

DOC # 0730890  
09/30/2008 03:59 PM Deputy: GB

OFFICIAL RECORD  
Requested By:

NORTHERN NEVADA TITLE  
COMPANY

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 of 4 Fee: 17.00  
BK-0908 PG- 6653 RPTT: 0.00



APN: 1220-15-510-007  
ORDER NO.: 2080069wd/1080635

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:

A handwritten signature in black ink, appearing to read "Wendy Dunbar", written over a horizontal line.

Print Name/Title: Wendy Dunbar/Escrow Officer

WHEN RECORDED MAIL TO:

Timothy L. Thietje  
2919 S. 27th  
Lincoln, NE 68502

ADN: 1220-15-510-007  
RECORDING REQUESTED BY:

Northern Nevada  
Title Co.  
AND WHEN RECORDED MAIL TO:

Timothy L. Thietje  
2919 S. 27<sup>th</sup>  
Lincoln, NE 68502

20800600/1080035

SPACE ABOVE THIS LINE FOR RECORDER'S USE

### AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEBRASKA           )  
  ) SS.  
COUNTY OF LANCASTER    )

Timothy L. Thietje of legal age, being first duly sworn, deposes and says:

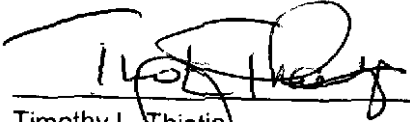
1. Catherine H. Kelly is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person named as Trustee in that certain Declaration of Trust dated March 23, 1984, executed by Catherine H. Kelly as trustor(s).
2. At the time of decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on November 10, 1998, as Instrument No. 0453706, in Official Records of Douglas County, Nevada, describing the following real property:  

Lot 52, as shown on the Official Plat of GARDNERVILLE RANCHOS, filed in the office of the County Recorder of Douglas County, State of Nevada, on November 30, 1964 in Book 1 of Maps as File No. 26665.
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 September 17, 2008



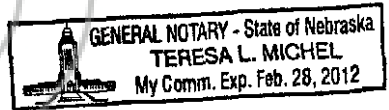
BK- 0908  
PG- 6654

  
\_\_\_\_\_  
Timothy L. Thietje

STATE OF Nebraska  
COUNTY OF Lancaster

Subscribed and sworn to (or affirmed) before me on this 25 day  
of September, 2008, by Timothy L. Thietje  
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 Teresa L. Michel



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**

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

99 007014

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last <b>Catherine H. KELLY</b>		DATE OF DEATH (Month, Day, Year) <b>2 June 8, 1999</b>	STATE FILE NUMBER <b>99 007014</b>
1. CITY, TOWN OR LOCATION OF DEATH <b>Gardnerville</b>		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>960 Riverview Drive</b>		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>6</b>	COUNTY OF DEATH <b>3a. Douglas</b>
3b. RACE—(e.g., White, Black, American Indian, etc.) (Specify) <b>White</b>		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. <b>X</b>		AGE—Last Birthday (Years) <b>7a. 80</b>	SEX <b>4. Female</b>
5. STATE OF BIRTH (If not U.S.A., name country) <b>New York</b>		CITIZEN OF WHAT COUNTRY <b>9b. U.S.A.</b>		Decedent's Education. Specify highest grade completed. <b>10. 18 years</b>	DATE OF BIRTH (Mo., Day, Yr.) <b>8 Oct. 12, 1918</b>
9a. SOCIAL SECURITY NUMBER <b>13. [REDACTED]-1741</b>		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>14a. Principal</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>11. Never Married</b>	SURVIVING SPOUSE (If wife, give maiden name) <b>12.</b>
RESIDENCE—STATE <b>15a. Nevada</b>		COUNTY <b>15b. Douglas</b>	CITY, TOWN, OR LOCATION <b>15c. Gardnerville</b>	STREET AND NUMBER <b>15d. 960 Riverview Dr.</b>	INSIDE CITY LIMITS (Specify Yes or No) <b>15e. Yes</b>
FATHER—NAME First Middle Last <b>16. John Kelly</b>		MOTHER—MAIDEN NAME First Middle Last <b>17. Laura Healy</b>		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>18b. 960 Riverview Drive, Gardnerville, Nevada 89410</b>	
18a. <b>Marjorie Dewey</b>		BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>19a. Cremation</b>		CEMETERY OR CREMATORY—NAME <b>19b. FitzHenry's Crematory</b>	
FUNERAL DIRECTOR OR SIGNATURE (Or Person Acting as Such) <b>20a. [Signature]</b>		FUNERAL DIRECTOR LICENSE NUMBER <b>20b. 217</b>		NAME AND ADDRESS OF FACILITY <b>20c. Home, 1380 Hwy. 395, Gardnerville, Nevada 89410</b>	
21a. DATE SIGNED (Mo., Day, Yr.) <b>6/9/99</b>		21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Andrea Weed, D.O.</b>		21c. HOUR OF DEATH <b>2010</b>	
22a. On the basis of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. <b>(Signature and Title) [Signature]</b>		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
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. <b>(Signature and Title) [Signature]</b>		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
22d. ON		22e. AT		22f. PRONOUNCED DEAD (Mo., Day, Yr.)	
22g. ON		22h. AT		22i. PRONOUNCED DEAD (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) <b>Andrea Weed, D.O., 1540 Hwy. 395, Gardnerville, Nevada 89410</b>		23b. LICENSE NUMBER <b>0675</b>		23c. 0675	
24a. REGISTRAR (Signature) <b>[Signature]</b>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>6-10-99</b>		DEATH DUE TO COMMUNICABLE DISEASE 24c. 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) <b>poorly differentiated carcinoma of abdomen</b>		Interval between onset and death <b>days</b>	
		PART I (b) <b>hypertensive cardiovascular disease</b>		Interval between onset and death <b>years</b>	
		PART I (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. <b>hyperlipidemia</b>		AUTOPSY (Specify Yes or No) <b>26. No</b>		WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>27. Yes</b>	
ACC. SUICIDE, H.M., UNDET., OR PENDING INVEST. (Specify) <b>28a.</b>		DATE OF INJURY (Mo., Day, Yr.) <b>28b.</b>		HOUR OF INJURY <b>28c. M</b>	
INJURY AT WORK (Specify Yes or No) <b>28e.</b>		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <b>28f.</b>		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE <b>28g.</b>	

STATE REGISTRAR

No. 146472

233091

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: **SEP 17 2008**

STATE REGISTRAR

This copy is not valid unless prepared on en



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PG- 6656

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