DOC # 760179
03/15/2010 03:33PM Deputy: GB
OFFICIAL RECORD
Requested By:
NORTHERN NEVADA TITLE CC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: 16.00
BK-310 PG-3226 RPTT: 0.00

A.P.N. 1420-18-710-036 Escrow No.: DO-2090904-TA 1092964

RECORDING REQUESTED BY:

AND WHEN RECORDED, MAIL TO:

Denise Brown

1035 Haystack Drive

Carson City, NV 89705

THIS SPACE FOR RECORDER'S USE ONLY

## AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVA	DA	)			
COUNTY OF	DOUGLAS		) SS. )		

Denise Brown, Trustee of legal age, being first duly sworn, deposes and says:

- 1. Irene Hansen is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person named as Irene Hansen, Co-Trustee in that certain Declaration of Trust dated , executed by Irene Hansen trustor(s).
- 2. At the time of decedent's death, decedent was the owner, as Co-Trustee, of certain real property acquired by a deed recorded on December 26, 2006, as Instrument No. 0691541, in Official Records of Douglas County, Nevada, describing the following real property:
  - Lot 36 in Block B, as set forth on that certain Amended Final Map LDA #99-54-1A for SUNRIDGE HEIGHTS III, PHASE 1A, a Planned Unit Development, recorded in the office of the Douglas County Recorder on December 29, 2003, in Book 1203, Page 12019, as Document No. 600647, Official Records.
- 3. I am the surviving or 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.

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Dated: March 2, 2010

The Irene Hansen Trust of 1995, as amended on December 13, 2006

Denise Brown, Trustee

STATE OF NEVADA

COUNTY OF DOUGLAS T CLARSON CITY

On 3-11-10 before me, the undersigned, a Notary Public in and for said State and County, personally appeared **Denise Brown** known to me to be the person whose name subscribed to the within instrument and acknowledge that executed the same.

Signature\_

Notary Public

LIZ SVENNINGSEN NOTARY PUBLIC STATE OF NEVADA

No.94-5087-12 My Appt. Exp. June 27, 2010

## STATE OF NEVADA CERTIFICATION OF VITAL RECORD

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

TYPE OR .		CERTIFICATE OF DEATH					2007007630 STATE FILE NUMBER					
PRINT IN	1a. DECEASED-NAME FIRS	7	1b. MIDDLE	1c. LAST			2. DATE OF DEATH (Mo/Day/Year)			3a. COUNTY OF DEATH		
PERMANENT BLACK INK	Irene	HANSE	HANSEN			September 24, 2007			Develop			
DEMOK NAK	3b. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION -Namelif not either, give street 3e. if Hosp. or								nst Indicate DOA.OP/Emer. Rm. 14 sev			
DECEDENT	Carson City 5. RACE-(e.g., White, Black,	[	and number) ant of Hispanic Or	1035 Haystad	ck Drive		Inpatient(Sp	ecify)	\		Female	
	American Indian) (Specify) White	If yes, specify I	Mexican, Cuban, I Non-his	Puerto Rican, etc. spanic	7a. AGE-Last birthday (Years)	36 MUS	DAYS	111	NS I	OF BIRTH		
OCCURRED IN INSTITUTION	9a. STATE OF BIRTH (If not Under Country) Connecticut	[	United Star	AT COUNTRY 10. EDUCATION 11. MARRIED, NEV			widowed maid orking 14b. KIND OF BUSINESS			SURVIVING SPOUSE (if wife, give iden name)		
REGARDING COMPLETION OF RESIDENCE	13. SOCIAL-SECURITY NUMB 4069	ER 14a. L Life, E	ISUAL OCCUPAT ven If Retired)									
ITEMS	15a. RESIDENCE - STATE	15b. COUNTY		15c. CITY, TOWN OR		15d. STREET A	ND NUMBER	Critali Du.	MICOS AU		NSIDE CITY	
	Nevada	Dou	ıglas	Carson	City	1035 Hayst	ack Drive		Distance of the last of the la	LIMIT	S (Specify Yes o	
	16. FATHER - NAME (First MI	ddle Last Suff	x)	32.2.00		ER - NAME (F		gat Suffix)	7	lan)	110	
PARENTS		George	LAKE			man salam	k.	ora PEPF	JINI 🔪	· "	N	
ľ	18a. INFORMANT- NAME (Typ			118b. MAILING AD	DRESS (Street	or R.F.D. No, C			.114	7		
	Denise	M. BROWN				aystack Dri			da 90705	7/4	- 3	
İ	19a. BURIAL, CREMATION, RE	MOVAL, OTHER	R (Specify) 19b. C	EMETERY OR CREM	ATORY NAME	ayouloit (51)		19c. LOCATIO		Y 0/		
	Cromat	ion	1.	36 A44413	ic Memorial Ga	ardens					ate	
ISPOSITION,	20a. FUNERAL DIRECTOR - Si	GNATURE (OF F	erson Acting as S	Such)  20b. FUNERA	- 1	NAME AND A	ORESS OF		Reno Neva	aua 6950.	3	
1	JOHN	LAWREN	CE	DIVECTOR	ICENSE	///////////////////////////////////////		Funerals &	& Crematic	ons		
<u> </u>	SIGNA'	TURE AUTHE	TICATED	304	4R	/ 1	575 N Lom	pa Ln Carsi	on City NV	89701		
RADE CALL	TRADE CALL - NAME AND AD	DRESS			/ /	/ /	1 1 1		*******			
`~	21a. To the best of my to the cause(s) stated.	(Signature & Title JEFFREY	SIGNATUR BASA N	e authenticated I.D.	the time	On the basis of one, date and pla	ice and due to	ind/or investiga the cause(s)	ition, in my op stated. (Signa	pinion death ature & Title)	occurred at	
CERTIFIER	21b. DATE SIGNED (M September 26,	2007	and the same of th	M.D. R OF DEATH 06:08			N. 1		c. HOUR OF	OUR OF DEATH		
	September 26, 2007  BE 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER  BE 22d. PRONOUNCED DEAD (Mo/Da)  23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)											
· L	Jeffi	CERTIFIER (PH ey Base	YSICIAN, ATTEN M.D. Capita	iding physician, me I <b>Medic</b> al Associa	DICAL EXAMINER	OR CORONE	R) (Type or P )6	rint)	23b. LICEN	SE NUMBEI 8079	₹	
REGISTRAR	4a. REGISTRAR (Signature)	,,,,,,,	KE NEUM		24b. DATE RECE (Mo/Day/Yr) S	IVED BY REG eptember 2			H DUE TO C	OMMUNICA NO X	BLE DISEAS	
CAUSE OF DEATH	25. IMMEDIATE CAUSE PART (a) Conges		ONLY ONE CAU	ISE PER LINE FOR (a),			. All Car		etween onse		, 1	
CNDITIONS IF	, tuy	AS A CONSEQ		<del></del>				1				
ANY WHICH BAVE RISE TO IMMEDIATE	(b)	/ ·	<b>\</b>					i Intervalit	oetween onset	t and death		
CAUSE STATING THE UNDERLYING	DUE TO, OR AS A CONSEQUENCE OF:							į.	Interval between onset and death			
CAUSE LAST	PART OTHER SIGNIFICA II 88 ACC., SUICIDE, HOM., UNDET.		The state of the s	tributing to death but no	and the same of th	1		Yes or No)		27. WAS CAS TO CORONE or No)	E REPERRED R (Specify Yes Yes	
	R PENDING INVEST. (Specify)	POD. DATE OF	INJURY (MO/Day	y/Yr) 28c. HOUR OF I	MJUKY 128d. DESC	RIBE HOW IN	JURY OCCUP	RRED				

STATE REGISTRAR

STREET OR R.F.D. No.

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CITY OR TOWN

169299

28e. INJURY AT WORK (Specify

CERTIFIED COPY OF VITA

This is a true and exact reproduction of the document officially registered placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

SEP 2 8 2007

STATE REGISTRAR

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

28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)

