16

DOC # 0710812 10/08/2007 02:27 PM Deputy: DW OFFICIAL RECORD Requested By: WILLIAM B BROERSMA

Recorded at the request of:

Mark A. Winter

801 N. Division
Carson City, NV 89703
When recorded, mail to:
Mail tax statements to:
William B. Broersma

2819 Squires Street
Minden, NV 89423

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: BK-1007 PG-2376 RPTT:

0.00

AFFIDAVIT OF DEATH OF CO-TRUSTEE RESULTING IN NEW CO-TRUSTEES OF THE WV BROERSMA REVOCABLE TRUST DATED FEBRUARY 28, 2006

APN: 1420-27-801-008

STATE OF NEVADA)

SS.

CARSON CITY

William B. Broersma, being first duly sworn, deposes and says:

- 1. Virginia L. Broersma died on the 2nd day of August, 2006, in the state of Nevada, and that a certified copy of the Death Certificate is attached hereto.
- 2. That at the date of death, the said Virginia L. Broersma was a Co-Trustee with the Affiant of the WV Broersma Revocable Trust dated February 28, 2006, which was the owner of certain real property located in the County of Douglas, State of Nevada, described as follows:

See Exhibit "A" attached hereto

- 3. That said ownership was created by a Deed dated February 28, 2006, and recorded on March 23, 2006, as Document Number 0670563 in the Douglas County Recorder's Office.
- 4. That upon the death of Virginia L. Broersma, the Affiant and Lee Ann Rasner became Co-Trustees of the WV Broersma Revocable Trust dated February 28, 2006.

Dated September 18, 2007:

William B. Broersma

SUBSCRIBED and SWORN to before me this 18th day of September, 2007.

Notary Public

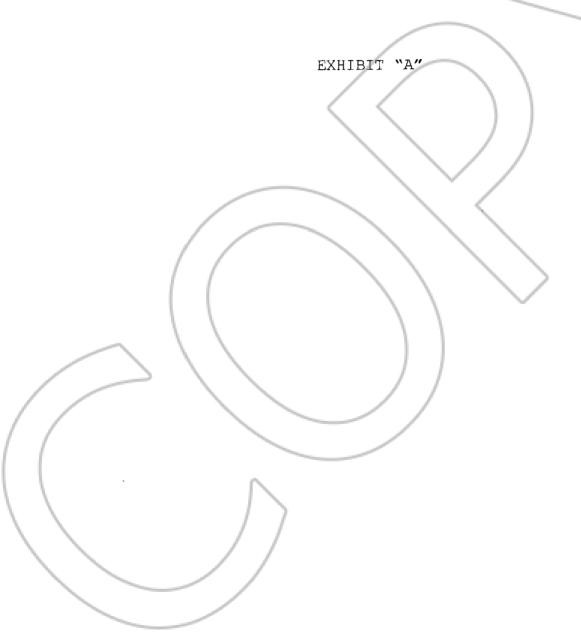
MARK A. WINTER

NOTARY PUBLIC

STATE OF NEVADA

No.99-3551-3 My Appt. Exp. April 6, 2011

Parcels D-4-A1, as set forth on that certain Parcel Map No. 4 for RAYMOND M. SMITH, filed for record on November 7, 1991, in Book 1191, Page 1132, in the office of the County Recorder of Douglas County, Nevada, as Document No. 264495, being a Re-Subdivision of Parcel D-4A, as shown on that certain Parcel Map No. 1 for STEPHANIE MILES, recorded as Document No. 261123



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CERTIFICATION OF VITAL RECOR

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH

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

				CERTIFICATE OF D	EATH (\
·		LOCAL FILE NUMBER	• •		\	STATE FILE NUMBER
TYPE		DECEASED—NAME First	Middle	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
OR PRINT IN	-	1. Virginia	Lee	BROERSMA	2. August 2, 2006	sa Carson City
ERMANENT LACK INK		CITY, TOWN OR LOCATION OF DEATH		STITUTION—Name (If not either, give		
		3b Carson City	1	oe Regional Heal	I Bro. Innatient (Specify	
CEDENT						AY DATE OF BIRTH (Mo., Day, Yr.)
	1	RACE—(e.g., White, Black, American Inclian, etc.) (Specify) 5. White			O 1	iins
	Ì	STATE OF BIRTH	6. CITIZEN OF WHAT COUN-			a. April 25, 1936 SURVIVING SPOUSE (If wife, give maiden name)
F DEATH Occurred in		(If not U.S.A., game country) 9a. California	TDV	Decedent's Education. Specify highe grade completed.	Seal WIDOWED, DIVORCED	
ENSTITUTION EE HANDBOOK			9b. USA	10, LZ	Special	12.William Broersma
REGARDING DMPLETION OF		SOCIAL SECURITY NUMBER	Working Life, Even if Retired)	Gnd of Work Done During Most of	KIND OF BUSINESS OR INDUSTRY	
SEDENCE ITEMS		13.	Working Life Even if Retired) 148. Supervis		146 State of Nevad	The state of the s
				CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
_	Ļ		Douglas 🔭 📜	15c Minden	15d 2819 Squire	s St. 15e yes
DENTE	$\overline{}$	FATHER-NAME First	Middle	Last MOTHER MA	アプランプラー マンス・ピメージ	Middle Last
RENTS	Ĺ	16. John	Holt/	ephens 17	Myrt1e	Tilley
ŧ	Ì	INFORMANT—NAME (Type or Print)	8/N 1/1/4/19 1-7	MAILING ADDRESS	(Street or R.F.D. No., City or Town,	State, Zip)
È		William Broersma- Husband 188 2819 Squires St., Minden Nv 89423				
	_	BURIAL, CREMATION, REMOVAL, OTH	ER (Specify) CEMETERY	OR CREMATORY—NAME A	LOCATION	City or Town State
POSITION		📆 Cremation 🤲	196 F1t	zHenry's Cremato	ry lec Carson	City, NV
		FUNERAL DIRECTOR—SIGNATURE: (Or Person Acting all Such)	FUNERAL DI	RECTOR NAME AND ADDRESS OF	FACILITY FirzHenry's Fu	neral Home
	l	(Or Person Acting as Such)	DICENSE NU	MBER 3945 Rairs	FACILITY FitzHenry's Fu view Dr. Carson City	NV 89701
RTIFIER	>	TOWN WATER X		place and	22e. On the basis of examination and/or invi	
		alie to the cause(s) stated.			at the time date and place and due to	the cause(s) and manner stated.
		DATE SIGNED (Mo. Day, Y			DATE SIGNED (Mo Cav Vr.) ""	HOUR OF DEATH
			2ic 2225			
		NAME OF ATTENDING DAY	SICIAN IF OTHER THAN CERTIFIE	D (Number Priori)		22c, PRONOUNCED DEAD (Hour)
مممد	1	26				TRANSPORTED BETTE PROMY
المفضم		O 21d.	Ender Distriction			22e. AT
شفاه		Nr 11	ENTIFIER TENTSICIAN, AN ENDIN	- 19	OR CORONER). (Type or Print.) NV 89	
	\	REGISTRAR	mucel, in		l Parkway Carson Ci	
NOMONS FANY		Mil		N	EGISTRAR (Mo., Day, Yr.) DEATH DUE TO O	7
ICH GAVE	丄	24a. (Signature)	Newman	245. August	1, 2006 240 YES	
MEDIATE Parke		25. IMMEDIATE CAUSE (EITER C	ONLY ONE CAUSE PER LINE FOR	(a) (b), AND (c).)	CNOVC	Interval between onset and death
TING THE PERLYING USE LAST	/	PART (a) COUNT	DVHCULUN	NEWY	(-311WFC)	
L.		DUE TO, OR AS A CON	SEQUENCE OF:			Interval between onset and death
			48124			<u>:</u>
	- /	DUE TO OF AS A CONS	SECUENCE OF:			Interval between onset and death
USE OF	1	CO SELLYN	MADA			Ţ
EATH	П	PART OTHER SIGNIFICANT CONT	TIONS-Conditions contributing to	death but pet resulting in the underlying	cause given in Part 1. AUTOPSY (Spor	
	Г١	trule Mi	Maile 1	max dailthe	26.NO	27. yes
		ACC., SUICIDE, HOM., UNDET., DATE	OF INJURY (Mo., Day, Yr.) HOUR	OF INJURY DESCRIBE HOW	INJURY OCCURRED	
\		(Specify) 286. 28b.	28c.	\ ₄√28d.		4
· \			CE OF INJURY—At home, farm, str	eet, factory, office LOCATION.	STREET OR R.F.D. No. CT	TY OR TOWN STATE
*	Ŋ	(Specify res of No) - 28f.	building, etc. (Specia	<i>y)</i> 28g.		
Complete				,		24444
d de			OTATE DEC	LICTDAD	N	o. 341416
STATE REGISTRAR BK- 1007 BG- 2378						

0710812 Page: 3 Of 3 10/08/2007 CERTIFIED COPY OF VITAL RECORDS

130500

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:

AUG - 4 2006

N ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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

