

DOC # 798577
03/09/2012 10:37AM Deputy: GB
OFFICIAL RECORD
Requested By:
Northern Nevada Title CC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 6 Fee: \$19.00
BK-312 PG-2018 RPTT: 0.00



APN: 1320-29-111-052
ORDER NO.: 1097841-wd

FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: Affidavit of 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:

A handwritten signature in black ink, appearing to read "Wendy Dunbar", written over a horizontal line.

Print Name/Title: Wendy Dunbar/Escrow Officer

WHEN RECORDED MAIL TO:

Barbara Lynne Clark
817 Mahogany Dr.
Minden, NV 89423



Apn: 1320-29-111-052
RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

Barbara Lynne Clark
817 Mahogany Dr.
Minden, NV 89423

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

Barbara Lynne Clark of legal age, being first duly sworn, deposes and says:

1A. Judson Bernard Vance. is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person named as Trustee of the Trust of Judson B. Vance and Doris L. Vance executed by Judson B. Vance and Doris L. Vance as trustor(s).

1B. At the time of decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on April 2, 1997, as Instrument No. 409772, in Official Records of Douglas County, Nevada, describing the following real property:

See Exhibit "A" Attached hereto and made a part hereof

2A. Doris Lucille Vance is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person named as Trustee of the Trust of Judson B. Vance and Doris L. Vance executed by Judson B. Vance and Doris L. Vance trustor(s).

2B. At the time of decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on April 2, 1997, as Instrument No. 409772, in Official Records of Douglas County, Nevada, describing the following real property:

See Exhibit "A" Attached hereto and made a part hereof



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.

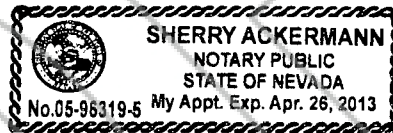
Dated March 8, 2012

Barbara Lynne Clark
Barbara Lynne Clark

STATE OF NEVADA , **COUNTY OF DOUGLAS**

Subscribed and sworn to (or affirmed) before me on this 12 day of March, 2012, by –
Barbara Lynne Clark personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(seal)
Signature Sherry Ackermann



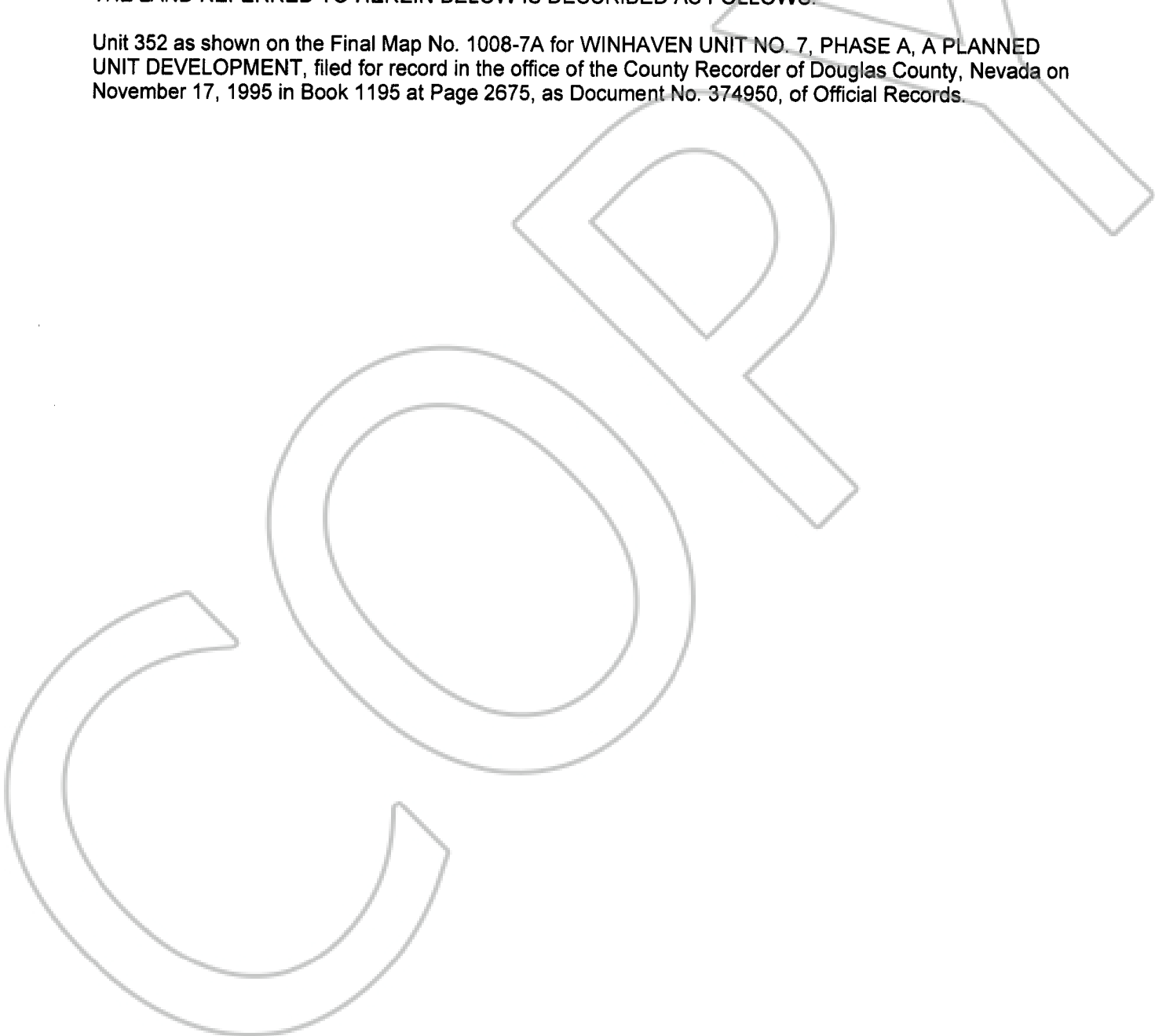


Escrow No.: 1097841-WD

EXHIBIT A

THE LAND REFERRED TO HEREIN BELOW IS DESCRIBED AS FOLLOWS:

Unit 352 as shown on the Final Map No. 1008-7A for WINHAVEN UNIT NO. 7, PHASE A, A PLANNED UNIT DEVELOPMENT, filed for record in the office of the County Recorder of Douglas County, Nevada on November 17, 1995 in Book 1195 at Page 2675, as Document No. 374950, of Official Records.



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2011014268
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Doris Lucille VANCE		2. DATE OF DEATH (Mo/Day/Year) September 03, 2011		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 1824 White Pine Way		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	4. SEX Female		7a. AGE-Last birthday (Years) 85		7c. UNDER 1 DAY Home	
	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) December 02, 1925		9a. STATE OF BIRTH (If not U.S.A., name country) North Dakota		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)	
PARENTS	13. SOCIAL SECURITY NUMBER 0211		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Secretary		14b. KIND OF BUSINESS OR INDUSTRY Insurance	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
DISPOSITION	16. FATHER/PARENT - NAME (First Middle Last Suffix) Nels NELSON		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Carrie ERICKSON			
	18a. INFORMANT - NAME (Type or Print) Barbara CLARK		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 817 Mahogany Dr Minden, Nevada 89423			
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JUDITH ROSSO DO 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) September 12, 2011		21c. HOUR OF DEATH 00:18		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Physician JUDITH ROSSO DO 1520 Virginia Ranch Gardnerville, NV 89410		23b. LICENSE NUMBER 750			
	24a. REGISTRAR (Signature) JENELLE ENGLISH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 15, 2011		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	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			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(b) Breast Cancer		Interval between onset and death			
	(c) 		Interval between onset and death			
	(d) 		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



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V69-Rev-20110104

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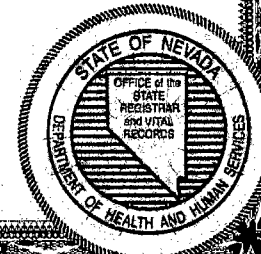
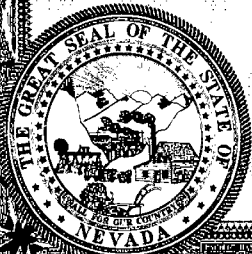
CERTIFIED COPY OF VITAL RECORDS

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: 09/15/2011

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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



STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER	COUNTY OF DEATH				
	1.	Judson	Bernard	VANCE	2. May 31, 2003	3a. Carson City					
DECEDENT	CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)	SEX					
	3b. Carson City		3c. Carson Tahoe Hospital		3e. Inpatient	4. Male					
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Mo., Day, Yr.)			
	5. White		6.		7a. 80	MOS : DAYS	HOURS : MINS	8. May 27, 1923			
PARENTS	STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		
	9a. Minnesota		9b. U.S.A.		10. 11		11. Married		12. Doris L. Nelson		
DISPOSITION	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)			KIND OF BUSINESS OR INDUSTRY					
	13. 4165		14a. Credit Manager			14b. Carnation Milk Company					
CERTIFIER	RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)		
	15a. Nevada		15b. Douglas		15c. Minden		15d. 1824 White Pine Way		15e. yes		
CAUSE OF DEATH	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last							
	16. Delbert Knight Vance			17. Gertrude Alma Marcellus							
CAUSE OF DEATH	INFORMANT—NAME (Type or Print)				MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)						
	18a. Doris L. Vance - Wife				18b. 1824 White Pine Way, Minden, Nevada 89423						
CAUSE OF DEATH	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME			LOCATION City or Town State					
	19a. Cremation		19b. FitzHenry's Crematory			19c. Carson City, NV					
CAUSE OF DEATH	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY						
	20a. [Signature]		20b. 217		20c. Home, 1380 Hwy 395, Gardnerville, NV 89410						
CAUSE OF DEATH	21. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.				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) and manner stated.						
	(Signature and Title) [Signature]				(Signature and Title) [Signature]						
CAUSE OF DEATH	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH				
	21b. 6 3 03		21c. 1134		22b.		22c.				
CAUSE OF DEATH	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)				
	21d.				22d. ON		22e. AT				
CAUSE OF DEATH	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)						LICENSE NUMBER				
	23a. John Bower, M.D., 844 W. Nye Ln. #201, Carson City, NV 89703						23b. 6493				
CAUSE OF DEATH	REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			DEATH DUE TO COMMUNICABLE DISEASE				
	24a. [Signature]			24b. June 5, 2003			24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						Interval between onset and death				
	PART I (a) Pulmonary Embolism						15 min				
CAUSE OF DEATH	DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death				
	(b)						Interval between onset and death				
CAUSE OF DEATH	DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death				
	(c)						Interval between onset and death				
CAUSE OF DEATH	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.				AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)				
	26. No				27. No						
CAUSE OF DEATH	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED				
	28a.		28b.		28c. M		28d.				
CAUSE OF DEATH	INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			LOCATION.		STREET OR R.F.D. No.		CITY OR TOWN STATE	
	28e.		28f.			28g.					



STATE REGISTRAR

No. 239166



BK 312
PG-2023

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This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: JUN 05 2003

Sylvia

State Registrar