

DOC # 773900
 11/15/2010 02:30PM Deputy: GB
OFFICIAL RECORD
 Requested By:
 STEWART TITLE - CARSON
 Douglas County - NV
 Karen Ellison - Recorder
 Page: 1 of 4 Fee: 17.00
 BK-1110 PG-3441 RPTT: 0.00



A.P.N. #	1318-03-212-0561318-03-212-056
Escrow No.	1034163-DR/JH
Recording Requested By:	
Stewart Title	
When Recorded Mail To:	
Rene Hamann	
550 Clark Range Estates Road	
Clark Range, TN 38553	

(for recorders use only)

Affidavit of Death

(Title of Document)

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS Chapter 440.380

(State specific law)

Kris Thorson
 Signature

Escrow Assistant
 Title

Kris Thorson
 Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)



CERTIFICATE OF INCUMBENCY

Whereas, Rene Hamann and Margaret E. Hamann was the Trustee under that certain Trust entitled The Rene Hamann & Margaret E. Hamann 2003 Revocable Trust dated 9-19-03, and listed as Grantee under that certain GRANT DEED recorded 10-1-2003 in Book 1003, as Document No. 592198, of Official Records, covering the following described property:

SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF

AND Whereas, Margaret E. Hamann is one and the same as named on that certain Death Certificate attached hereto and made a part hereof, Rene Hamann, is named as the Successor Trustee under said Trust and is fully authorized to act in accordance with the terms of said Trust Agreement.

SUCCESSOR TRUSTEE:

By: *Rene Hamann*

State of Nevada

County of ~~Clark~~ Douglas

}
} ss

This instrument was acknowledged before me on

11-5-10

by: *Rene Hamann*

Signature:

Dena Reed
Notary Public



DENA REED
NOTARY PUBLIC
STATE OF NEVADA
Appt. Recorded in Douglas County
My Appt. Expires March 14, 2011
No: 03-80676-5

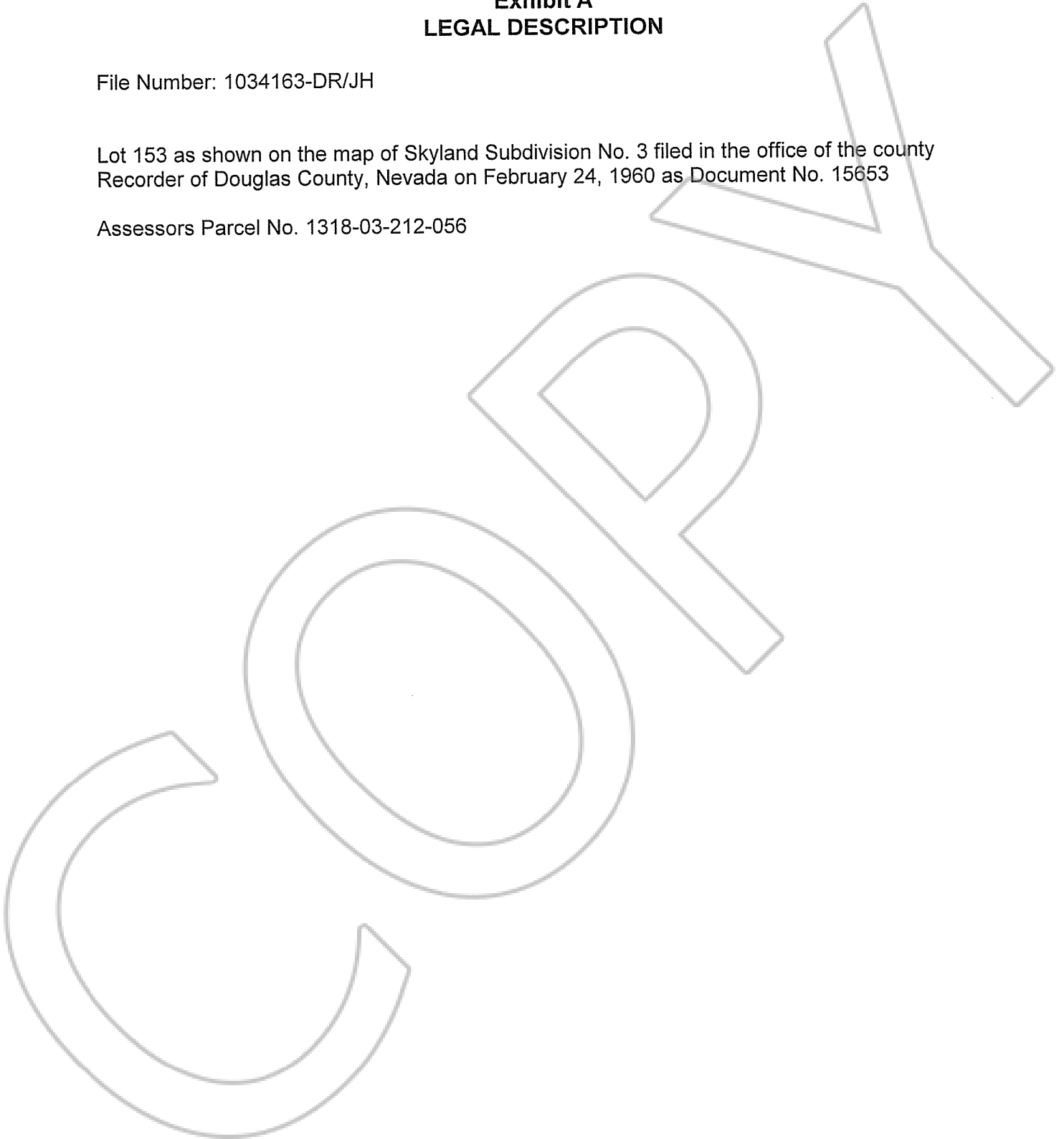


**Exhibit A
LEGAL DESCRIPTION**

File Number: 1034163-DR/JH

Lot 153 as shown on the map of Skyland Subdivision No. 3 filed in the office of the county Recorder of Douglas County, Nevada on February 24, 1960 as Document No. 15653

Assessors Parcel No. 1318-03-212-056



CERTIFICATION OF VITAL RECORD

COUNTY OF SONOMA
SANTA ROSA, CALIFORNIA

CERTIFICATE OF DEATH

3200849000767

STATE FILE NUMBER		3. LAST (Family)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given) MARGARET		2. MIDDLE ELAINE		3. LAST (Family) HAMANN	
AKA. ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/ccyy 07/10/1947		5. AGE Yrs. 60	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER ████████ 4697		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION — Highest Level/Degree (see worksheet on back) BACHELOR		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS (at Time of Death) MARRIED	
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED ADMINISTRATIVE ASSISTANT		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) STATE LIBRARY		7. DATE OF DEATH: mm/dd/ccyy 03/08/2008	
20. DECEDENT'S RESIDENCE (Street and number or location) 1030 SAN FRANCISCO WAY		21. CITY ROHNERT PARK		22. COUNTY/PROVINCE SONOMA	
23. ZIP CODE 94928		24. YEARS IN COUNTY 34		25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME, RELATIONSHIP RENE HAMANN, SPOUSE		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 1030 SAN FRANCISCO WAY, ROHNERT PARK, CA 94928			
28. NAME OF SURVIVING SPOUSE — FIRST RENE		29. MIDDLE -		30. LAST (Maiden Name) HAMANN	
31. NAME OF FATHER — FIRST LESTER		32. MIDDLE -		33. LAST NEWTON	
35. NAME OF MOTHER — FIRST HELEN		36. MIDDLE -		37. LAST (Maiden) SEXTON	
39. DISPOSITION DATE mm/dd/ccyy 03/11/2008		40. PLACE OF FINAL DISPOSITION WEED CEMETERY WEED, CA 96094			
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT ADOBE CREEK FUNERAL HOME		45. LICENSE NUMBER FD1646		46. SIGNATURE OF LOCAL REGISTRAR MARY MADDEX-GONZALEZ, MC	
47. DATE mm/dd/ccyy 03/11/2008		101. PLACE OF DEATH OWN RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA	
104. COUNTY SONOMA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 1030 SAN FRANCISCO WAY		106. CITY ROHNERT PARK	
107. CAUSE OF DEATH Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) METASTATIC BREAST CANCER		108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (AT) YRS. REFERRAL NUMBER		109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 -	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) RIGHT LUMPECTOMY 12/07/2006		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive (A) 12/20/2006 (B) 02/22/2008		115. SIGNATURE AND TITLE OF CERTIFIER HELEN LOUISE COLLINS M.D.	
116. LICENSE NUMBER A50966		117. DATE mm/dd/ccyy 03/11/2008		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE HELEN LOUISE COLLINS M.D. 121 SOTOYOME STREET, SANTA ROSA, CA 95405	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/ccyy	
122. HOUR (24 Hours)		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/ccyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH. #	
CENSUS TRACT		*012008000757944*			

BK-1110
PG-3444
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CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA } SS
COUNTY OF SONOMA } DATE ISSUED **03/12/2008**

This is true and exact reproduction of the document officially registered and placed on file in the Vital Statistics office, Sonoma County Department of Health Services.

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



000562214

Mary Maddex-Gonzalez
LOCAL REGISTRAR
SONOMA COUNTY, CALIFORNIA

