

DOC # 750559
09/11/2009 02:49PM Deputy: SD
OFFICIAL RECORD
Requested By:
NORTHERN NEVADA TITLE CC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: 17.00
BK-909 PG-2639 RPTT: 0.00

APN: 1220-04-515-017
ORDER NO.: DO-1091694-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: _____

A handwritten signature in black ink, appearing to read 'T Waller', written over a horizontal line.

Print Name/Title: Tamara Waller

WHEN RECORDED MAIL TO:

Raymond Bergstrom
P.O. Box 1044
Thayne, WY 13127



RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

Raymond Bergstrom
P.O. Box 1044
Thayne, WY 83127

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA)
) SS.
COUNTY OF CARSON CITY)

Raymond Bergstrom of legal age, being first duly sworn, deposes and says:

1. Victor E. Bergstrom, Jr. 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 April 14, 2008, executed by Victor E. Bergstrom 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 April 15, 2008, as Instrument No. 721458, in Book 0408 at Page 3800, in Official Records of Douglas County, Nevada, describing the following real property:

Lot 40 Carson Valley Estates Unit No. 3, as shown on the official map recorded in the office of the County Recorder of Douglas County, Nevada, on September 15, 1971 as Document No. 54454.
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 August 24, 2009



Raymond Bergstrom

Raymond Bergstrom

^{Wyoming}
~~STATE OF NEVADA~~ COUNTY OF Lincoln

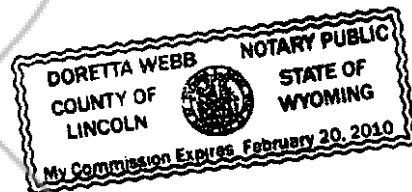
Subscribed and sworn to (or affirmed) before me on this 28th day
of August, 2009 by Raymond Bergstrom

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

Doretta Webb



CERTIFICATION OF VITAL RECORD

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

2009006179
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

Form containing fields for: 1a. DECEASED NAME (Victor Emmanuel BERGSTROM JR), 2. DATE OF DEATH (April 22, 2009), 3a. COUNTY OF DEATH (Carson City), 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Widowed), 12. SURVIVING SPOUSE (Heidi Joy WARNER), 15a. RESIDENCE - STATE (Nevada), 15b. COUNTY (Douglas), 15c. CITY, TOWN OR LOCATION (Gardnerville), 15d. STREET AND NUMBER (1364 Elgas Avenue), 18. FATHER - NAME (Victor Emmanuel BERGSTROM SR), 17. MOTHER - NAME (Heidi Joy WARNER), 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JOSE ALFREDO AGUIRRE MD, 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), 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jose Alfredo Aguirre MD 1800 Medical Parkway Carson City, NV 89703, 24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED, 25. IMMEDIATE CAUSE (PART I) (a) Respiratory Failure, (b) Pneumonia, (c) Severe Emphysema, (d) [blank], 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



BK-909
PG-2642

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VRS-Rev. 2008T

270389

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:

05/01/2009

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

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

