

APN: 1420-28-511-005
ORDER NO.: 1095434WD

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0111 PG- 4697 RPTT: 0.00



FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: AFFIDAVIT 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

NORTHERN NEVADA TITLE COMPANY

Signed By: _____

Print Name/Title: Wendy Dunbar

WHEN RECORDED MAIL TO:

Beatrice F. Todd
621 St. Andres Lane
Boulder, CO 80027-3273



Beatrice F. Todd
BEATRICE F. TODD

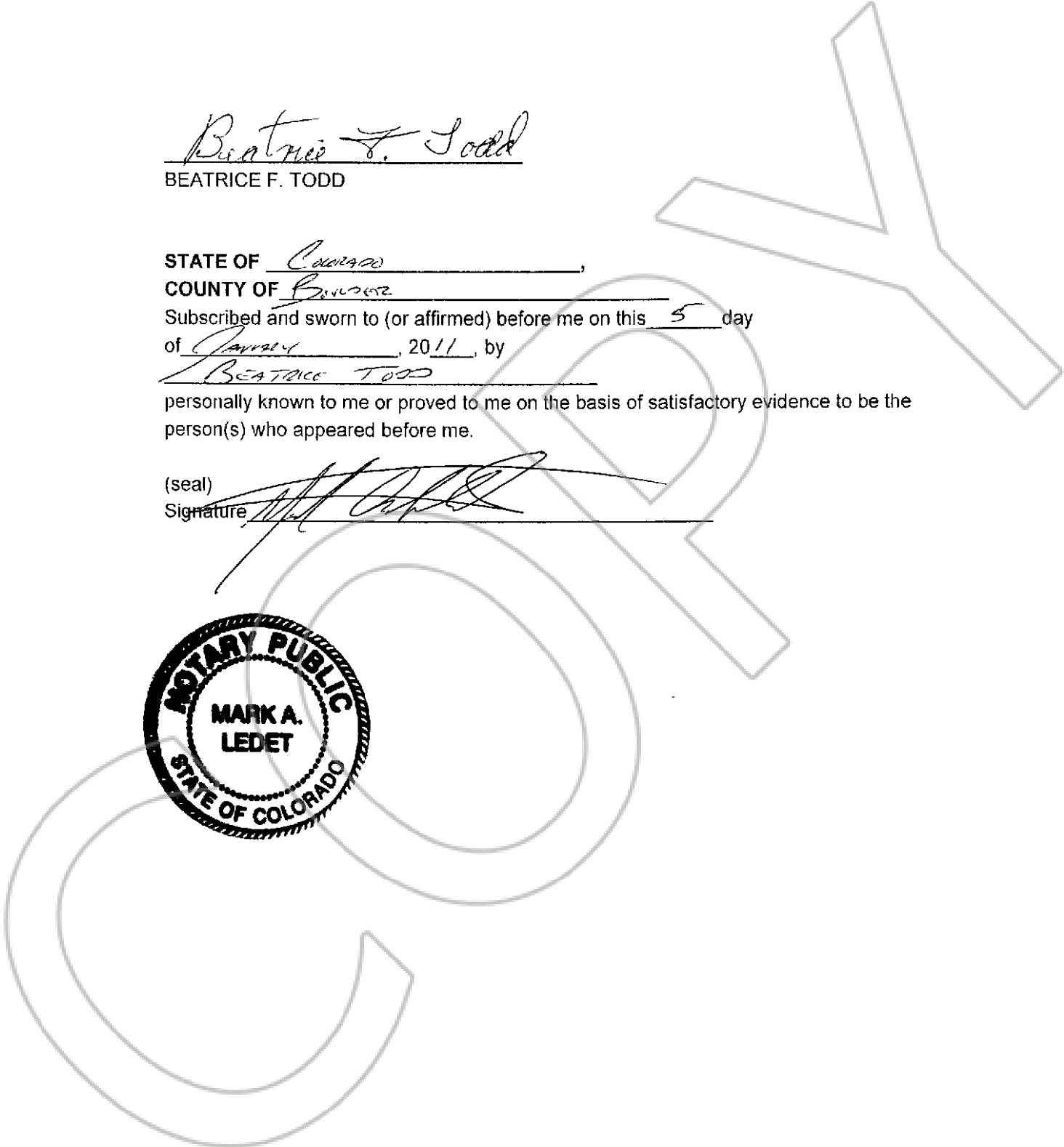
STATE OF Colorado,
COUNTY OF Boulder

Subscribed and sworn to (or affirmed) before me on this 5 day
of January, 2011, by
BEATRICE TODD

personally known to me or proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.

(seal)

Signature



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH
VITAL STATISTICS

ORIGINAL

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Donald A. TODD		2. July 20, 2005	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Minden		3a. Douglas	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
3c. 1382 San Diego Court		3e. Male	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		AGE—Last Birthday (Years)	
5. White		7a. 85	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		UNDER 1 YEAR MOS : DAYS	
6.		7b.	
STATE OF BIRTH (If not U.S.A., name country)		UNDER 1 DAY HOURS : MINS	
9a. Ohio		7c.	
CITIZEN OF WHAT COUNTRY		DATE OF BIRTH (Mo., Day, Yr.)	
9b. U.S.A.		8. November 27, 1919	
Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
10. 16		11. Married	
SOCIAL SECURITY NUMBER		SURVIVING SPOUSE (If wife, give maiden name)	
13. 1107		12. Beatrice Forbes	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
14a. Chemical Engineer		14b. Marine Coatings	
RESIDENCE—STATE		CITY, TOWN OR LOCATION	
15a. Nevada		15c. Minden	
COUNTY		STREET AND NUMBER	
15b. Douglas		15d. 1382 San Diego Court	
INSIDE CITY LIMITS (Specify Yes or No)		15e. No	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Paul Todd		17. Vivian Cottier	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Beatrice F. Todd		18b. 1382 San Diego Court Minden, Nevada 89423	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. Carson Sierra Crematory	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		LOCATION City or Town State	
20a. <i>[Signature]</i>		19c. Carson City Nevada	
FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20b. 09		20c. Society 1614 N. Curry St. Carson City, NV 89703	
21. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)		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) and manner stated. (Signature and Title)	
21b. 7/21/05		22b. DATE SIGNED (Mo., Day, Yr.)	
21c. 19:20		22c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. ON PRONOUNCED DEAD (Mo., Day, Yr.)	
23a. Christopher W. Forman M.D., 2874 N. Carson St. Suite 200, Carson City, NV 89706		22e. AT PRONOUNCED DEAD (Hour)	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		22f. ON	
REGISTRAR		LICENSE NUMBER	
24a. <i>[Signature]</i>		23b. 5528	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24b. July 21, 2005		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death	
PART I (a) Lung carcinoma		2 months	
(b) 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	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	
Crown artery disease		28. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
28a.		27. No	
DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28b.		28c. M	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c.		28d.	
INJURY AT WORK (Specify Yes or No)		LOCATION.	
28e.		28g.	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		STREET OR R.F.D. No.	
28f.		CITY OR TOWN	
		STATE	

STATE REGISTRAR

No. 282087

074943

CERTIFIED COPY OF VITAL RECORDS

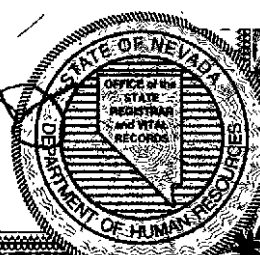
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

JUL 21 2005

STATE REGISTRAR

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



BK- 0111
PG- 4700
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01/21/2011
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