

710

DOC # 0681799  
08/10/2006 11:26 AM Deputy: SD

4488-11-311-010 APN  
RECORDING REQUESTED BY  
Alliance Title Company  
AND WHEN RECORDED MAIL TAX  
STATEMENT TO:

OFFICIAL RECORD  
Requested By:  
LENDERS FIRST CHOICE

Name: ELEANORA J DIETLEIN  
Street Address: 1963 GLENBROOK HOUSE ROAD  
City, State Zip: GLENBROOK, NV 89413

Douglas County - NV  
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00  
BK-0806 PG- 3881 RPTT: 0.00



Order No. 61-00689371

61-8026540

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

RETURN TO:  
Lenders First Choice  
9850 Royal Ave  
Simi Valley, CA 93063

STATE OF NEVADA  
COUNTY OF DOUGLAS S.S.

ELEANORA J DIETLEIN, trustee, of legal age, being first duly sworn, deposes and says:  
That Robert William Dietlein, the decedent mentioned in the attached certified copy  
of Certificate of Death, is the same person as Robert W. Dietlein  
named as one of the parties in that certain Grant, Bargain and Sale Deed dated April 25, 1992  
executed by Robert W. Dietlein and Eleanora J. Dietlein  
to Robert W. and Eleanora J. Dietlein Revocable Trust - 1992  
as trustee, recorded as Instrument No. 279613, on 5-26-1992, in  
Book 592, Page 4779, of Official Records of DOUGLAS  
County, NEVADA, covering the following described property situated in the City of Glenbrook  
County of DOUGLAS, State of NEVADA:

See Exhibit A attached hereto and made a part hereof.

In accordance with Section/Paragraph \_\_\_ of the Trust Agreement,  
a.) has been appointed the successor trustee  
b.) becomes the sole trustee

Dated JULY 21 2006

State of NEVADA  
County of DOUGLAS }  
SUBSCRIBED AND SWORN TO (or affirmed) before me on this  
21 day of JULY, 2006, by  
ELEANORA J. DIETLEIN \*\*\*  
Personally known to me or proved to me on the basis of satisfactory  
evidence to be the person(s) who appeared before me.

S.S. Eleanora J. Dietlein, Trustee  
ELEANORA J DIETLEIN, TRUSTEE

Signature Scott R. Warren  
SCOTT R. WARREN, NOTARY PUBLIC



(This area for official notorial seal)

# STATE OF NEVADA

## DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

### STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

92 005241

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. Robert William DIETLEIN		2. June 19, 1992	3a. Lyon
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	If Hosp. or Inst. indicate DOA, OPI/Emer. Pm. Inpatient (Specify)
3b. Carson City		3c. 26 Stokes Drive	3e. 7
RACE—(e.g., White, Black, American Indian, etc) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes. Specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)
5. White		6.	7a. 91
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.
9a. California		9b. USA	10. 17+
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY
13. 3600		14a. Owner/Operator	14b. Aircraft Fasteners Manufacturing
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
15a. Nevada	15b. Douglas	15c. Glenbrook	15d. 1963 Glenbrook
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
18. Ignatius John Dietlein		17. Florence J. Simonet	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Eleanora Dietlein		18b. P.O. Box 35, Glenbrook, Nevada 89413	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	LOCATION City or Town State
19a. Cremation		19b. Sierra Crematory	19c. Reno Nevada
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY
20a. <i>William Wright</i>		20b. 21	Walton's Chapel of the Valley 204281 N. Roop St. Carson City, NV 89706
21a. To the best of my knowledge, death occurred at the time, date and place and (due to the cause(s) stated.) (Signature and Title)		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) and manner stated. (Signature and Title)	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 6-22-92		22b. 6-22-92	
HOUR OF DEATH		HOUR OF DEATH	
21c. 0950		22c. 0950	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER	
23a. Edward R. Rose MD, 1200 Mountain Street, Carson City, Nv. 89703		23b. 5034	
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE	
24a. <i>[Signature]</i>	24b. June 22, 1992	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
PART I (a) <i>Car who ran at Prostator</i>		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b)		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)		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.		AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)
26. No		26. No	27. Yes
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
28a.	28b.	28c.	28d.
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION.	STREET OR R.F.D. No. CITY OR TOWN STATE
28e.	28f.	28g.	



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STATE REGISTRAR

No. 039652

This is to certify that the above is a true and correct copy of the certificate on file in this office.

*Yvonne Sylva*  
State Registrar

Date Issued: OCT 30 2000

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

EXHIBIT "A"

ALL THAT REAL PROPERTY SITUATED IN GLENBROOK, COUNTY OF DOUGLAS  
AND STATE OF NEVADA, BOUNDED AND DESCRIBED AS FOLLOWS:

LOT 78, IN BLOCK D, AS SHOWN ON THE MAP OF GLENBROOK UNIT NO. 2,  
FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS  
COUNTY, STATE OF NEVADA, ON MAY 26, 1978, IN BOOK 578 PAGE 2285,  
AS DOCUMENT NO. 21216.

FOR INFORMATIONAL PURPOSES ONLY: THE APN IS SHOWN BY THE COUNTY  
ASSESSOR AS 1418-11-311-010; SOURCE OF TITLE IS BOOK 592 PAGE  
4779 (RECORDED 5/28/1992).

