

16-

DOC # 0778513
02/14/2011 01:53 PM Deputy: SG
OFFICIAL RECORD
Requested By:
BRIAN TRUTE

APN: 1320-33-715-031

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0211 PG- 2586 RPTT: 0.00



FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: Affidavit of Death of Joint Tenant

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

WHEN RECORDED MAIL TO:

Brian
✓ Betty Trute
P.O. Box 2502
Minden, NV 89423

A.P.N. 1320-33-715-031

RECORDING REQUESTED BY:

AND WHEN RECORDED, MAIL TO:

Brian Trute
P.O. Box 2502
Minden, NV 89423

THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT - DEATH OF A JOINT TENANT

Betty Trute, of legal age, being duly sworn, deposes and says

That Raymond Fred Trute, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Raymond S. Trute named as one of the parties in that certain Grant, Bargain, Sale Deed dated November 2, 2004, executed by Dennis D. Schroth and Georgia G. Schroth, Co-Trustees of the Schroth Family Trust u/d/t August 4, 2004 to Brian L. Trute, a single man and Raymond S. Trute and Betty Trute, husband and wife all as joint tenants as joint tenants, recorded as Instrument No. 0628990, on November 10, 2004, in Book 1104, Page 05268, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

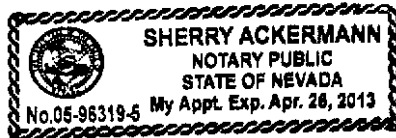
Dated: February 14, 2011

Betty J. Trute
Betty Trute

STATE OF NEVADA)
)
) SS.
)
COUNTY OF Douglas)

On 2-14-2011 before me, the undersigned, a Notary Public in and for said State and County, personally appeared Betty Trute known to me to be the person whose name subscribed to the within instrument and acknowledge that she executed the same.

Signature Sherry Ackermann
Notary Public



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH

VITAL STATISTICS

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

TYPE PRINT IN PERMANENT INK

IDENT

DEATH OCCURRED IN INSTITUTION HANDBOOK REGARDING FLECTION OF THESE ITEMS

ENTS

POSITION

TIFIER

ATIONS ANY TO DATE THE DYING LAST

SE OF ATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Raymond Fred TRUTE		2. May 3, 2006	
CITY, TOWN OR LOCATION OF DEATH		3a. Douglas	
3b. Gardnerville		3c. Carson Valley Medical Center	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		SEX	
5. White		4. Male	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	
6.		7a. 91	
CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	
9a. Kansas		11. Married	
SOCIAL SECURITY NUMBER		SURVIVING SPOUSE (If wife, give maiden name)	
13. [REDACTED] 1756		12. Betty Rotter	
RESIDENCE—STATE		KIND OF BUSINESS OR INDUSTRY	
15a. Nevada		14b. Tool and Dye Industry	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Henry F. Trute		17. Emilie Ulrich	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Brian Trute - Son		18b. P.O. Box 2502, Minden, Nevada 89423	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Burial		19b. Eastside Memorial Park	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		NAME AND ADDRESS OF FACILITY	
20a. [Signature]		20c. Home, 1380 Hwy 395, Gardnerville, NV 89410	
21a. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH	
21b. 5/9/06		21c. 1748	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. ON	
21d.		22a. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
23a. Stephen Perry M.D., 1520 Virginia Ranch, Gardnerville, NV 89410		23b. 6526	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. [Signature]		24b. May 11, 2006	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		DEATH DUE TO COMMUNICABLE DISEASE	
PART I (a) Cardiac arrhythmia		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(b) hyperkalemia		Interval between onset and death	
(c) Acute Renal Failure		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)	
Rhabdomyolysis status epilepticus, CUAS		26. No	
DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28a.		28c. M	
INJURY AT WORK (Specify Yes or No)		DESCRIBE HOW INJURY OCCURRED	
28e.		28d.	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION	
28f.		STREET OR R.F.D. No.	
		CITY OR TOWN	
		STATE	
		28g.	

BK- 0211
 PG- 2588
 0778513 Page: 3 of 3 02/14/2011

STATE REGISTRAR

No. 335805

115831

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:

MAY 11 2006

[Signature]

STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

