

DOC # 795501  
01/09/2012 10:49AM Deputy: PK  
OFFICIAL RECORD  
Requested By:  
Northern Nevada Title CC  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 3 Fee: \$16.00  
BK-112 PG-1131 RPTT: 0.00



APN: 1318-15-610-013  
ORDER NO.: 1097493-wd

FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: Affidavit Death

The undersigned hereby affirms that this document submitted for recording contains a Social Security number as required by law:

State Law: NRS 40.525 Sec. 5 - Death Certificates Attached to Affidavit Death of Joint Tenant  
State Law: NRS 440.380 Sec. 1.(a) - Medical Certificate of Death; Contents

NORTHERN NEVADA TITLE COMPANY

Signed By: \_\_\_\_\_

Print Name/Title: Wendy Dunbar/Escrow Officer

WHEN RECORDED MAIL TO:

Dorothy A. Monk  
P.O. Box 1692  
2.C. NV 89448



RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

Dorothy A. Monk  
P.O. BOX 1492  
Zephyr Cove, NV 89448

SPACE ABOVE THIS LINE FOR RECORDER'S USE  
**AFFIDAVIT - DEATH OF TRUSTEE**

STATE OF NEVADA )  
                          ) SS.  
COUNTY OF DOUGLAS )

DOROTHY A. MONK of legal age, being first duly sworn, deposes and says:

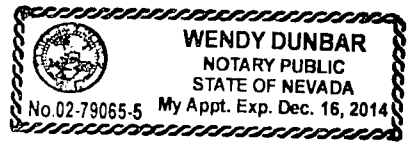
- 1. Burdette Carlos Monk is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person named as Trustee in that certain Declaration of Trust dated October 16, 2001, executed by Burdette C. Monk and Dorothy A. Monk as trustor(s).
- 2. At the time of decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on October 23, 2001, as Instrument No. 526093, in Official Records of Douglas County, Nevada, describing the following real property:

**Lot 31, Block B, as shown on the map of 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 in Book 36 at Page 131 as Document No. 30185, Official Records.**

- 3. I am the surviving or successor Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Dated January 3, 2012

Dorothy A. Monk  
Dorothy A. Monk



STATE OF NEVADA  
COUNTY OF DOUGLAS

Subscribed and sworn to (or affirmed) before me on this 6<sup>th</sup> day of January, 2012, by Dorothy A. Monk personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Wendy Dunbar

# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### DIVISION OF HEALTH

#### VITAL STATISTICS CERTIFICATE OF DEATH

2010017755

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>Burdette Carlos MONK</b>			2. DATE OF DEATH (Mo/Day/Year) <b>November 16, 2010</b>		3a. COUNTY OF DEATH <b>Douglas</b>		
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Zephyr Cove</b>			3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) <b>4 Ute Court</b>		3d. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Home</b>		
4. SEX <b>Male</b>			5. RACE White (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		
7a. AGE-Last birthday (Years) <b>79</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>January 17, 1931</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>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
12. SURVIVING SPOUSE (if wife, give maiden name) <b>Dorothy DOUGLAS</b>		13. SOCIAL SECURITY NUMBER <b>8020</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Production Manager</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Broadcasting</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>4 Ute Court</b>	
15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		16. FATHER - NAME (First Middle Last Suffix) <b>William Lloyd MONK</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Nurna Jean KIZER</b>		
18a. INFORMANT - NAME (Type or Print) <b>Dorothy MONK</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>P.O. Box 1692 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>1814 N Curry Street Carson City NV 89703</b>		
21. 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>STEPHEN J HEWITT DO</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>November 29, 2010</b>		21c. HOUR OF DEATH <b>21:05</b>		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
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. Stephen J Hewitt DO 1090 3rd Street #1 South Lake Tahoe, CA 96150</b>						23b. LICENSE NUMBER <b>1107</b>	
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 30, 2010</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>		
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						26. AUTOPSY (Specify Yes or No) <b>No</b>	
PART I						27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
(a) <b>Cardiopulmonary Arrest</b>						Interval between onset and death <b>Minutes</b>	
(b) <b>Lung Cancer - Metastatic</b>						Interval between onset and death <b>Years</b>	
(c) <b></b>						Interval between onset and death	
(d) <b></b>						Interval between onset and death	
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	
28a. 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 112  
PG-1133

795501 Page: 3 of 3 01/09/2012

VRB-Rav-20110216

362401

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: 12/01/2010

*Rud White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

