitted for recording DOES contain the social security number of a person or persons pursuant to NRS 440.380

**AFFIDAVIT OF DEATH OF TRUSTEE**

STATE OF NEVADA           )  
  : ss  
CARSON CITY                )

JUDITH C. EPSTEIN, being first duly sworn, deposes and says:

1. That THE DOUGLAS E. COATS REVOCABLE TRUST DATED JANUARY 11, 2016, was established on January 11, 2016, amended and restated on August 29, 2018, and amended and restated in its entirety on April 16, 2019, by DOUGLAS E. COATS as Grantor and Trustee.

2. That Grantor and Trustee, DOUGLAS E. COATS, also known as DOUGLAS ERNEST COATS, died on August 7, 2021, and a certified copy of his death certificate issued by the State of Nevada is attached hereto.

3. That pursuant to that certain Deed recorded with the Carson City Recorder on January 12, 2016, as Document Number 461024, said Trust is the owner of all that parcel of property situated in Carson City, State of Nevada, Assessor's Parcel Number being 010-553-06,

commonly described as 1769 Harper Drive, Carson City, Nevada 89701, more particularly described as follows:

Lot 237, SKY RIDGE SUBDIVISION, UNIT NO. 6, filed for record in the Office of the Recorder of Carson City, Nevada, on July 23, 1991, in Book 7, Page 1880, as Document No. 118142.

APN: 010-553-06

(This legal description was previously recorded in the Official Records of Carson City, State of Nevada, on January 12, 2016, as Document No. 461024)

4. That pursuant to that certain Deed recorded with the Carson City Recorder on January 12, 2016, as Document Number 461023, said Trust is the owner of all that certain parcel of real property situate in Carson City, State of Nevada, Assessor's Parcel Number being 002-452-04, commonly known as 1507 E. Long Street, Carson City, Nevada 89706, more particularly described as follows:

Lot 27, of LONG STREET TOWNHOUSES, a Planned Unit Development, according to the Official Map thereof filed in the Office of the Recorder of Carson City, Nevada, on November 28, 1978 in Book 3 of Maps, page 697, as File No. 83947.

APN: 002-452-04

(This legal description was previously recorded in the Official Records of Carson City, State of Nevada, on January 12, 2016, as Document No. 461023).

5. That pursuant to that certain Deed recorded with the Carson City Recorder on January 12, 2016, as Document Number 461022, said Trust is the owner of all that certain parcel of real property situate in Carson City, State of Nevada, Assessor's Parcel Number being 002-452-11, commonly known as 1533 E. Long Street, Carson City, Nevada 89706, more particularly described as follows:

Lot 40, of LONG STREET TOWNHOUSES, a Planned Unit Development, according to the Official Map thereof filed in the

Office of the Recorder of Carson City, Nevada, on November 28, 1978 in Book 3 of Maps, page 697, as File No. 83947.

APN: 002-452-11

(This legal description was previously recorded in the Official Records of Carson City, State of Nevada, on January 12, 2016, as Document No. 461022).

6. That due to the passing of DOUGLAS E. COATS, the currently acting Trustee of THE DOUGLAS E. COATS REVOCABLE TRUST DATED JANUARY 11, 2016, is JUDITH C. EPSTEIN.

7. That due to the passing of DOUGLAS E. COATS, THE DOUGLAS E. COATS REVOCABLE TRUST DATED JANUARY 11, 2016 is irrevocable.

8. That Affiant certifies and declares under penalty of perjury of the laws of the State of Nevada that the foregoing is true and correct.

Further, Affiant sayeth naught.

DATED this 1<sup>st</sup> day of September, 2021.

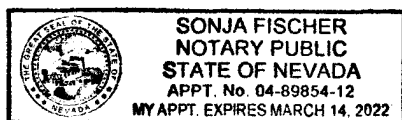
Judith C. Epstein  
JUDITH C. EPSTEIN

STATE OF NEVADA )

: ss.

CARSON CITY )

On September 01, 2021, personally appeared before me, a notary public, JUDITH C. EPSTEIN, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that she executed the foregoing instrument.



Sonja Fischer  
NOTARY PUBLIC

# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

### DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

CASE FILE NO. 4228999

#### CERTIFICATE OF DEATH

2021019329  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>Douglas Ernest COATS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 07, 2021</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) <b>1769 Harper Dr.</b>		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) <b>Home</b>	
DECEDENT	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE - Last birthday (Years) <b>79</b>	
	7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS</b>		7d. UNDER 1 MIN <b>MIN</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8a. STATE OF BIRTH (If not US/CA, name country) <b>Minnesota</b>		8b. CITIZEN OF WHAT COUNTRY <b>United States</b>		8c. DATE OF BIRTH (Mo/Day/Yr) <b>November 02, 1941</b>	
	13. SOCIAL SECURITY NUMBER <b>5396</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
PARENTS	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Carson City</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
	15d. STREET AND NUMBER <b>1769 Harper Dr.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Judith Carol EPSTEIN</b>	
SPOUSION	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Louis David COATS</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Quida Sturges MOULTON</b>			
	18a. INFORMANT - NAME (Type or Print) <b>Judith Carol EPSTEIN</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>1769 Harper Dr. Carson City, Nevada 89701</b>			
TRADE CALL	19a. BURIAL, CREMATION, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) <b>DENICE PORTILLO</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD872</b>		20c. NAME AND ADDRESS OF FACILITY <b>Waltons Funerals &amp; Cremations-Chapel of the Valley 1287 N Roop Carson City NV 89706</b>	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>JEFFREY BASA MD</b>					
	21b. DATE SIGNED (Mo/Day/Yr) <b>August 13, 2021</b>		21c. HOUR OF DEATH <b>09:23</b>		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Dr. Jeffrey Basa MD 2874 N. Carson Street, Ste 200 Carson City, NV 89706</b>		23b. LICENSE NUMBER <b>8079</b>		24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b>	
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 16, 2021</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>			
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					Interval between onset and death
	PART I (a) <b>Lung Cancer</b> DUE TO, OR AS A CONSEQUENCE OF (b) <b>Unknown Etiology</b> DUE TO, OR AS A CONSEQUENCE OF (c) <b></b> DUE TO, OR AS A CONSEQUENCE OF (d) <b></b>					Interval between onset and death Interval between onset and death Interval between onset and death Interval between onset and death
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I					26. AUTOPSY (Specify Yes or No) <b>No</b>
	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
ANY WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST	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.		CITY OR TOWN		STATE

000885809



#### 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.

DATE ISSUED: **8/18/2021**

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

