

APN: 1220-21-710-020

16-

DOC # 0773599
11/09/2010 10:23 AM Deputy: GB
OFFICIAL RECORD
Requested By:
ROBERT JACOBSEN

RECORDING REQUESTED BY

AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:

Robert R. Jacobsen
PO BOX 6823
Gardnerville, NV 89460

Douglas County - NV
Karen Ellison - Recorder

Page: 1 of 3 Fee: 16.00
BK-1110 PG-2393 RPTT: 0.00



Space Above This Line for
Recorder's Use Only

Affidavit - Death of Trustee

State of NV)
)ss.
County of Douglas)

Robert R. Jacobsen, Trustee ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

- Thelma E. Jacobsen, Trustee** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on at (city and state of death). *2/26/10*
- Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **March 8, 1997** executed by **Robert R. Jacobsen, Trustee and Thelma E. Jacobsen, Trustee of The Jacobsen Family Trust, Dated March 8, 1997** as trustor(s) (the "Trust").
- Decedent as a trustee is the same person who was named as a grantee in that certain **Grant, Bargain and Sale Deed** dated **10/17/2005** which was recorded as Instrument No. **0660712** in Book **n/a**, Page **n/a**, of Official Records of **Douglas** County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

- Decarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated:

DECLARANT:

Robert Jacobsen
Robert Jacobsen, Trustee

State of NV)
)ss
County of Douglas)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State NV this 13 day of NOV, 2010 by Robert Jacobsen personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

This area for official notarial seal

Signature [Signature]

My Commission Expires: 4/26/13

Notary Name: _____ Notary Phone: _____
Notary Registration Number: _____ County of Principal Place of Business _____



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
HEALTH CARE AGENCY

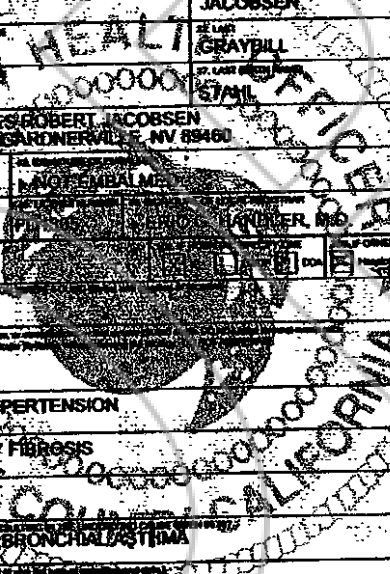
1200 N. MAIN STREET, SUITE 100-A
SANTA ANA, CA 92701

CERTIFICATE OF DEATH

3201030002680

1. NAME OF DECEASED - FIRST (Given)		2. MIDDLE		3. LAST (Family Name)	
THELMA		EILEEN		JACOBSEN	
4. DATE OF BIRTH (month/day/year)					
10/20/1927					
5. AGE (Year, Month, Day)					
82					
6. SEX					
F					
7. DATE OF DEATH (month/day/year)		8. HOUR (of hour)		9. MINUTE (of hour)	
02/26/2010		1830			
10. MARRIAGE STATUS (at time of death)		11. DECEASED'S RACE (to be filled in by registrars)			
MARRIED		CAUCASIAN			
12. DECEASED'S OCCUPATION (Type of work for which he/she is best known)		13. TYPE OF BUSINESS OR EMPLOYMENT (If applicable, specify agency, etc.)			
HOME MAKER		OWN HOME			
14. YEARS IN OCCUPATION					
82					
15. DECEASED'S RESIDENCE (Street and number, or location)					
1314 LEONARD RD.					
16. CITY		17. COUNTY		18. STATE	
GARDNERVILLE		NEVADA		NV	
19. ZIP CODE					
89460					
20. DECEASED'S RELATIONSHIP TO DECEASED (If deceased was a resident of a nursing home, specify name and address)					
ROBERT R. JACOBSEN, HUSBAND					
21. NAME OF SURVIVING SPOUSE (if any)		22. MIDDLE		23. LAST (Family Name)	
ROBERT		ROY		JACOBSEN	
24. NAME OF SURVIVING FIRST		25. MIDDLE		26. LAST (Family Name)	
CHARLES		GRAYBILL		OH	
27. NAME OF SURVIVING NEXT		28. MIDDLE		29. LAST (Family Name)	
RUTH		STAN		OH	
30. DATE OF DEATH (month/day/year)		31. PLACE OF DEATH (Specify hospital, nursing home, etc.)			
03/03/2010		1314 LEONARD RD, GARDNERVILLE, NV 89460			
32. TYPE OF DEATH (Specify cause)		33. LICENSURE NUMBER			
CR/TR/RES		N/A			
34. NAME OF FUNERAL HOME		35. LICENSE NUMBER		36. DATE (month/day/year)	
NEPTUNE SOCIETY OF ORANGE CO		N/A		03/02/2010	
37. PLACE OF DEATH		38. COUNTY		39. CITY	
PLACENTIA-LINDA HOSPITAL		ORANGE		PLACENTIA	
40. CAUSE OF DEATH (Specify cause)					
RESPIRATORY FAILURE					
PULMONARY ARTERIAL HYPERTENSION					
INTERSTITIAL PULMONARY FIBROSIS					
ATRIAL FIBRILLATION, HYPERLIPIDEMIA, BRONCHIAL ASTHMA					
41. UNDERLYING CAUSE OF DEATH (Specify cause)					
RESPIRATORY FAILURE					
42. ICD-10 CODE (Specify code)					
J44.9					
43. ICD-10 CODE (Specify code)					
I27.0					
44. ICD-10 CODE (Specify code)					
J42.9					
45. ICD-10 CODE (Specify code)					
I27.0					
46. ICD-10 CODE (Specify code)					
J42.9					
47. ICD-10 CODE (Specify code)					
I27.0					
48. ICD-10 CODE (Specify code)					
J42.9					
49. ICD-10 CODE (Specify code)					
I27.0					
50. ICD-10 CODE (Specify code)					
J42.9					
51. ICD-10 CODE (Specify code)					
I27.0					
52. ICD-10 CODE (Specify code)					
J42.9					
53. ICD-10 CODE (Specify code)					
I27.0					
54. ICD-10 CODE (Specify code)					
J42.9					
55. ICD-10 CODE (Specify code)					
I27.0					
56. ICD-10 CODE (Specify code)					
J42.9					
57. ICD-10 CODE (Specify code)					
I27.0					
58. ICD-10 CODE (Specify code)					
J42.9					
59. ICD-10 CODE (Specify code)					
I27.0					
60. ICD-10 CODE (Specify code)					
J42.9					
61. ICD-10 CODE (Specify code)					
I27.0					
62. ICD-10 CODE (Specify code)					
J42.9					
63. ICD-10 CODE (Specify code)					
I27.0					
64. ICD-10 CODE (Specify code)					
J42.9					
65. ICD-10 CODE (Specify code)					
I27.0					
66. ICD-10 CODE (Specify code)					
J42.9					
67. ICD-10 CODE (Specify code)					
I27.0					
68. ICD-10 CODE (Specify code)					
J42.9					
69. ICD-10 CODE (Specify code)					
I27.0					
70. ICD-10 CODE (Specify code)					
J42.9					
71. ICD-10 CODE (Specify code)					
I27.0					
72. ICD-10 CODE (Specify code)					
J42.9					
73. ICD-10 CODE (Specify code)					
I27.0					
74. ICD-10 CODE (Specify code)					
J42.9					
75. ICD-10 CODE (Specify code)					
I27.0					
76. ICD-10 CODE (Specify code)					
J42.9					
77. ICD-10 CODE (Specify code)					
I27.0					
78. ICD-10 CODE (Specify code)					
J42.9					
79. ICD-10 CODE (Specify code)					
I27.0					
80. ICD-10 CODE (Specify code)					
J42.9					
81. ICD-10 CODE (Specify code)					
I27.0					
82. ICD-10 CODE (Specify code)					
J42.9					
83. ICD-10 CODE (Specify code)					
I27.0					
84. ICD-10 CODE (Specify code)					
J42.9					
85. ICD-10 CODE (Specify code)					
I27.0					
86. ICD-10 CODE (Specify code)					
J42.9					
87. ICD-10 CODE (Specify code)					
I27.0					
88. ICD-10 CODE (Specify code)					
J42.9					
89. ICD-10 CODE (Specify code)					
I27.0					
90. ICD-10 CODE (Specify code)					
J42.9					
91. ICD-10 CODE (Specify code)					
I27.0					
92. ICD-10 CODE (Specify code)					
J42.9					
93. ICD-10 CODE (Specify code)					
I27.0					
94. ICD-10 CODE (Specify code)					
J42.9					
95. ICD-10 CODE (Specify code)					
I27.0					
96. ICD-10 CODE (Specify code)					
J42.9					
97. ICD-10 CODE (Specify code)					
I27.0					
98. ICD-10 CODE (Specify code)					
J42.9					
99. ICD-10 CODE (Specify code)					
I27.0					
100. ICD-10 CODE (Specify code)					
J42.9					

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CERTIFIED COPY OF VITAL RECORDS

MAR 08 2010

002694157

STATE OF CALIFORNIA }
COUNTY OF ORANGE } SS

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

Eric G. Handler H.O.
ERIC G. HANDLER, M.D.
HEALTH OFFICER
ORANGE COUNTY, CALIFORNIA

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

