

DOC # 754044  
11/16/2009 04:03PM Deputy: GB  
OFFICIAL RECORD  
Requested By:  
NORTHERN NEVADA TITLE CC  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 5 Fee: 18.00  
BK-1109 PG-3910 RPTT: 0.00

APN: 1320-30-816-008  
ORDER NO.: 2090705/1092229



FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: Affidavit Death - 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: \_\_\_\_\_

Print Name/Title: Wendy Dunbar

WHEN RECORDED MAIL TO:

Gloria K. Lash  
P.O. Box 2472  
Minden, NV 89423



Apn: 1320-30-816-008  
RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

Gloria Lash  
P.O. Box 2472  
Minden, NV 89423

SPACE ABOVE THIS LINE FOR RECORDER'S USE

### AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA )  
 ) SS.  
COUNTY OF DOUGLAS )

Gloria K. Lash of legal age, being first duly sworn, deposes and says:

1A. Robert Francis Aldridge is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person named as Trustee of the Aldridge Trust dated November 13, 1987, executed by Robert F. Aldridge and Elsie B. Aldridge as trustor(s).

1B. At the time of decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on November 5, 1990, as Instrument No. 238114, in Official Records of Douglas County, Nevada, describing the following real property:

Lot 8, as shown on the map of BELARRA SUBDIVISION UNIT 2-A, filed for record in the office of the County Recorder of Douglas County, Nevada, on July 26, 1977, as Instrument No. 11365.

2A. Elsie B. Aldridge is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person named as Trustee of the Aldridge Trust dated November 13, 1987, executed by Robert F. Aldridge and Elsie B. Aldridge as trustor(s).

2B. At the time of decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on November 5, 1990, as



Instrument No. 238114, in Official Records of Douglas County, Nevada, describing the following real property:

Lot 8, as shown on the map of BELARRA SUBDIVISION UNIT 2-A, filed for record in the office of the County Recorder of Douglas County, Nevada, on July 26, 1977, as Instrument No. 11365.

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 November 5, 2009

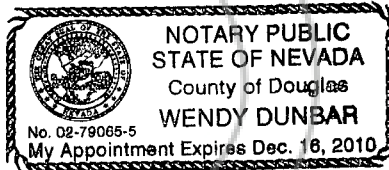
Gloria K. Lash  
Gloria K. Lash

**STATE OF NEVADA, COUNTY OF Douglas**

Subscribed and sworn to (or affirmed) before me on this 13 day of November, 2009, by Gloria K. Lash 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 Wendy Dunbar



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

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

2009007221  
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  
STAYING THE  
UNDERLYING  
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Elsie B ALDRIDGE</b>		2. DATE OF DEATH (Mo/Day/Year) <b>May 14, 2009</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL, OR OTHER INSTITUTION -Name (if not either, give street and number) <b>1605 Lucerne St.</b>		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Female</b>	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>84</b>	
9a. STATE OF BIRTH (If not U.S.A., name country) <b>Oklahoma</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE (if wife, give maiden name)		8. DATE OF BIRTH (Mo/Day/Yr) <b>September 08, 1924</b>	
13. SOCIAL SECURITY NUMBER <b>██████████-4575</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Homemaker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>1605 Lucerne St.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER - NAME (First Middle Last Suffix) <b>Ernest NICHOLS</b>	
17. MOTHER - NAME (First Middle Last Suffix) <b>Myrtle LAY</b>		18a. INFORMANT- NAME (Type or Print) <b>Gloria K LASH</b>		18b. MAILING-ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>P.O. Box 2472 Minden, Nevada 89423</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>RICK NOEL</b> <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE <b>620</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Douglas County Mortuary 1478 4th Street Minden NV 89423</b>	
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) <b>ARIKA GUPTA</b> <i>SIGNATURE AUTHENTICATED</i>			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) <b>May 19, 2009</b>		21c. HOUR OF DEATH <b>01:20</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) <b>MD. ARIKA GUPTA 415 W Sophia St #100 Carson City, NV 89703</b>			
23b. LICENSE NUMBER <b>11407</b>		24a. REGISTRAR (Signature) <b>JENELLE BALDWIN</b> <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 21, 2009</b>	
24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Cardiopulmonary Arrest</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>End Stage Renal Disease</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Chronic Glomerulonephritis</b> DUE TO, OR AS A CONSEQUENCE OF: (d)			
26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		Interval between onset and death <b>Minutes</b>	
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-1109  
PG-3913

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VRS-Rev-2008T

273506 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:

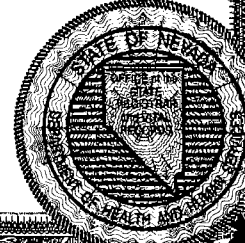
05/21/2009

PBNC0 (Rev) 11/06

*R. J. White*  
STATE REGISTRAR  
*SIGNATURE AUTHENTICATED*

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



573493

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

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

2008006668

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Robert Francis ALDRIDGE</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 24, 2008</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) <b>Evergreen Gardnerville Health &amp; Rehab Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
DECEDENT	4. SEX <b>Male</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
	7a. AGE-Last birthday (Years) <b>89</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) <b>September 30, 1918</b>		9a. STATE OF BIRTH (if not U.S.A., name country) <b>Ohio</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
	10. EDUCATION <b>13</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Elsie Blanche NICHOLS</b>	
PARENTS	13. SOCIAL SECURITY NUMBER <b>0839</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Studio Technician</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Motion Picture</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
DISPOSITION	15d. STREET AND NUMBER <b>1605 Lucerne St.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER - NAME (First Middle Last Suffix) <b>Charles ALDRIDGE</b>	
	17. MOTHER - NAME (First Middle Last Suffix) <b>Laura M GILCHRIST</b>		18a. INFORMANT- NAME (Type or Print) <b>Elsie B ALDRIDGE</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1605 Lucerne St. Minden, Nevada 89423</b>	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Carson Gardens</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>RICK NOEL</b> <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE <b>620</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Douglas County Mortuary</b> <b>1478 4th Street Minden NV 89423</b>	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>SIGNATURE AUTHENTICATED</b> <b>LAURENCE GEORGE GAY M.D.</b>		21b. DATE SIGNED (Mo/Day/Yr) <b>April 30, 2008</b>		21c. HOUR OF DEATH <b>23:00</b>	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. On the basis of examination and/of investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	22c. HOUR OF DEATH		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) <b>PO Box 19936 Reno, NV 895110871</b>		23b. LICENSE NUMBER <b>5152</b>		24a. REGISTRAR (Signature) <b>SUSIE DEVERE</b> <i>SIGNATURE AUTHENTICATED</i>	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 30, 2008</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Respiratory Failure</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Pneumonia</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Aspiration</b> DUE TO, OR AS A CONSEQUENCE OF: (d) <b>Dysphagia</b>	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART II <b>Chronic Obstructive Pulmonary Disease, Dementia, Hypertension</b>		26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST	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 <b>STREET OR R.F.D. No. CITY OR TOWN STATE</b>		28h. LOCATION <b>STREET OR R.F.D. No. CITY OR TOWN STATE</b>		28i. LOCATION <b>STREET OR R.F.D. No. CITY OR TOWN STATE</b>		

STATE REGISTRAR



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BK-1109  
PG-3914

VRS-Rev-20090602

301960

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: **NOV 16 2009**

STATE REGISTRAR

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

PBNC0 (Rev) 11/06

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

