

DOC # 0775090
12/08/2010 12:09 PM Deputy: KE

OFFICIAL RECORD
Requested By:
ELIZABETH HOHNDORF

APN: 1220-17-612-019

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 4 Fee: 17.00
BK-1210 PG-1925 RPTT: 0.00



FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: Affidavit of Death of Trustee

The undersigned hereby affirms that this document submitted for recording contains a Social Security number as required by law:

State Law: NRS 40.525 Sec. 5 - Death Certificates Attached to Affidavit Death of Joint Tenant
State Law: NRS 440.380 Sec. 1.(a) - Medical Certificate of Death; Contents

Signed By:

Print Name/Title: Elizabeth J. Hohndorf

WHEN RECORDED MAIL TO:

Elizabeth J. Hohndorf
1198 Kingston Way
Gardnerville, NV 89460

APN: 1220-17-612-019
RECORDING REQUESTED BY
Elizabeth Hohndorf

**MAIL TAX STATEMENTS AND WHEN
RECORDED, MAIL TO**

Elizabeth Hohndorf, Trustee
1198 Kingston Way
Gardnerville, Nevada 89460

THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT - DEATH OF TRUSTEE - SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada
County of Douglas

Elizabeth J. Hohndorf, of legal age, being duly sworn, deposes and says:

1. That Ernest H. Hohndorf, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Ernest Henry Hohndorf named as the/one of the trustee(s) in that certain Grant, Bargain Sale Deed dated October 3, 2008 executed by Robert J. Blackford and Linda M. Blackford, Trustees of the R & L Blackford Trust to Ernest Henry Hohndorf and Elizabeth Joanne Hohndorf, Trustees of the E & E Hohndorf Trust dated November 18, 1997 as Trustee(s), recorded on November 3, 2008 in Book 1108 page 49 as Document No. 732332 of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Gardnerville, County of Douglas, State of Nevada.

All that certain real property situated in the County of Douglas State of Nevada, described as follows:

Lot 111, Block A as shown on the map of PLEASANTVIEW, PHASE 6, FINAL SUBDIVISION MAP NO. 1009-6, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on April 25, 1997 in Book 497 page 4062 as Document No. 411306 and that certain Certificate of Amendment to said Subdivision Map recorded on December 24, 1997 in Book 1297 at Page 4892 as Document No. 429189, Official Records.

2. That I am Elizabeth J. Hohndorf, named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee(s) of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all person hereafter acquiring an interest in or dealing with the Property.

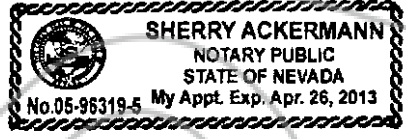
Dated: November 29, 2010



Elizabeth J. Hohndorf
Elizabeth J. Hohndorf, Trustee

SUBSCRIBED AND SWORN to before me, the undersigned Notary Public
in and for said County and State this 7 day of December 2010

Sherry Ackermann



COPIES

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2010014729
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
RECEIPT
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) Ernest H HOHNDORF		2. DATE OF DEATH (Mo/Day/Year) September 24, 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) 1198 Kingston Way		3e. If Hosp or Inst indicate DOA,OP/Emer. Rm Inpatient(Specify) Home	
3d. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 82		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 17, 1928		9a. STATE OF BIRTH (if not U S A, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 12		11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Elizabeth J NELSON	
13. SOCIAL SECURITY NUMBER ██████████-8223		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Battalion Chief		14b. KIND OF BUSINESS OR INDUSTRY San Francisco Fire Dept.	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1198 Kingston Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16 FATHER - NAME (First Middle -Last Suffix) William HOHNDORF			17 MOTHER - NAME (First Middle -Last Suffix) Emily WORTH		
18a. INFORMANT- NAME (Type or Print) Elizabeth J HOHNDORF			18b. MAILING ADDRESS (Street or R.F.D.No; City or Town, State, Zip) 1198 Kingston Way Gardnerville, Nevada 89460		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY- NAME Fitzhenrys Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
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) CHRISTOPHER FORMAN M.D. SIGNATURE AUTHENTICATED			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) September 27, 2010		21c. HOUR OF DEATH 18:06		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) Dr. Christopher Forman M.D. 2874 N. Carson Street, Suite 2 Carson City, NV, 89706			
23b. LICENSE NUMBER 5528		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 04, 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).)					
PART I				Interval between onset and death	
(a) Cardiac Arrest				Minutes	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) Hyperlipidemia				Years	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(d)				Interval between onset and death	
PART II				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
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		28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR



BK- 1210
PG- 1928

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VRS-Rev-20100216

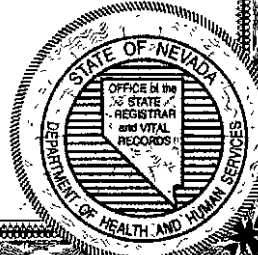


004820 CERTIFIED COPY OF VITAL RECORDS

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: 10/04/2010

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED



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