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RECORDING REQUESTED BY

DOC # 0789395
09/12/2011 04:22 PM Deputy: KE

AND WHEN RECORDED MAIL DOCUMENT AND TAX STATEMENT TO:

OFFICIAL RECORD
Requested By:
SUSAN JILL CRANDALL

✓ NAME Susan Jill Crandall
STREET ADDRESS 1375 Marlette Cr.
CITY, STATE & ZIP CODE Gardnerville, Nevada
89460

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0911 PG- 1777 RPTT: 0.00



TITLE ORDER NO. ESCROW NO.
APN: 1320-30-814-003

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF Nevada
COUNTY OF Douglas

Susan Jill Crandall, of legal age, being first duly sworn, deposes and says:

That Letha Jean Norfleet, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Letha J. Norfleet named as the trustee in that certain Jean Norfleet Trust dated January 16, 2003 executed by Letha J. Norfleet as trustor(s).

At the time of demise of the decedent, the decedent was the record owner, as trustee, of real property commonly known as 1636 Olua St #3 and described in a deed signed by Roy K. Thurlkill & Carol B. Thurlkill as grantor(s) on 9-22-95 and recorded as Instrument No. 371309 on 9-27-95 of the Official Records in the Office of the County Recorder of Douglas County, State of Nevada, concerning the following described real property situated in the City of Minden, County of Douglas, State of Nevada: (Insert legal description)

I, Susan Jill Crandall am the successor trustee under the above referenced trust, which was in effect at the time of the death of the decedent mentioned in the above, and which has not been revoked, and I hereby consent to act as such. There are no federal estate taxes due as the result of the death of the decedent mentioned in the above. I declare under penalty of perjury, under the laws of the State of ~~California~~ Nevada, that the foregoing is true and correct.

Dated this 6 day of September, 2011

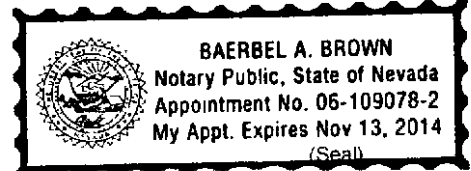
Susan Jill Crandall
(Signature of affiant)

State of ~~California~~ Nevada
County of ~~Douglas~~ Washoe

Susan Jill Crandall
(Type or print full name of affiant)

Subscribed and sworn to (or affirmed) before me on this 6th day of SEPTEMBER, 2011 by, SUSAN J. CRANDALL, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Barbel A. Brown
(Signature)



* There are various types of forms depending on each person's legal status. Before you use this form you may want to consult an attorney if you have questions concerning which document form is appropriate for your transaction.



The land referred to herein is situated in the State of Nevada, County of Douglas,, described as follows:

Unit 3, as set forth on BELARRA TOWNHOUSE ESTATES, filed for record April 25, 1978, as Document No. 19954, Official Records of Douglas County, Nevada, and as Amended by Certificate recorded August 13, 1982, as Document No. 70143, Official Records of Douglas County, Nevada.

Together with a 1/9th interest in the Common Area, as shown on the Map of Belarra Townhouse Estates, filed for record on April 25, 1978, a Document No. 19954, Official Records of Douglas County, Nevada, acquired by Deed recorded August 28, 1985, Book 885, Page 2997, Document No. 122329, Official Records of Douglas County, Nevada.

The above map is a redivision of Lot 2 Map of Belarra Subdivision Unit No. 1, recorded February 28, 1977, as Document No. 07213 and Lots 16 and 17, Map of Belarra Subdivision Unit No. 2-A, recorded July 26, 1977, as Document No. 11365, Official Records of Douglas County, Nevada.

0417098

BK0797PG2157

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2011012792
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Letha Jean NORFLEET		2. DATE OF DEATH (Mo/Day/Year) August 04, 2011		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) 1375 Marlette Circle		3e. If Hosp. or Inst. indicate DOA, OPI, Emer Rm Inpatient (Specify) Residence	
DECEDENT	4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 87		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY 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 13	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)			
PARENTS	13. SOCIAL SECURITY NUMBER 8940		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Administrative Assistant		14b. KIND OF BUSINESS OR INDUSTRY City Government	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
DISPOSITION	15d. STREET AND NUMBER 1636 Olua #3		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Charles Hezekiah MCKNIGHT	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Delphia MORRIS		18a. INFORMANT - NAME (Type or Print) Susan Jill CRANDALL			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1375 Marlette Circle Gardnerville, Nevada 89460		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Anatomical Donation/Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory	
	19c. LOCATION - City or Town - State Reno Nevada 89501		20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BLAKE HOWE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 622	
CERTIFIER	20c. NAME AND ADDRESS OF FACILITY Walton's Funeral Home, Reno 875 West Second St Reno NV 89503		21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) KELLE BROGAN M.D. 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) August 15, 2011		21c. HOUR OF DEATH 07:22		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)	
	22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Kelle Brogan M.D. 429 Elm Street Reno, NV. 89503		23b. LICENSE NUMBER 6000	
CAUSE OF DEATH	24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 18, 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			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(a) Cerebrovascular Disease		Interval between onset and death			
	(b) Atrial Fibrillation		Interval between onset and death			
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
(d) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		
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

608809

 BK- 0911
 PG- 1779
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VRS-Rev. 20110104

400020

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:

AUG 24 2011

STATE REGISTRAR

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

