

APN# 010-411-22

Recording Requested by/Mail to:

Name: MARK A. WINTER

Address: 801 N. DIVISION STREET

City/State/Zip: CARSON CITY, NV 89703

Mail Tax Statements to:

Name: PAULA A. JAMES

Address: 906 COLORADO STREET

City/State/Zip: CARSON CITY, NV 89701

AFFIDAVIT OF DEATH OF CO-TRUSTEE

Title of Document (required)

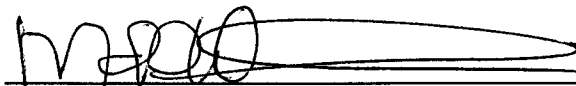
----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

☒ Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

☐ Judgment – NRS 17.150(4)

☐ Military Discharge – NRS 419.020(2)



Signature

MARK A. WINTER

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

Recorded at the request of:

Mark A. Winter
801 N. Division Street
Carson City, NV 89703

When recorded, mail to:

Mail tax statements to:

Paula A. James
906 Colorado Street
Carson City, NV 89701

AFFIDAVIT OF DEATH OF CO-TRUSTEE

APN: 010-411-22

STATE OF NEVADA)

: ss.

CARSON CITY)

Paula A. James being first duly sworn, deposes and says:

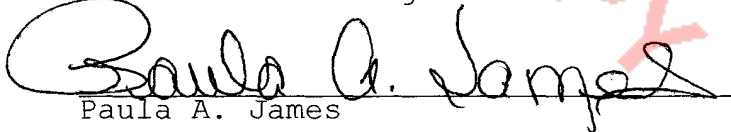
1. C. Maud Wright, also known as Cecil Maud Wright, died on the 7th day of January, 2022, in the state of Nevada, and that a certified copy of her Death Certificate is attached hereto.

2. That at the date of her death, C. Maud Wright and Paula A. James were Co-Trustees of the C. Maud Wright Revocable Trust dated May 20, 2011, which is the owner of certain real property located in Carson City, State of Nevada, described as follows:

See Exhibit A attached hereto and incorporated herein by said reference

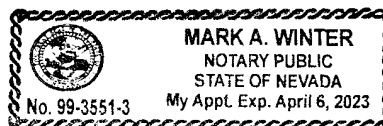
3. That said ownership was created by a Deed dated May 20, 2011, and recorded on May 25, 2011, as Document Number 412242 in the Carson City Recorder's Office.

4. That upon the death C. Maud Wright, Paula A. James became the sole Trustee of the C. Maud Wright Revocable Trust dated May 20, 2011.


Paula A. James

SUBSCRIBED and SWORN to before me
this 15th day of February, 2022.


Notary Public



Parcel A-22 of Parcel Map filed for Lewis Homes of Nevada, according to the map thereof, filed in the office of the Recorder of Carson City, Nevada, on June 20, 1986, in Book 5 of Maps, Page 1274, as File No. 46573

APN: 010-411-22

EXHIBIT "A"

UNOFFICIAL COPY

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4259785

CERTIFICATE OF DEATH2022000535
STATE FILE NUMBERTYPE 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
DEATHCONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Cecil Maud WRIGHT		2. DATE OF DEATH (Mo/Day/Year) January 07, 2022		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) 2644 Pinebrook		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 93	
9a. STATE OF BIRTH (If not US/CA, name country) Idaho		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
13. SOCIAL SECURITY NUMBER 1614		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Union	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 2644 Pinebrook		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Myrtle Mary Ida CORNISH	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Joseph Henry HORTON		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Myrtle Mary Ida CORNISH			
18a. INFORMANT - NAME (Type or Print) Paula JAMES		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 906 Colorado Street Carson City, Nevada 89701			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD304		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1675 N Lompa Ln Carson City NV 89701	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) MARILYN A BRANNIBURG SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) January 13, 2022		21c. HOUR OF DEATH 11:58		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Coroner Marilyn A Branniburg 911 E Musser St Carson City, NV 89701	
22a. DATE SIGNED (Mo/Day/Yr) January 13, 2022		22b. HOUR OF DEATH 11:58		22c. PRONOUNCED DEAD AT (Hour) 11:58	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Marilyn A Branniburg 911 E Musser St Carson City, NV 89701		23b. LICENSE NUMBER			
24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 13, 2022		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 Interval between onset and death (b) Etiology Unknown Interval between onset and death (c) Diabetes Mellitus Interval between onset and death (d) Interval between onset and death					
PART II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I.					
26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED		26. AUTOPSY (Specify Yes or No) No			
27a. INJURY AT WORK (Specify Yes or No)		27b. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		27c. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE STATE	

0910083

**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.

1/18/2022

DATE ISSUED:

STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

