

DOC # 720071
03/24/2008 08:43AM Deputy: EM
OFFICIAL RECORD
Requested By:
NORTHERN NEVADA TITLE CC
Douglas County - NV
Werner Christen - Recorder
Page: 1 of 4 Fee: 17.00
BK-308 PG-5230 RPTT: 0.00



APN: 1220-12-710-029
ORDER NO.: DO-1080147-LI

FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: Affidavit - Death of Trustee

The undersigned hereby affirms that this document submitted for recording contains a Social Security number as required by law:

State Law: NRS 40.525 Sec. 5 - Death Certificates Attached to Affidavit Death of Joint Tenant
State Law: NRS 440.380 Sec. 1.(a) - Medical Certificate of Death; Contents

NORTHERN NEVADA TITLE COMPANY -

Signed By:

Bonnie Graybill

Print Name/Title: Bonnie Graybill, Title Officer

WHEN RECORDED MAIL TO:

Adrienne Carlene Nelson
1788 Linden Ct.
Minden, NV 89423

APN 1220-12-710-029

RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:
Adrienne Carlene Nelson
1753 Juniper Ct
Primm, NV 89423

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA

)

) SS.

COUNTY OF CARSON CITY)

ADRIENNE CARLENE NELSON of legal age, being first duly sworn, deposes and says:

1. BRUCE L. NELSON is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person named as Trustee in that certain Declaration of Trust dated AUGUST 12, 1993, executed by BRUCE LENAUEUS NELSON AND ADRIENNE CARLENE NELSON as trustor(s).
2. At the time of decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on October 25, 1993, as Instrument No. 320997, in Official Records of Douglas County, Nevada, describing the following real property:

Lot 28, Block B as set forth on the plat of PINENUT MANOR NO. 1 AND 2, filed for record in the Office of the County Recorder of Douglas County, Nevada, on June 16, 1980 in Book 680, Page 1361, as Document No. 45348 and by Certificate of Amendment recorded April 18, 1990 in Book 490 at Page 2363 as Document No. 224125 of Official Records.
3. I am the surviving or successor Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Dated: March 11, 2008



BK-308
PG-5231

Bruce Lenaeus Nelson and Adrienne Carlene Nelson Family Trust

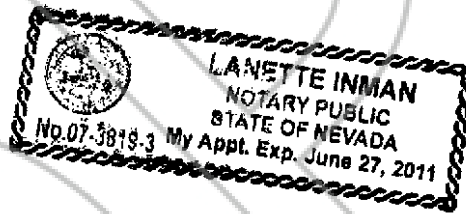
By: Adrienne Carlene Nelson
Adrienne Carlene Nelson

STATE OF NEVADA, COUNTY OF Carson City

Subscribed and sworn to (or affirmed) before me on this 22nd day
of March, 2008, by ADRIENNE CARLENE NELSON
personally known to me or proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.

(seal)

Signature Lanette Inman



BK-308
PG-5232

CERTIFICATION OF VITAL RECORD

**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**

LOCAL FILE NUMBER

STATE FILE NUMBER

1. DECEASED—NAME First: Bruce Middle: L. Last: NELSON			DATE OF DEATH (Month, Day, Year) 2 June 3, 2005		COUNTY OF DEATH 3a. Douglas
2. CITY, TOWN OR LOCATION OF DEATH 3b. Gardnerville		3. HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number) 1069 Log Cabin Rd.		If Hosp. or Inst. indicate DOA, OP/Emr. Pm. Inpatient (Specify) 3c. 4	SEX 4. Male
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White	6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	7a. AGE—Last Birthday (Years) 76	7b. UNDER 1 YEAR MOS : DAYS	7c. UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.) August 31, 1928
8a. STATE OF BIRTH (if not U.S.A., name country) Wisconsin	9b. CITIZEN OF WHAT COUNTRY U.S.A.	10. Decedent's Education. Specify highest grade completed. 14	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Adrienne C. Borel
SOCIAL SECURITY NUMBER 9904		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 417		KIND OF BUSINESS OR INDUSTRY 910 Fire Department	
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas	15c. CITY, TOWN, OR LOCATION Gardnerville		15d. STREET AND NUMBER 1069 Log Cabin Rd.
16. FATHER—NAME First: John Middle: Last: Nelson		17. MOTHER—MAIDEN NAME First: Gretchen Middle: Last: Johnson		15e. INSIDE CITY LIMITS (Specify Yes or No) No	
18a. INFORMANT—NAME (Type or Print) Adrienne C. Nelson			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 2452, Gardnerville, Nevada 89410		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME Walton's Sierra Crematory		19c. LOCATION City or Town: Carson City, Nevada	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>James Desmarz</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 09	20c. NAME AND ADDRESS OF FACILITY Walton's Douglas County Mortuary 1478 4th St., Minden, Nevada 89423 53		
21a. To be completed by CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>Christopher Forman</i>			22a. To be completed by Coroner's Office 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) <i>Charlotte W. [Signature]</i>		
21b. DATE SIGNED (Mo., Day, Yr.) 6/6/05		21c. HOUR OF DEATH 20:50		22b. DATE SIGNED (Mo., Day, Yr.)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. ON		22c. AT
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) Christopher Forman, 2874 N. Carson St. #200, Carson City, NV 89706					23b. LICENSE NUMBER 5528
24a. REGISTRAR (Signature) <i>Debra R. Kachang</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) June 7, 2005		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) Cardiac arrest DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death minutes	
(b) coronary artery disease DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death year	
(c) chronic obstructive pulmonary disease DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death year	
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) Yes					
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.	28h. STREET OR R.F.D. No.	28i. CITY OR TOWN	28j. STATE

STATE REGISTER



BK-308
PG-5233

No. 284526

720071 Page: 4 of 4 03/24/2008

68820

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:

JUN 15 2005

Debra R. Kachang
STATE REGISTRAR

