

16-

DOC # 0791831
11/01/2011 09:58 AM Deputy: KE

OFFICIAL RECORD
Requested By:
JOSEPH TILLSON

Document Transfer Tax - \$0
Assessor's Parcel No. 1418-27-810-030

WHEN RECORDED AND
MAIL TAX STATEMENTS TO:

Gary M. LokenDahle, Trustee
P.O. Box 294
Glenbrook, NV 89413

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00
BK-1111 PG- 0059 RPTT: 0.00



The grantor declares:
Documentary transfer tax is \$ -0-
 computed on full value of property conveyed,

AFFIDAVIT--DEATH OF TRUSTOR, TRUSTEE AND BENEFICIARY

GARY M. LOKENDAHLE, of legal age, being first duly sworn, deposes and says:

That ALFRED MORRIS DAHLE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as is named as a party in that certain Grant, Bargain and Sale Deed dated June 01, 2005, executed by ALFRED M. DAHLE, SUCCESSOR TRUSTEE OF THE IRIS J. DAHLE AND ALFRED M. DAHLE 1991 REVOCABLE LIVING TRUST to ALFRED M. DAHLE SUCCESSOR TRUSTEE OF THE IRIS J. DAHLE AND ALFRED M. DAHLE 1991 REVOCABLE LIVING TRUST AND GARY LOKEN DAHLE, an unmarried man, wherein the decedent was the surviving trustor of THE IRIS J. DAHLE AND ALFRED M. DAHLE 1991 REVOCABLE LIVING TRUST dated September 5, 1991, as well as the beneficiary and trustee under said trust; it being further acknowledged that GARY M. LOKENDAHLE is the surviving trustee under said declaration of trust on the death of ALFRED M. DAHLE.

The original Grant, Bargain and Sale Deed aforementioned is recorded as Document No.0646336 at Book 0605 Page 3028, on June 8, 2005, in the Official Records of Douglas County, State of Nevada, covering the following described property situated in the unincorporated area, County of Douglas, State of Nevada:

Lot 191, as shown on the map entitled CAVE ROCK ESTATES UNIT NO. 1, filed for record January 3, 1962, in the office of the County Recorder, Douglas County, Nevada, as Document No. 19323.

Dated: 10/17/11

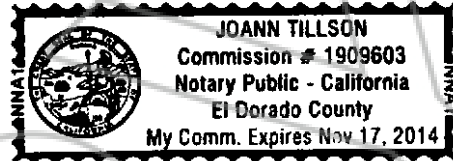
GARY M. LOKENDAHLE

JURAT

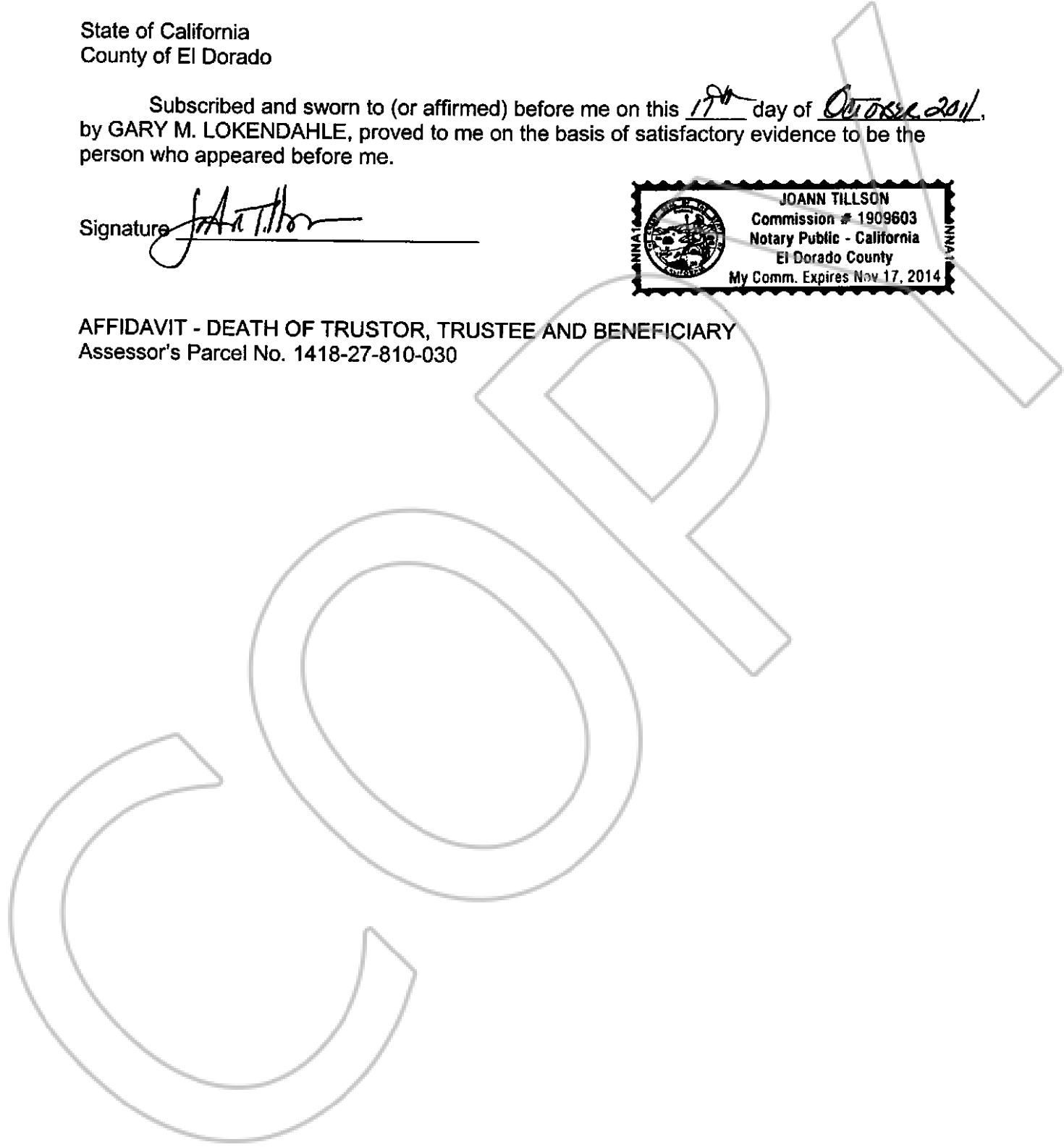
State of California
County of El Dorado

Subscribed and sworn to (or affirmed) before me on this 17th day of October 2011,
by GARY M. LOKENDAHLE, proved to me on the basis of satisfactory evidence to be the
person who appeared before me.

Signature *Joann Tillson*



AFFIDAVIT - DEATH OF TRUSTOR, TRUSTEE AND BENEFICIARY
Assessor's Parcel No. 1418-27-810-030



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2009005298

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) Alfred Morris DAHLE		2. DATE OF DEATH (Mo/Day/Year) April 06, 2009		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) Evergreen at CC Health and Rehab Ctr		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE/ White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 091		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 01, 1917		9a. STATE OF BIRTH (If not U.S.A. name country) Wisconsin		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Supervisor		14b. KIND OF BUSINESS OR INDUSTRY Aircraft	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Glenbrook	
15d. STREET AND NUMBER 303 Pheasant Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? Yes	
16. FATHER - NAME (First Middle Last Suffix) Alfred O. DAHLE			17. MOTHER - NAME (First Middle Last Suffix) Mare. IVERSON		
18a. INFORMANT - NAME (Type or Print) Gary LOKENDAHLE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 294 Glenbrook, Nevada 89413			
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 1614 N Curry Street Carson City NV 89703	
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) GAIL KRIVAN MD 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) April 10, 2009		21c. HOUR OF DEATH 01:30		22b. DATE SIGNED (Mo/Day/Yr)	
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) Gail Krivan MD 1001 N. Mountain St. Suite 1D Carson City, NV, 89703			
23b. LICENSE NUMBER 9735		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 13, 2009		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) Acute Cardiopulmonary Arrest Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Myocardial infarction Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Atrial Fibrillation Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Failure to Thrive Interval between onset and death					
PART II					
26. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		27. DATE OF INJURY (Mo/Day/Yr)		28a. AUTOPSY (Specify Yes or No) No	
28b. HOUR OF INJURY		28c. DESCRIBE HOW INJURY OCCURRED		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
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- 1111
PG- 61

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VRS-Rev. 2007

267246 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: APR 16 2009

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

PBNC0 (REV.) 1/06

R. J. White
STATE REGISTRAR

