

16- Dave

DOC # 0780409
03/23/2011 09:52 AM Deputy: GB

OFFICIAL RECORD

Requested By:

DAVID ENNIS

APN 1320-32-811-013

RECORDING REQUESTED BY

David G. Ennis

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00

BK-0311 PG- 4896 RPTT: 0.00

MAIL TAX STATEMENTS AND WHEN
RECORDED, MAIL TO

David G. Ennis

✓ P.O. Box 10985

South Lake Tahoe, CA 96158



THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT - DEATH OF TRUSTEE - SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada

County of Douglas

David G. Ennis, of legal age, being duly sworn, deposes and says:

1. That Jean C. Ennis, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Jean Carol Ennis named as the/one of the trustee(s) in that certain Grant, Bargain, Sale Deed dated May 8, 1996 executed by Jean Carol Ennis, a single woman to Jean C. Ennis, Trustee of the Jean C. Ennis Revocable Trust dated May 23, 1994 as Trustee(s), recorded as Document No. 389152, book 0696, Page 0029 recorded on June 3, 1996 of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Minden, County of Douglas, State of Nevada.

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

Lot 10, as shown on the map of SIERRA MEADOWS SUBDIVISION PHASE 1, filed in the office of the County Recorder of Douglas County, Nevada on May 18, 1977, as Document No. 09292.

2. That I am David G. Ennis, 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: March 4, 2011

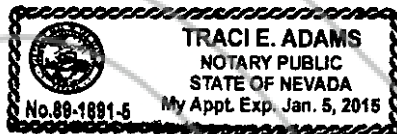
The Jean C. Ennis Revocable Trust dated May 23, 1994

By: David G. Ennis Successor trustee
David G. Ennis, Successor Trustee

STATE OF NEVADA)
COUNTY OF DOUGLAS)

On March 4, 2011 personally appeared before me, a Notary Public, David G. Ennis who acknowledge that he executed the above instrument

Signature Traci E. Adams
notary public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2011001702
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Jean C ENNIS		2. DATE OF DEATH (Mo/Day/Year) February 01, 2011		3a. COUNTY OF DEATH Carson City	
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION-Name(if not either, give street and number) 210 Gold Hill Drive		3e. If Hosp or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	4. SEX Female		6. RACE White (Specify)		8. DATE OF BIRTH (Mo/Day/Yr) January 14, 1919	
	6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last Birthday (Years) 92		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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) Divorced		12. SURVIVING SPOUSE (if wife, give maiden name)			
PARENTS	13. SOCIAL SECURITY NUMBER 2367		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
DISPOSITION	16. FATHER/PARENT - NAME (First Middle Last Suffix) Roy BURSK		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Bessie PERRIN			
	18a. INFORMANT- NAME (Type or Print) David G ENNIS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 10985 South Lake Tahoe, California 96158			
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1814 N Cury Street Carson City NV 89703	
CERTIFIER	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 BOTTENBERG D.O. 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) February 07, 2011		21c. HOUR OF DEATH 19:19		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) B Bottenberg D.O. 550 W Washington #1 Carson City, NV 89701		23b. LICENSE NUMBER DO674			
CAUSE OF DEATH	24a. REGISTRAR (Signature) JENELLE ENGLISH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 10, 2011		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 (a) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Anorexia and Dehydration DUE TO, OR AS A CONSEQUENCE OF: (c) Advanced Dementia DUE TO, OR AS A CONSEQUENCE OF: (d)		Interval between onset and death Seconds		Interval between onset and death Days	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.		26. AUTOPSY (Specify Yes or No) No		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						

STATE REGISTRAR



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BK- 0311
PG- 4898

VRS-Rev-20110104

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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: 02/15/2011

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

