

DOC # 797586
02/21/2012 01:17PM Deputy: SG
OFFICIAL RECORD
Requested By:
Stewart Title - Carson
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: \$17.00
BK-212 PG-3783 RPTT: 0.00



A.P.N. #	1418-34-110-051
Escrow No.	1045928DR
Recording Requested By:	Stewart Title
When Recorded Mail To:	Wayne D. Page 4757 Harrow Ct. Santa Rosa, CA 95404
(for recorders use only)	

Affidavit of 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: 440.380

(State specific law)

Dana Reed
Signature

Escrow Officer
Title

Dana Reed
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)



Recorded at the request of and
when recorded return to:

Wayne D. Page
4757 Harrow Court
Santa Rosa, CA 95404

Space Above This Line For Recorder's Use

APN: 1418-34-110-051

AFFIDAVIT – DEATH OF TRUSTEE

State of California
County of Sonoma

WAYNE D. PAGE of legal age, being first duly sworn, deposes, and says: ALMA IRENE PAGE the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ALMA IRENE PAGE Co-Trustee of the PAGE LIVING TRUST dated April 10, 1992 who received title to the property described below by Grant Deed dated February 1, 2008 and recorded on February 11, 2008 in the Official Records of Douglas County Doc. No. 0717880 pertaining to the real property in the City of Glenbrook, County of Douglas, State of Nevada, described as follows:

Lots 10 and 11, Block B, Lincoln Park, Lake Tahoe, Douglas County, Nevada.

1278 Lincoln Park Cl.
Glenbrook, Nevada 89413

New Parcel No. 1418-34-110-051
Former APN: 03-163-070

Upon the death of decedent, WAYNE D. PAGE became the Successor Trustee of the same Trust under which decedent held title as Trustee, and is designated and empowered pursuant to the terms of said trust to serve as the Trustee thereof.

Dated: December 9, 2011


WAYNE D. PAGE
Trustee

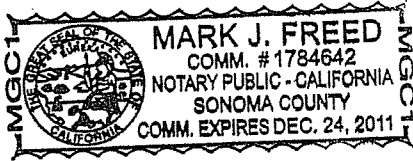


JURAT

State of California
County of Sonoma

SUBSCRIBED AND SWORN to (or affirmed) before me on this 9 day of December, 2011,
by WAYNE D. PAGE, proved to me on the basis of satisfactory evidence to be the person(s)
who appeared before me.

Mark J. Freed, Notary Public



COPIES

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SONOMA
SANTA ROSA, CALIFORNIA

CERTIFICATE OF DEATH

3201149002678

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/06)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) ALMA		2. MIDDLE IRENE		3. LAST (Family) PAGE	
AKA: ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/ccyy 06/17/1923		5. AGE Yrs. 88	
9. BIRTH STATE/FOREIGN COUNTRY MI		10. SOCIAL SECURITY NUMBER 8044		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SRDP* (at Time of Death) WIDOWED		7. DATE OF DEATH mm/dd/ccyy 09/11/2011		8. HOUR (24 Hours) 2205	
13. EDUCATION - Highest Level/Degree (See worksheet on back) HS GRADUATE		14/15. WAS DECEDENT HISPANIC/LATINO(A)/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) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED OFFICE MANAGER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) FLOORING		19. YEARS IN OCCUPATION 15	
20. DECEDENT'S RESIDENCE (Street and number, or location) 4757 HARROW COURT					
21. CITY SANTA ROSA		22. COUNTY/PROVINCE SONOMA		23. ZIP CODE 95405	
24. YEARS IN COUNTY 54		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP WAYNE PAGE, SON			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 4757 HARROW COURT, SANTA ROSA, CA 95404		
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST UNKNOWN		32. MIDDLE -		33. LAST BEAGLE	
34. BIRTH STATE MI		35. NAME OF MOTHER/PARENT - FIRST EVA		36. MIDDLE -	
37. LAST (BIRTH NAME) UNKNOWN		38. BIRTH STATE MI			
39. DISPOSITION DATE mm/dd/ccyy 09/14/2011		40. PLACE OF FINAL DISPOSITION SANTA ROSA MEMORIAL PARK 1900 FRANKLIN AVENUE, SANTA ROSA, CA 95404			
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER LISA LEHR KLEIN		43. LICENSE NUMBER EMB8486	
44. NAME OF FUNERAL ESTABLISHMENT EGGEN & LANCE CHAPEL		45. LICENSE NUMBER FD240		46. SIGNATURE OF LOCAL REGISTRAR MARK NETHERDA, MD	
47. DATE mm/dd/ccyy 09/14/2011					
101. PLACE OF DEATH CREEKSIDE CONVALESCENT & REHAB PRGRM		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SONOMA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 850 SONOMA AVE		106. CITY SANTA ROSA	
107. CAUSE OF DEATH Enter the chain of events --- diseases, injuries, or complications --- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) HOSPITAL ACQUIRED PNEUMONIA		Time Interval Between Onset and Death (A) 2WKS		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Sequitentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) -		(B) -		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(C) -		(C) -		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(D) -		(D) -		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 LEFT HEMISPHERE CEREBROVASCULAR ACCIDENT, ATRIAL FIBRILLATION, ALZHEIMER'S DISEASE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date.) NO				113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
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: 03/02/1998 Decedent Last Seen Alive: 09/01/2011		115. SIGNATURE AND TITLE OF CERTIFIER KENT MASASHI MATSUDA M.D.		116. LICENSE NUMBER G62069	
117. DATE mm/dd/ccyy 09/12/2011		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE KENT MASASHI MATSUDA M.D. 4710 HOEN AVENUE, SANTA ROSA, CA 95405			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		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

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PG-3786
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CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA } ss **SEP 26 2011**
COUNTY OF SONOMA } DATE ISSUED

This is true and exact reproduction of the document officially registered and placed on file in the Vital Statistics office, Sonoma County Department of Health Services.

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

LOCAL REGISTRAR
SONOMA COUNTY, CALIFORNIA

