

OFFICIAL RECORD  
Requested By:  
NORMAN D. WILSON

Recording requested by:

Roberta Wilson

And when recorded, mail to:

Roberta Wilson  
1247 Pleasantview Drive  
Gardnerville, Nevada 89460

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 2 Fee: 15.00  
BK-0410 PG- 2802 RPTT: 0.00



APN: 1220-09-410-014

**AFFIDAVIT OF DEATH OF TRUSTEE**

State of Nevada )  
 ) ss.  
County of Douglas )

ROBERTA WILSON, of legal age, being first duly sworn, deposes and says:

1. Norman Dean Wilson, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Norman Wilson named as Trustee in the Declaration of Trust dated January 18, 1996 and executed by Norman Wilson and Roberta Wilson as Trustor(s).
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 1247 Pleasantview Drive, Gardnerville, Nevada 89460, which property is described in a Deed which was executed by Norman D. Wilson and Roberta Wilson as Grantor(s) on March 21, 2001 and recorded as Instrument No. 0510945, in Book 0301, Page 5899, of Official Records of Douglas County, Nevada.
3. The legal description of said property is as follows:  
LOT 14, AS SHOWN ON THE FINAL MAP OF SILVERRANCH UNIT 1-A FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JANUARY 3, 1994, IN BOOK 194, PAGE 256, AS DOCUMENT NO. 326668. ASSESSOR'S PARCEL NO. 27-823-01.
4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.

I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Dated 4-13-10

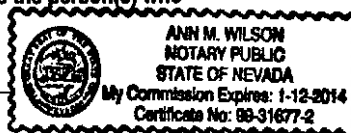
Roberta Wilson  
ROBERTA WILSON

State of Nevada  
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 13<sup>th</sup> day of April, 2010, by ROBERTA WILSON  
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

NOTARY SEAL

Signature [Signature]



**CERTIFICATION OF VITAL RECORD**

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

**CERTIFICATE OF DEATH**

**2010001177**

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Norman Dean WILSON</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 22, 2010</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>Carson Valley Medical Center</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Emergency Room / Outpatient</b>	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>71</b>	
9a. STATE OF BIRTH (If not U.S.A., name country) <b>Montana</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
13. SOCIAL SECURITY NUMBER <b>0741</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Pipelining</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1247 Pleasantview Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		12. SURVIVING SPOUSE (If wife, give maiden name) <b>Roberta KNOTT</b>	
16. FATHER - NAME (First Middle Last Suffix) <b>John WILSON</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Mary MADDEN</b>		
18a. INFORMANT - NAME (Type or Print) <b>Roberta WILSON</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1247 Pleasantview Drive Gardnerville, Nevada 89460</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Eastside Memorial Park</b>		19c. LOCATION City or Town State <b>Minden Nevada 89423</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b>		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home 1360 Highway 395 N Gardnerville NV 89410</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>B. BOTTENBERG D.O. SIGNATURE AUTHENTICATED</b>			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>January 26, 2010</b>		21c. HOUR OF DEATH <b>17:05</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>B. Bottenberg D.O. 550 W Washington #1 Carson City, NV 89701</b>			
23b. LICENSE NUMBER <b>DO674</b>		24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED</b>			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 29, 2010</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> Interval between onset and death					
(b) <b>Atherosclerosis</b> Interval between onset and death					
(c) <b>Hyperlipidemia</b> Interval between onset and death					
(d) Interval between onset and death					
PART II <b>Type II Diabetes, Hypertension</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

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BK- 0410  
PG- 2803

VRS-Rev-20090902

312991 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: 01/29/2010

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

*R. D. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

