

APN 003-191-14

APN _____

APN _____



0140875

SUBSTITUTION OF TRUSTEE AND FULL RECONVEYANCE

Title of Document

Affirmation Statement

____ I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. 9Per NRS 239B.030)

X I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law:

NRS 440.380(1)(a):

(State specific law)

Social Security number is part of official Report of the Death of an American Citizen Abroad

Jeff C. Boyce Attorney
Signature Title
Jeff C. Boyce, Esq.
Boyce & Gianni, LLP

Signature

2-29-12
Date

Grantees address and mail tax statement:

STEVE SENDLEIN

456 Jefferson Boulevard

Henderson, Nevada 89015



**RECORDING REQUESTED BY and
WHEN RECORDED MAIL TO:**

BOYCE & GIANNI, LLP
1701 N. Green Valley Pkwy., #8-A
Henderson, Nevada 89074

MAIL TAX STATEMENTS TO:

STEVE SENDLEIN
456 Jefferson Boulevard
Henderson, Nevada 89015

SUBSTITUTION OF TRUSTEE AND FULL RECONVEYANCE

APN: 003-191-14

WHEREAS, STEVE T. SENDLEIN was the original Trustor; NEVADA TITLE COMPANY, a Nevada corporation, the original Trustee; and ALEX P. CORONEOS and DOROTHY M. CORONEOS, husband and wife as joint tenants, the Beneficiary, under that certain Deed of Trust dated August 4, 1999, and recorded on October 13, 1999 as Document No. 113489, Book 144, Pages 345-346 of Official Records, in the Office of the County Recorder of Lincoln, State of Nevada, and

WHEREAS, Beneficiary, the legal owner and holder of the Note, was originally held by Alex P. Coroneos and Dorothy M. Coroneos, husband and wife as joint tenants. However, Alex P. Coroneos passed away on March 24, 2000, leaving DOROTHY M. CORONEOS as the sole Beneficiary.

WHEREAS, Beneficiary desires to substitute a new Trustee under said Deed of Trust in place and stead of NEVADA TITLE COMPANY, a Nevada corporation,

NOW THEREFORE, the undersigned hereby substitutes DOROTHY M. CORONEOS, as Trustee under said Deed of Trust and DOROTHY M. CORONEOS, as the substituted Trustee does hereby reconvey, without warranty, to the person or persons legally entitled thereto, the Estate now held thereunder.

DATED this 7th day of DECEMBER, 2011.

Beneficiary:

Dorothy M. Coroneos
DOROTHY M. CORONEOS

Substituted Trustee:

Dorothy M. Coroneos
DOROTHY M. CORONEOS



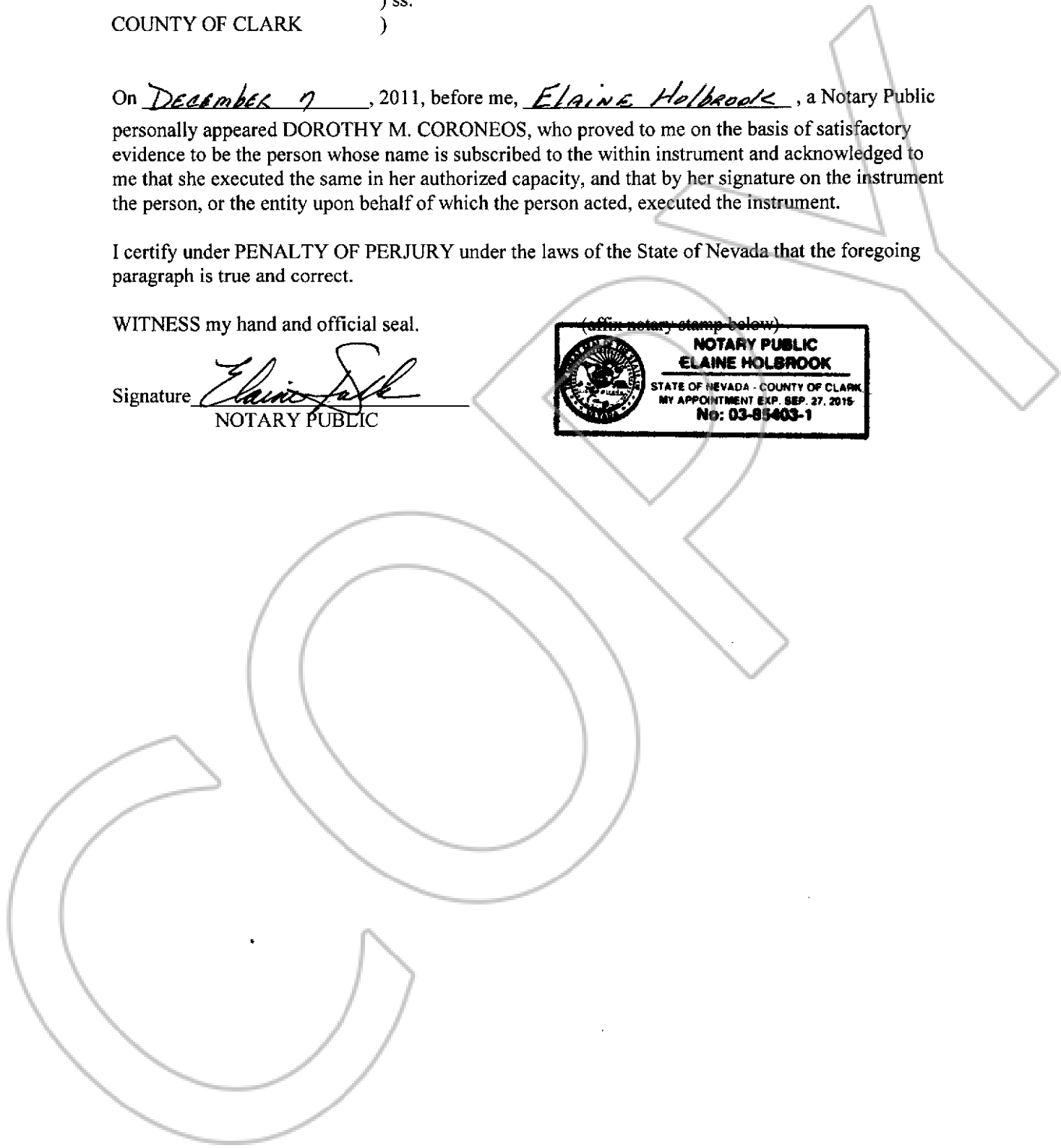
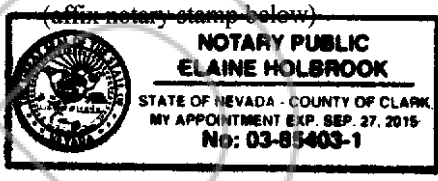
STATE OF NEVADA)
) ss.
COUNTY OF CLARK)

On December 7, 2011, before me, Elaine Holbrook, a Notary Public personally appeared DOROTHY M. CORONEOS, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Nevada that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Elaine Holbrook
NOTARY PUBLIC



OF-180
03-1998

In accordance with 5 CFR 1320 5(b), persons are not required to respond to the collection of this information unless this form displays a currently valid OMB control number.

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EXPIRES: 03-31-2001
*ESTIMATED BURDEN: 2 HOURS

REPORT OF THE DEATH OF AN AMERICAN CITIZEN ABROAD

U.S. Embassy, San Jose, Costa Rica, March 30, 2000
(Post & date of issue)

SSA No. [REDACTED]

Name in full Alex P. Coroneos Age 72

Date and Place of Birth March 2nd, 1927 Phoenix, Arizona

Evidence of U.S. Citizenship Passport 155689037

Address in U.S.A. 245 Elliot Rd. Henderson, Nevada 89015-4133

Permanent or Temporary Address Abroad _____

Date of death March 24 2000
(Month) (Day) (Hour) (Minute) (Year)

Place of death Hotel Presidente San Jose Costa Rica
(Number and street) or (Hospital or hotel) (City) (Country)

Cause of death Pending conclusion from the Judicial Morgue, according to Dr. Luis Del Valle
(Including authority for statement - if physician, include full name and official title, if any)

CORONEOS
(Last name)

ALEX
(First name)

PETER
(Middle name)

03 24 2000
(Date of death)

Disposition of the remains Shipped to the United States

Local law governing disinterment of remains provides that after 5 years

Disposition of the effects given to Mr. Kirk Fuhrman

Person or official responsible for custody of effects and accounting therefore Mr. Kirk Fuhrman

Traveling/residing abroad with relatives or friends as follows:

NAME	ADDRESS

Informed by telegram or telephone

NAME	ADDRESS	DATE NOTIFIED

Copy of this report sent to:

NAME	ADDRESS	DATE SENT
<u>Dorothy M. Coroneos</u>	<u>1838 Indian Bend Drive, Henderson, Nevada 89014</u>	<u>03/31/2000</u>

Notification or copy sent to Federal Agencies: SSA VA CSC Other _____ (State Agency)

The original copy of this document and information concerning the effects are being placed in the permanent files of the Department of State, Washington, D.C. 20520

Remarks:

*** THIS IS A PRELIMINARY REPORT OF THE DEATH OF AN AMERICAN CITIZEN ABROAD ***

(Continue on reverse if necessary.)

(Signature on all copies)

[SEAL]

Denison Offutt, Vice Consul of the United States of America.