

DOC # 788173  
 08/19/2011 09:34AM Deputy: SD  
**OFFICIAL RECORD**  
 Requested By:  
 Stewart Title - Carson  
 Douglas County - NV  
 Karen Ellison - Recorder  
 Page: 1 of 3 Fee: \$16.00  
 BK-811 PG-3162 RPTT: 0.00

<b>A.P.N. #</b>	1318-25-110-010
<b>Escrow No.</b>	1041071DR
<b>Recording Requested By:</b>	
<b>Stewart Title</b>	
<b>When Recorded Mail To:</b>	
Don M. Branner, Esq.	
6542 Lonetree Blvd	
Rocklin, Ca 95765	

(for recorders use only)



**AFFIDAVIT DEATH OF TRUSTEE**  
 (Title of Document)

**Please complete Affirmation Statement below:**

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

**-OR-**

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 440.380  
 (State specific law)

Liz Svenningsen  
 Signature Title

Liz Svenningsen  
 Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)



**RECORDING REQUESTED BY:**

Don M. Branner, Esq.

**AND WHEN RECORDED, MAIL TO:**

Don M. Branner, Esq.  
6542 Lonetree Blvd.  
Rocklin, CA 95765

AFFIDAVIT - DEATH OF TRUSTEE

*DMB*

*CALIFORNIA*

STATE OF ~~NEVADA~~ )

)ss.

COUNTY OF ~~DOUGLAS~~ )

*PLACER*

Gurli Molitor, of legal age, being first duly sworn, deposes, and says:

That Guenter W. Molitor, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Guenter Molitor, named as one of the parties in that certain Grant Deed dated August 9, 2007 executed by Guenter Molitor and Gurli Molitor, Grantors to Guenter W. Molitor and Gurli Molitor, Trustees of the Guenter and Gurli Molitor Trust Dated August 9, 2007, Grantees, recorded as Document No. 0716561 on January 22, 2008, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada and more particularly described as follows:

Lot 2, as shown on the Final Map of EDGEWOOD CREEK ESTATES subdivision recorded in the Office of the County Recorder on July 1, 1976, as Document No. 10543, Official Records of Douglas County, Nevada, APN 1318-25-110-010.

Also known as: 119 Easy Street  
Stateline, NV 89449

That Gurli Molitor, is the Successor Trustee appointed to succeed and to act as sole Successor Trustee upon the death of Guenter W. Molitor as Trustee of the Guenter and Gurli Molitor Trust dated August 9, 2007. The appointment of Gurli Molitor to act as sole Trustee of the Trust is provided for in Article II, Paragraph C of the Trust.

Dated: August 4, 2011

*Gurli Molitor*  
\_\_\_\_\_  
GURLI MOLITOR

Subscribed and sworn to (or affirmed) before me on this 4<sup>th</sup> day of August, 2011, by Gurli Molitor proved to me on the basis of satisfactory evidence to be the person who appeared before me.

*DM Branner*  
\_\_\_\_\_  
D. M. BRANNER, Notary Public



CERTIFICATION OF VITAL RECORD

COUNTY OF PLACER

Auburn, California 95603

CERTIFICATE OF DEATH

3201131001656

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 3/00)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) GUENTER		2. MIDDLE W.		3. LAST (Family) MOLITOR	
AKA: ALSO KNOWN AS— Include full AKA (FIRST, MIDDLE, LAST) (See worksheet on back)				4. DATE OF BIRTH mm/dd/ccyy 07/22/1929	
5. AGE Yrs. 81		IF UNDER ONE YEAR: Months Days		IF UNDER 24 HOURS: Hours Minutes	
6. SEX M		9. BIRTH STATE/FOREIGN COUNTRY GERMANY		10. SOCIAL SECURITY NUMBER 2345	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SROP* (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/ccyy 06/27/2011	
8. HOUR (24 Hours) 0725		13. EDUCATION—Highest Level/Degree (See worksheet on back) HS GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) CAUCASIAN		17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED IRON WORKER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MANUFACTURING	
19. YEARS IN OCCUPATION 65		20. DECEDENT'S RESIDENCE (Street and number, or location) 6209 SWEETGRASS COURT			
21. CITY ROCKLIN		22. COUNTY/PROVINCE PLACER		23. ZIP CODE 95677	
24. YEARS IN COUNTY 11		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP GURLI MOLITOR, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 6209 SWEETGRASS COURT, ROCKLIN, CA 95677			
28. NAME OF SURVIVING SPOUSE/SROP—FIRST GURLI		29. MIDDLE ANDERSSON		30. LAST (BIRTH NAME) ANDERSSON	
31. NAME OF FATHER/PARENT—FIRST JOHAN		32. MIDDLE MOLITOR		33. LAST MOLITOR	
34. BIRTH STATE GERMANY		35. NAME OF MOTHER/PARENT—FIRST MAGDALENE		36. MIDDLE STROMPF	
37. LAST (BIRTH NAME) STROMPF		38. BIRTH STATE GERMANY			
39. DISPOSITION DATE mm/dd/ccyy 06/28/2011		40. PLACE OF FINAL DISPOSITION RESIDENCE OF GURLI MOLITOR 6209 SWEETGRASS COURT, ROCKLIN, CA 95677			
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT COCHRANES CHAPEL OF THE ROSES		45. LICENSE NUMBER FD305		46. SIGNATURE OF LOCAL REGISTRAR RICHARD J. BURTON, MD	
47. DATE mm/dd/ccyy 06/28/2011		101. PLACE OF DEATH KAISER FOUNDATION HOSPITAL			
102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY PLACER		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1600 EUREKA ROAD		106. CITY ROSEVILLE	
107. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) URINARY TRACT INFECTION		108. DEATH REPORTED TO CORONER? (Y) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> REFUSAL/HEARSAY		109. BIOPSY PERFORMED? (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
110. AUTOPSY PERFORMED? (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		111. USED IN DETERMINING CAUSE? (D) YES <input type="checkbox"/> NO <input type="checkbox"/>			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 CONGESTIVE HEART FAILURE, ALCOHOL ABUSE, HYPOXEMIA		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive		115. SIGNATURE AND TITLE OF CERTIFIER RIZWANA ABDULLAH, M.D.		116. LICENSE NUMBER A90993	
117. DATE mm/dd/ccyy 06/27/2011		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE RIZWANA ABDULLAH, M.D. 1600 EUREKA ROAD, ROSEVILLE, CA 95661			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Hanging <input type="checkbox"/> Sudden <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/ccyy	
122. HOUR (24 Hours)		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/ccyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
CENSUS TRACT		010001001814972			

BK 811  
PG-3164  
788173 Page: 3 of 3 08/19/2011



CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF PLACER

\* 0 0 0 3 4 3 8 6 7 \*

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Health and Human Services Department.

DATE ISSUED 07/08/2011

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

*Richard J. Burton, M.D.*

Richard J. Burton, M.D.  
HEALTH OFFICER AND LOCAL REGISTRAR

