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DOC # 0706572
07/31/2007 10:17 AM Deputy: GB
OFFICIAL RECORD
Requested By:
CARL HAGADORN

APN# 1220-03-311-030

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0707 PG-11049 RPTT: 0.00

Mail tax statement to:
When recorded mail to:
✓ CARL HAGADORN
1306 White Ash Drive
Gardnerville, NV 89410



AFFIDAVIT OF DEATH OF TRUSTEE AND SETTLOR

STATE OF NEVADA)
)
COUNTY OF DOUGLAS) ss.

Trustee, CARL HAGADORN, being first duly sworn upon oath says:

1. That Affiant is over the age of twenty one (21) years and is competent to be a witness as to the matters hereinafter stated.
2. That he is the sole successor Trustee and sole beneficiary of the Marlene E. Hagadorn Revocable Trust, dated May 15, 2007,
3. The Decedent, Marlene E. Hagadorn, was the Settlor and the Trustee of the Marlene E. Hagadorn Revocable Trust named on that certain Deed recorded in Douglas County, Nevada, of all that real property situate in the County of Douglas, State of Nevada, bounded and described as follows (commonly known as 1306 White Ash Dr. Gardnerville, NV 89410):

LEGAL DESCRIPTION

Attached hereto as Exhibit "A"

4. That the Trust was created on May 15, 2007 and the Deed transferring said property into said Trust was recorded on May 15, 2007 filed as Document No. 0701233.

5. That Marlene E. Hagadorn was the identical person named as the decedent on that certain Death Certificate, a certified copy of which is attached hereto as Exhibit "B" and made a part hereof, which person died on June 7, 2007 in Douglas County, Nevada.

Affiant acknowledges that he understands that filing a false affidavit constitutes a felony in the State of Nevada. Further Affiant sayeth naught.

Dated this 14 day of July 2007

Carl Hagadorn
CARL HAGADORN, Trustee

SUBSCRIBED AND SWORN to before me

this 14 day of July 2007

Donna Knoll Shawhan
NOTARY PUBLIC

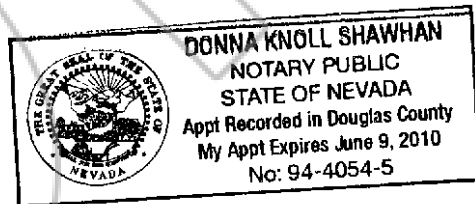


EXHIBIT "A"

THE LAND REFERRED TO HEREIN IS SITUATED IN THE STATE OF NEVADA,
COUNTY OF DOUGLAS WITH A COMMON ADDRESS OF 1306 WHITE ASH
DRIVE GARDNERVILLE NEVADA 89410. APN 1220-03-311-030

LOT 27, BLOCK E, AS SET FORTH ON FINAL SUBDIVISION MAP LDA 01-047,
PLANNED UNIT DEVELOPMENT FOR ARBOR GARDENS, PHASE 4, FILED FOR
RECORD ON OCTOBER 17, 2005, PER NRS 111.312 THIS LEGAL DESCRIPTION
WAS PREVIOUSLY RECORDED IN BOOK 1005, PAGE 7083 AS DOCUMENT NO.
657923 AND RECORDED ON DECEMBER 7, 2006 IN BOOK 1206, PAGE 2684 AS
DOCUMENT NO. 0690290 RECORDED IN THE OFFICE OF THE DOUGLAS
COUNTY RECORDER STATE OF NEVADA

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2007003213
STATE FILE NUMBER

TYPE 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 DEATH

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

1a. DECEASED-NAME - FIRST Marlene			1b. MIDDLE E			1c. LAST HAGADORN			2. DATE OF DEATH (Mo/Day/Year) June 07, 2007			3a. COUNTY OF DEATH Douglas		
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville				3c. HOSPITAL OR OTHER INSTITUTION -Name(if not alther, give street and number) 1306 White Ash Drive				3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. (Inpatient)(Specify)			4. SEX Female			
5. RACE - (e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? No If yes, specify Mexican, Cuban, Puerto Rican, etc. Non-hispanic			7a. AGE-Last birthday (Years) 73			7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) January 30, 1934	
9a. STATE OF BIRTH (if not U.S.A. name country) Washington			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 11			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Carl HAGADORN		
13. SOCIAL SECURITY NUMBER [REDACTED]			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Sales Clerk				14b. KIND OF BUSINESS OR INDUSTRY Retail							
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Gardnerville			15d. STREET AND NUMBER 1306 White Ash Drive			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		
16. FATHER - NAME (First Middle Last Suffix) Forrest BAY						17. MOTHER - NAME (First Middle Last Suffix) Alta WALKER								
18a. INFORMANT - NAME (Type or Print) Carl HAGADORN						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1306 White Ash Drive Gardnerville, Nevada 89410								
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation						19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory			19c. LOCATION City or Town State Carson City Nevada 89701					
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED						20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410						
TRADE CALL - NAME AND ADDRESS														
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) KELLE LYNN BROGAN M.D. SIGNATURE AUTHENTICATED						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) stated. (Signature & Title)								
21b. DATE SIGNED (Mo/Day/Yr) June 12, 2007			21c. HOUR OF DEATH 03:00			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH					
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr)			22e. PRONOUNCED DEAD AT (Hour)					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Kelle Lynn Brogan M.D. 18653 Wedge Pkwy Reno, NV 89511									23b. LICENSE NUMBER 6000					
24a. REGISTRAR (Signature) MIKE NEUMANN SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 14, 2007			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) Pancreatic Cancer						Interval between onset and death								
DUE TO, OR AS A CONSEQUENCE OF						Interval between onset and death								
(b) DUE TO, OR AS A CONSEQUENCE OF						Interval between onset and death								
(c) DUE TO, OR AS A CONSEQUENCE OF						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									26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No			
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								

STATE REGISTRAR

521753



BK- 0707
PG- 11052
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151837 CERTIFIED COPY OF VITAL RECORDS

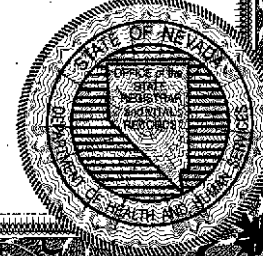
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 06/15/2007

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

PBNC0 (REV) 1/06

[Signature]
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE