

DOC # 779461  
03/04/2011 10:00AM Deputy: DW  
OFFICIAL RECORD  
Requested By:  
NORTHERN NEVADA TITLE CC  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 4 Fee: 17.00  
BK-311 PG-844 RPTT: 0.00

APN: 1419-26-110-002  
ORDER NO.: 109517-wd



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/Escrow Officer

WHEN RECORDED MAIL TO:

Mr. Hutchins  
P.O. BOX 631  
GENOA, NV 89411



**RECORDING REQUESTED BY**

Northern Nevada Title Company  
1483 US Highway 395 N # B  
Gardnerville, NV 89410

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

L. Hugh Hutchins, Successor Trustee of the Hutchins  
Family Trust dated June 12, 1996  
P.O. Box 631  
Genoa, NV 89411

THIS SPACE FOR RECORDER'S USE ONLY

**AFFIDAVIT - DEATH OF TRUSTEE - SUCCESSION OF SUCCESSOR TRUSTEE**

State of Nevada  
County of Douglas

L. Hugh Hutchins, of legal age, being duly sworn, deposes and says:

1. That Sandra L. Hutchins, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Sandra L. Hutchins named as the/one of the trustee(s) in that certain Grant, Bargain and Sale Deed executed by James Canyon LLC, a Nevada Limited Liability Company to L. Hugh Hutchins and Sandra L. Hutchins, Trustees of the Hutchins Family Trust dated June 12, 1996, recorded January 24, 2005, in Book 105, Page 7938, Document No. 635057 of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Genoa, County of Douglas, State of Nevada.

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

Lot 37, in Block D, as shown on the Subdivision Map Planned Unit Development PD 00-16, filed in the office of the Douglas County Recorder on March 6, 2002, in Book 302, Page 2214, as File No. 536360.

2. That I am L. Hugh Hutchins, 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.



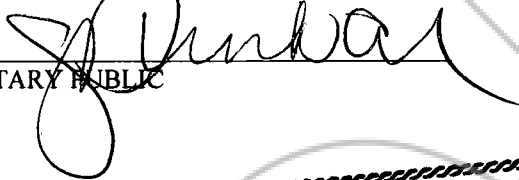
Dated: January 18, 2011

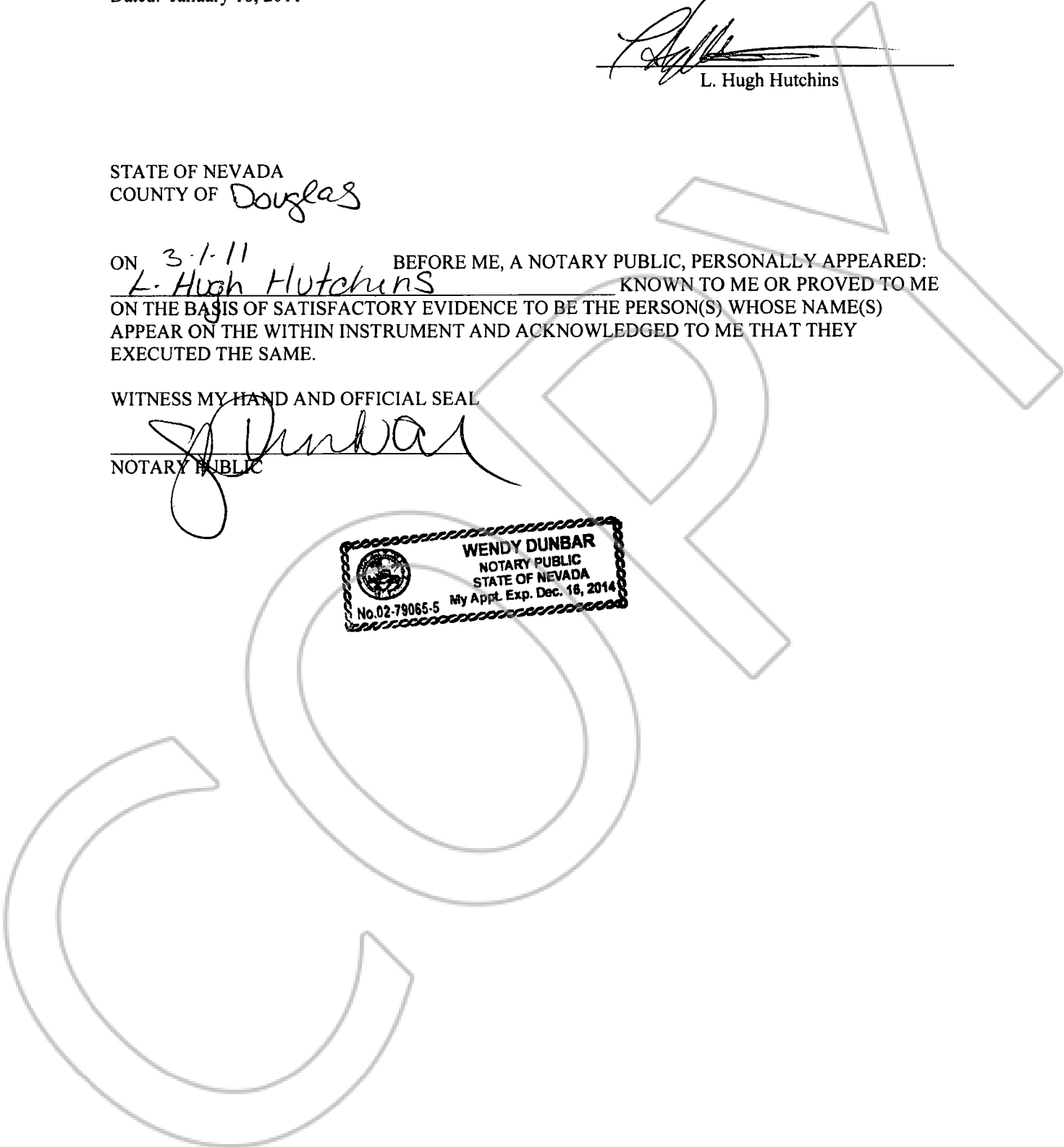
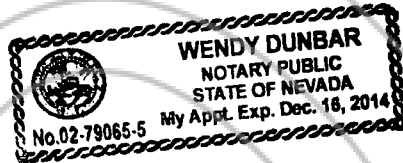
  
L. Hugh Hutchins

STATE OF NEVADA  
COUNTY OF Douglas

ON 3-1-11 BEFORE ME, A NOTARY PUBLIC, PERSONALLY APPEARED:  
L. Hugh Hutchins KNOWN TO ME OR PROVED TO ME  
ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON(S) WHOSE NAME(S)  
APPEAR ON THE WITHIN INSTRUMENT AND ACKNOWLEDGED TO ME THAT THEY  
EXECUTED THE SAME.

WITNESS MY HAND AND OFFICIAL SEAL

  
NOTARY PUBLIC



# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### DIVISION OF HEALTH

#### VITAL STATISTICS CERTIFICATE OF DEATH

2010012071

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE 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) <b>Sandra Lee HUTCHINS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 09, 2010</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Merrill Gardens at Gardnerville</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Female</b>		7a. AGE-Last birthday (Years) <b>73</b>		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>January 17, 1937</b>		9a. STATE OF BIRTH (if not U.S.A., name country) <b>Indiana</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE OR DOMESTIC PARTNER <b>Hugh HUTCHINS</b>	
13. SOCIAL SECURITY NUMBER <b>7154</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Owner</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Liquor Store</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Genoa</b>	
15d. STREET AND NUMBER <b>350 James Canyon Loop</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER - NAME (First Middle Last Suffix) <b>Clarence WESTAFER</b>	
17. MOTHER - NAME (First Middle Last Suffix) <b>Phyllis GILBERT</b>		18a. INFORMANT - NAME (Type or Print) <b>Hugh HUTCHINS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>P.O. Box 631 Genoa, Nevada 89411</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV 89410</b>	
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) <b>STEPHEN J HEWITT DO</b> 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) <b>August 11, 2010</b>		21c. HOUR OF DEATH <b>21:35</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Hewitt, Stephen J</b>		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) <b>Dr. Stephen J Hewitt DO 1090 3rd Street #1 South Lake Tahoe, CA 96150</b>		23b. LICENSE NUMBER <b>1107</b>	
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 17, 2010</b>		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) <b>Cardiopulmonary Arrest</b>				<b>Minutes</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Failure To Thrive</b>				<b>Years</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Alzheimers Dementia</b>				<b>Years</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
PART II				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
28a. ACC., SUICIDE, HDM., 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					

STATE REGISTRAR



BK-311  
PG-847

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VRS-Rev-20090602

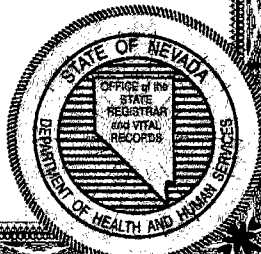
346453 CERTIFIED COPY OF VITAL RECORDS

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: 08/17/2010

*Rud White*  
SIGNATURE AUTHENTICATED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE