

16-

OFFICIAL RECORD
Requested By:
CHESTER GEORGE

RECORDING REQUESTED
AND RETURN TO:

Carolyn J. George
3795 Zeolite Circle, T.R.E.
Wellington, Nevada 89444

Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: 16.00
BK-1211 PG- 5867 RPTT: 0.00



MAIL TAX STATEMENTS TO:

Carolyn J. George
3795 Zeolite Circle, T.R.E.
Wellington, Nevada 89444

AFFIDAVIT REGARDING DEATH OF INITIAL CO-TRUSTEE
AND ASSUMPTION OF TRUSTEESHIP BY REMAINING TRUSTEE

1022-09-002-074
A.P.N. # 37-291-07 Douglas County, Nevada

STATE OF NEVADA)
)ss.
COUNTY OF DOUGLAS)

The undersigned, Carolyn J. George, Trustee, being first duly sworn, depose and say that, Chester P. George, Co-Trustee of THE C AND C GEORGE FAMILY TRUST dated October 31, 1997, is the same Chester P. George as indicated in the attached certified copy of Certificate of Death and the same Chester P. George named as one of the parties in that Quitclaim deed dated January 23, 1998, executed by Chester P. George and Carolyn J. George, husband and wife as joint tenants, to Chester P. George and Carolyn J. George, Co-Trustees of THE C AND C GEORGE FAMILY TRUST dated October 31, 1997, recorded as Document No. 0431737 on February 02, 1998, of Official Records of the County of Douglas, State of Nevada, covering the following described real property:

LOT 12, AS SHOWN ON THE MAP OF TOPAZ RANCH ESTATES UNIT NO. 3, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MARCH 31, 1969, AS DOCUMENT NO. 44091.

Carolyn J. George, further declares that, as a result of the death Chester P. George, she is the Sole Trustee of the above-mentioned Trust.

The undersigned declares under penalty of perjury that the foregoing is true and correct, and that this affidavit is executed on the date and place indicated below.

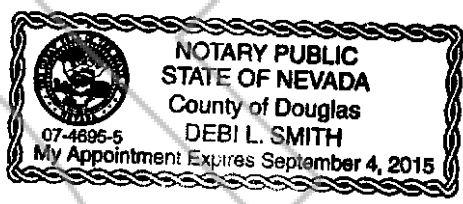
Executed on 12-27-2011, in the City of Wellington, County of Douglas, State of Nevada.

Carolyn J. George
Carolyn J. George, Trustee

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

Subscribed and sworn to (or affirmed) before me on this 27th day of December, 2011, by Carolyn J. George, Trustee, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

WITNESS my hand and official seal



Debi L. Smith
Notary Public for said State

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

2011017067
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Chester Paul GEORGE		2. DATE OF DEATH (Mo/Day/Year) November 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) Carson Tahoe Regional Medical Center		3e. if Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 64	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		7d. UNDER 1 DAY MIN.	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not U.S.A. name country) Texas		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Carolyn LOWREY		13. SOCIAL SECURITY NUMBER 5589	
PARENTS	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Accountant		14b. KIND OF BUSINESS OR INDUSTRY Accounting		Ever in US Armed Forces? Yes	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
DISPOSITION	15d. STREET AND NUMBER 3795 Zeolite Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix)	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix)		18a. INFORMANT- NAME (Type or Print) Carolyn GEORGE			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3795 Zeolite Circle Wellington, Nevada 89444				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			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOSH FAULKNER <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 775		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Roop Carson City NV 89706	
	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) <i>SIGNATURE AUTHENTICATED</i> VIJAY MAIYA			
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) November 04, 2011		21c. HOUR OF DEATH 07:30		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
	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)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
CAUSE 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) Dr. Vijay Maiya 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 11909	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) NICOLE SHORE <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 04, 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))				Interval between onset and death	
PART I	(a) Cardiopulmonary Arrest				Interval between onset and death	
	(b) Hypoxemia				Interval between onset and death	
PART II	(c) Metastatic Melanoma				Interval between onset and death	
	(d) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
26. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)				26. AUTOPSY (Specify Yes or No) No		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. DATE OF INJURY (Mo/Day/Yr)		28b. HOUR OF INJURY		
28c. DESCRIBE HOW INJURY OCCURRED		28d. LOCATION STREET OR R.F.D. No		28e. CITY OR TOWN STATE		
28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION		28h. CITY OR TOWN STATE		

STATE REGISTRAR



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PG- 5869
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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:
11/04/2011

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

STATE REGISTRAR
R. Whitt
SIGNATURE AUTHENTICATED

