

APN: 1320-33-816-003

**RECORDING REQUESTED BY and
AFTER RECORDING MAIL THIS DEED to:**

Rachelle J. Nicolle Ltd.
Attorney at Law
1662 Hwy. 395, Suite 214
Minden, NV 89423

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0710 PG- 1489 RPTT: 0.00



MAIL TAX STATEMENTS TO GRANTEE:

John E. Bergesen
& Stacy K. Bergesen, Co-Trustees
211 Sheridan Creek Court
Gardnerville, NV 89460

I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law. [Per NRS 440.380(1)(a) and 40.525(5)]

**AFFIDAVIT of Death of Co-Trustee and
Continued Service of Remaining Co-Trustees**

JOHN E. BERGESEN and STACY K. BERGESEN, being of legal age, being first duly sworn, deposes and say:

1. This Affidavit of Death refers to the MABEL C. BERGESEN 1992 TRUST (the "Trust") under a revocable trust agreement executed by MABEL C. BERGESEN as Grantor.
2. When the Trust was first adopted in 1992, MABEL C. BERGESEN was the sole Trustee. However, the Trust was amended in its entirety on March 11, 2005. Under the March 11, 2005 version of the Trust, the Co-Trustees of the Trust were MABEL C. BERGESEN, JOHN E. BERGESEN, and STACY K. BERGESEN.
3. In accordance with the terms of the Trust, we, JOHN E. BERGESEN and STACY K. BERGESEN, are empowered to act as Co-Trustees for the Trust after the death of MABEL C. BERGESEN. We hereby affirm our incumbency as surviving Co-Trustees, and declare our intention to act as the remaining Co-Trustees of the MABEL C. BERGESEN 1992 TRUST.
4. We declare and affirm that MABEL C. BERGESEN died on April 1, 2010. We also hereby declare and affirm that the decedent, MABEL CORINNE BERGESEN, cited in the attached certified copy of the Certificate of Death, is the same person as MABEL C. BERGESEN, Original Grantor and Co-Trustee of the MABEL C. BERGESEN 1992 TRUST.
5. MABEL C. BERGESEN is one of the original named Co-Trustees and Co-Grantees in that certain Grant Deed, granting to MABEL C. BERGESEN, JOHN E. BERGESEN and STACY K. BERGESEN, Co-Trustees, and subsequent Trustees of the MABEL C. BERGESEN 1992 TRUST, all right, title and interest in the following identified real property:

APN: 1320-33-816-003
Commonly Known As: 1352 Chichester Dr., Gardnerville, NV 89410
Recorded On: March 18, 2005
As Document Number: 0639467
In Book:..... 0305
On Page:..... 8367
Official Records of:..... Douglas County, Nevada

Legal Description: Lot 3, Block A, as set forth on FINAL SUBDIVISION MAP No. 1006-11 for CHICHESTER ESTATES, PHASE 11, filed in the office of the County Recorder of Douglas County, Nevada and recorded December 27, 2002 in Book 1202, Page 12732, as Document No. 562225, and by Certificate of Amendment recorded March 27, 2003 in Book 0303, Page 13037, as Document No. 0571430, Official Records of Douglas County, Nevada

- 6. The assets held under this Trust are to be held under the following title:
JOHN E. BERGESEN and STACY K. BERGESEN, Co-Trustees
of the MABEL C. BERGESEN 1992 TRUST
- 7. The MABEL C. BERGESEN 1992 TRUST has not been revoked and there have been no amendments limiting the powers of Trustee(s) over Trust property.
- 8. We hereby declare, as Co-Trustees, that we have all Trustee powers, to sell, encumber, retain, or otherwise manage all property belonging to the MABEL C. BERGESEN 1992 TRUST, including, but not limited to, the above-described real property, including any portion thereof.
- 9. We make this affirmation under penalty of perjury on July 2, 2010.

John E Bergesen
John E. Bergesen
Co-Trustee
of the MABEL C. BERGESEN 1992 TRUST

Stacy K. Bergesen
Stacy K. Bergesen
Co-Trustee
of the MABEL C. BERGESEN 1992 TRUST

JURAT

State of Nevada)
County of Douglas)

Signed and sworn to (or affirmed) before me on July 2, 2010, by JOHN E. BERGESEN and STACY K. BERGESEN.

Susan C. Happe
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2010005267
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) MABEL CORINNE BERGESEN | | 2. DATE OF DEATH (Mo/Day/Year) April 01, 2010 | | 3a. COUNTY OF DEATH Douglas | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville | | 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not-either, give street and number) Evergreen Health and Rehab | | 3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient | |
| 4. SEX Female | | 5. RACE White (Specify) | | 6. Hispanic Origin? Specify No - Non-Hispanic | |
| 7a. AGE-Last birthday (Years) 101 | | 7b. UNDER 1 YEAR MOS DAYS | | 7c. UNDER 1 DAY HOURS MINS | |
| 8. DATE OF BIRTH (Mo/Day/Yr) December 02, 1908 | | 9a. STATE OF BIRTH (if not U.S.A., name country) Iowa | | 9b. CITIZEN OF WHAT COUNTRY United States | |
| 10. EDUCATION 18 | | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 12. SURVIVING SPOUSE OR DOMESTIC PARTNER | |
| 13. SOCIAL SECURITY NUMBER ████████-2730 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Teacher | | 14b. KIND OF BUSINESS OR INDUSTRY Education | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Gardnerville | |
| 15d. STREET AND NUMBER 1352 Chichester Drive | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | Ever in US Armed Forces? No | |
| 16. FATHER - NAME (First Middle Last Suffix) John H BOOTH | | | 17. MOTHER - NAME (First Middle Last Suffix) Corinne SHULTZ | | |
| 18a. INFORMANT - NAME (Type or Print) John E BERGESEN | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 211 Sheridan Creek Court Gardnerville, Nevada 89460 | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial | | 19b. CEMETERY OR CREMATORY - NAME Los Gatos Memorial Park | | 19c. LOCATION City or Town State Los Gatos California | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI <i>SIGNATURE AUTHENTICATED</i> | | 20b. FUNERAL DIRECTOR LICENSE 217 | | 20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410 | |
| 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) LAURENCE GEORGE GAY M.D. <i>SIGNATURE AUTHENTICATED</i> | | 21b. DATE SIGNED (Mo/Day/Yr) April 12, 2010 | | 21c. HOUR OF DEATH 04:00 | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 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) | | 22b. DATE SIGNED (Mo/Day/Yr) | |
| | | | | 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) Laurence George Gay M.D. PO Box 19936 Reno, NV 895110871 | | | | 23b. LICENSE NUMBER 5152 | |
| 24a. REGISTRAR (Signature) JENELLE BALDWIN <i>SIGNATURE AUTHENTICATED</i> | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 14, 2010 | | 24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) | | | | 26. AUTOPSY (Specify Yes or No) No | |
| PART I | | | | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes | |
| (a) Cardiac Arrest | | | | Interval between onset and death | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | |
| (b) Terminal Cardiac Dysrhythmia | | | | Interval between onset and death | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | |
| (c) Atrial Fibrillation | | | | Interval between onset and death | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | |
| (d) | | | | | |
| PART II Alzheimers, Dysphagia, Hypertension | | | | | |
| 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- 0710
PG- 1491

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VRS-Rev-20090802

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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: 04/14/2010

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

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

