

APN: 1318-15-311-018

**RECORDING REQUESTED BY and  
AFTER RECORDING MAIL THIS DEED to:**

Rachelle J. Nicolle Ltd.  
Attorney at Law  
1662 Hwy. 395, Suite 214  
Minden, NV 89423

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 3 Fee: 16.00  
BK-0811 PG- 1556 RPTT: 0.00



**MAIL TAX STATEMENTS TO GRANTEE:**

Ursula Lewis, Trustee  
PO Box 11850  
Zephyr Cove, NV 89448

I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law. [Per NRS 440.380(1)(a) and 40 525(5)]

**AFFIDAVIT of Death of Original Grantor/Trustee  
and  
Assumption by Successor Trustee**

URSULA LEWIS, being of legal age, being first duly sworn, deposes and says:

1. This Affidavit of Death refers to the EDWIN D. LEWIS 1999 TRUST U/D/T 10/26/1999, (the "Trust") under a revocable trust agreement executed by EDWIN D. LEWIS as Grantor.
2. In accordance with the terms of the Trust, I, URSULA LEWIS, am empowered to act as Successor and Sole Trustee for the Trust after the death of EDWIN D. LEWIS. I hereby affirm my incumbency as Successor Trustee, and declare my intention to act as the remaining Sole Trustee of the EDWIN D. LEWIS 1999 TRUST U/D/T 10/26/1999.
3. I declare and affirm that EDWIN D. LEWIS died on October 11, 2010. I also hereby declare and affirm that the decedent cited in the attached certified copy of Certificate of Death, is the same person as EDWIN DON LEWIS, also known as EDWIN D. LEWIS, Original Grantor and Trustee of the EDWIN D. LEWIS 1999 TRUST U/D/T 10/26/1999.
4. EDWIN D. LEWIS is the named Trustee and Grantee in that certain Grant Deed, granting to EDWIN D. LEWIS, Trustee, and subsequent Trustees of the EDWIN D. LEWIS 1999 TRUST U/D/T 10/26/1999, all right, title and interest in the following identified real property:

APN: .....1318-15-311-018

Commonly Known As: ....3 Kent Court, Zephyr Cove, NV 89448

Recorded On: .....06/23/2010

As Document Number: ....0765854

In Book: .....0610

On Page:.....4677

Official Records of: .....Douglas County, Nevada

Legal Description:.....Lot 14, in Block A, as shown on the map entitled Round Hill Village Unit No. 3, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on November 24, 1965, as Document No. 30185.

- 5. The assets held under this Trust are to be held under the following title:  
URSULA LEWIS, TRUSTEE  
EDWIN D. LEWIS 1999 TRUST U/D/T 10/26/1999
- 6. The EDWIN D. LEWIS 1999 TRUST U/D/T 10/26/1999 has not been revoked and there have been no amendments limiting the powers of the Trustee(s) over Trust property.
- 7. I hereby declare, as Sole Trustee, that I have all Trustee powers, to sell, encumber, retain, or otherwise manage all property belonging to the EDWIN D. LEWIS 1999 TRUST U/D/T 10/26/1999, including, but not limited to, the above-described real property, including any portion thereof.
- 8. I make this affirmation under penalty of perjury on July 21, 2011.

Ursula Lewis 7-21-2011  
 Ursula Lewis, Trustee Date  
 of the EDWIN D. LEWIS 1999 TRUST U/D/T 10/26/1999

JURAT

State of Nevada )  
County of Douglas )

Signed and sworn to (or affirmed) before me on July 21, 2011, by Ursula Lewis

Susan C. Happe  
 Notary Public



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

2010015375  
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>Edwin Don LEWIS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 11, 2010</b>		3a. COUNTY-OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. Indicate DOA,OP/Emer, Rm, Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>67</b>		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>January 29, 1943</b>		9a. STATE OF BIRTH (If not U S A., name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>16</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Hanna Ursula CELBA</b>	
13. SOCIAL SECURITY NUMBER <b>5304</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Certified Public Accountant</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Accounting</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Zephyr Cove</b>	
15d. STREET AND NUMBER <b>3 Kent Court</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		16. FATHER - NAME (First Middle Last Suffix) <b>Raymond LEWIS</b>	
17. MOTHER - NAME (First Middle Last Suffix) <b>Jewel BAKER</b>		18a. INFORMANT - NAME (Type or Print) <b>Hanna Ursula POIDL-LEWIS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>P.O. Box 11850 Zephyr Cove, Nevada 89448</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION - City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>RICK NOEL</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>620</b>		20c. NAME AND ADDRESS OF FACILITY <b>Capitol City Memorial Cremation and Burial Society</b> <b>1614 N Curry Street Carson City NV 89703</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>VIJAY MAIYA</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>October 14, 2010</b>		21c. HOUR OF DEATH <b>08:56</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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. Vijay Maiya 1600 Medical Parkway Carson City, NV, 89703</b>				23b. LICENSE NUMBER <b>11909</b>	
24a. REGISTRAR (Signature) <b>JENELLE ENGLISH</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 14, 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>Acute Myocardial Infarction</b>				Interval between onset and death	
(b) <b>Atherosclerotic Disease</b>				Interval between onset and death	
(c) <b>DUE TO, OR AS A CONSEQUENCE OF</b>				Interval between onset and death	
(d) <b>DUE TO, OR AS A CONSEQUENCE OF</b>				Interval between onset and death	
PART II				26. AUTOPSY - (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>					
28a. ACC., SUICIDE, HOMICIDE, UNDETERMINED 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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PG- 1558  
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VRS-Rev-20100216

357066 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: 10/18/2010

*R. J. English*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

