

OFFICIAL RECORD

Requested By:

GAIL E BRYON

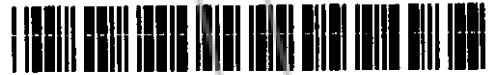
APN: 1220-22-410-041

**RECORDING REQUESTED BY:**

Rachelle J. Nicolle  
Attorney at Law  
1662 Highway 395, Suite 214  
Minden, NV 89423

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 4 Fee: 17.00  
BK-0312 PG- 2062 RPTT: 0.00



**AFTER RECORDING MAIL THIS DEED  
& TAX STATEMENTS TO:**

✓ Gail E. Bryan, Trustee  
PO Box 18304  
South Lake Tahoe, CA 96151

I, the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law. [Per NRS 440.380(1)(a) and 40.525(5)]

**AFFIDAVIT of Death of Two Original Grantors and Co-Trustees  
and Authority of Third Added Co-Trustee**

I GAIL E. BRYAN, being of legal age, being first duly sworn, deposes and say:

1. This Affidavit of Death refers to the STEPHENSON FAMILY TRUST, DATED MAY 11, 1993, (the "Trust") under a revocable trust agreement executed by ROY W. STEPHENSON and ELIZABETH C. STEPHENSON, also known as ELIZABETH CATHERINE STEPHENSON, the original Grantors and Co-Trustees.
2. I declare and affirm that ELIZABETH CATHERINE STEPHENSON died on November 27, 2008. I also hereby declare and affirm that the decedent cited in the attached certified copy of Certificate of Death, ELIZABETH CATHERINE STEPHENSON, is the same person as ELIZABETH C. STEPHENSON, original Grantor and Co-Trustee of the STEPHENSON FAMILY TRUST, DATED MAY 11, 1993.
3. I declare and affirm that ROY W. STEPHENSON died on December 4, 2011. I also hereby declare and affirm that the decedent cited in the attached certified copy of Certificate of Death, ROY W. STEPHENSON, is the same person as ROY W. STEPHENSON, original Grantor and Co-Trustee of the STEPHENSON FAMILY TRUST, DATED MAY 11, 1993.
4. The Trust was amended by both Grantors on October 30, 2007 to add GAIL E. BRYAN, the Grantors' daughter, as a Co-Trustee. Following the death of Grantor ELIZABETH CATHERINE STEPHENSON, the Trust was amended on September 8, 2009 by Grantor ROY W. STEPHENSON to remove GAIL E. BRYAN as a Co-Trustee and name her as a successor Trustee. On October 11, 2011, Grantor ROY W. STEPHENSON amended the Trust again to add GAIL E. BRYAN back as a Co-Trustee. GAIL E. BRYAN continues to serve as the sole remaining and sole surviving Trustee.
5. In accordance with the terms of the Trust, I, GAIL E. BRYAN am empowered to continue to act as Trustee for the Trust after the death of ELIZABETH C. STEPHENSON and ROY W. STEPHENSON. I hereby affirm my incumbency as Trustee, and declare my intention to act as sole Trustee of the STEPHENSON FAMILY TRUST, DATED MAY 11, 1993.

6. ELIZABETH C. STEPHENSON and ROY W. STEPHENSON are the named Co-Trustees and Grantors as well as Co-Trustees and Grantees in that certain Grant Deed, granting to ELIZABETH C. STEPHENSON and ROY W. STEPHENSON, Trustees, and subsequent Trustees of the STEPHENSON FAMILY TRUST, DATED MAY 11, 1993, all right, title and interest in the following identified real property:

APN:..... 12222-410-041

Commonly Known As: ..... 1424 Patricia Dr., Gardnerville Ranchos, NV 89460

Recorded On: ..... November 24, 1997

As Document Number: ..... 0427027

Official Records of:..... Douglas County, Nevada

Legal Description:..... Lot 766, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 27, 1974, as Document No. 72456.

7. The assets held under this Trust are to be held under the following title:  
GAIL E. BRYAN, Trustee  
STEPHENSON FAMILY TRUST, DATED MAY 11, 1993

8. The STEPHENSON FAMILY TRUST, DATED MAY 11, 1993 has not been revoked and there have been no amendments limiting the powers of the Trustee(s) over Trust property.

9. I hereby declare, as the Current Trustee, that I have all Trustee powers, to sell, encumber, retain, or otherwise manage all property belonging to the STEPHENSON FAMILY TRUST, DATED MAY 11, 1993, including, but not limited to, the above-described real property, including any portion thereof.

10. I make this affirmation under penalty of perjury on March 6, 2012.

Gail E. Bryan  
Gail E. Bryan, Trustee  
Stephenson Family Trust, Dated May 11, 1993

**JURAT**

State of Nevada )  
County of Douglas )

Signed and sworn to (or affirmed) before me on March 6, 2012, by GAIL E. BRYAN.

Susan C. Happe  
Notary Public



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**EL DORADO COUNTY**  
**HEALTH DEPARTMENT**  
**PLACERVILLE, CALIFORNIA**

**CERTIFICATE OF DEATH**

3200809000936

1 NAME OF DECEDENT - FIRST (Given) <b>ELIZABETH</b>		2 MIDDLE <b>CATHERINE</b>		3 LAST (Family) <b>STEPHENSON</b>	
4 DATE OF BIRTH (month/day/year) <b>05/25/1920</b>					
5 AGE Yrs <b>88</b>		6 SEX <b>F</b>		LOCAL REGISTRATION NUMBER	
9 BIRTH STATE/FOREIGN COUNTRY <b>CA</b>					
10 SOCIAL SECURITY NUMBER <b>8703</b>		11 EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12 MARITAL STATUS (at Time of Death) <b>MARRIED</b>	
13 EDUCATION - Highest Level/Class (See worksheet on back) <b>SOME COLLEGE</b>		1413 WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15 DATE OF DEATH (month/day/year) <b>11/27/2008</b>	
16 USUAL OCCUPATION - Type of work for stage of life. DO NOT USE RETIRED <b>COMPUTER PROGRAMMER</b>		18 KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, road construction, employment agency, etc.) <b>US GOVERNMENT</b>		19 YEARS IN OCCUPATION <b>12</b>	
20 DECEDENT'S RESIDENCE (Street and number or location) <b>1424 PATRICIA DRIVE</b>					
21 CITY <b>GARDNERVILLE</b>		22 COUNTY/PROVINCE <b>DOUGLAS</b>		23 ZIP CODE <b>89460</b>	
24 YEARS IN COUNTY <b>13</b>		25 STATE/FOREIGN COUNTRY <b>NV</b>			
26 INFORMANT'S NAME, RELATIONSHIP <b>ROY STEPHENSON, HUSBAND</b>			27 INFORMANT'S MAILING ADDRESS (Street and number or rural route, city or town, state, ZIP) <b>1424 PATRICIA DRIVE, GARDNERVILLE, NV 89460</b>		
28 NAME OF SURVIVING SPOUSE - FIRST <b>ROY</b>		29 MIDDLE <b>W.</b>		30 LAST (Given name) <b>STEPHENSON</b>	
31 NAME OF FATHER - FIRST <b>THOMAS</b>		32 MIDDLE <b>WILLIAM</b>		34 BIRTH STATE <b>AUSTRALIA</b>	
33 NAME OF MOTHER - FIRST <b>CHRISTINA</b>		36 MIDDLE <b>THERESA</b>		38 BIRTH STATE <b>IRELAND</b>	
35 LAST <b>RYAN</b>		37 LAST (Given name) <b>MANGELY</b>			
39 DISPOSITION DATE (month/year) <b>12/05/2008</b>		40 PLACE OF FINAL DISPOSITION <b>HAPPY HOMESTEAD CEMETERY .1261 JOHNSON BLVD., SOUTH LAKE TAHOE, CA 96150</b>			
41 TYPE OF DISPOSITION <b>CR/BU</b>		42 SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43 LICENSE NUMBER	
44 NAME OF FUNERAL ESTABLISHMENT <b>MC FARLANE MORTUARY INC</b>		45 LICENSE NUMBER <b>FD1180</b>		46 SIGNATURE OF LOCAL REGISTRAR <b>J'EBERHART-PHILLIPS, MD</b>	
47 DATE (month/year) <b>12/04/2008</b>					
101 PLACE OF DEATH <b>BARTON MEMORIAL HOSPITAL</b>		102 IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Other		103 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104 COUNTY <b>EL DORADO</b>		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) <b>2170 SOUTH AVENUE</b>		106 CITY <b>SO. LAKE TAHOE</b>	
107 CAUSE OF DEATH Enter the chain of events - General, special, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or circulatory difficulties without stating the cause(s). DO NOT ABBREVIATE.					
IMMEDIATE CAUSE (Final cause or condition resulting in death) <b>(A) CARDIOPULMONARY ARREST</b>		108 DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109 DEATH REPORTED TO CORONER? Time Interval Between Death and Death <b>08-12178</b>	
<b>(B) HYPERTENSIVE HEART DISEASE</b>		110 DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111 USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>(C) ACUTE KIDNEY FAILURE</b>		112 ALTOUSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
<b>(D) METASTATIC COLON CANCER</b>		113 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 <b>CORONARY ARTERY DISEASE</b>					
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and Date.) <b>YES, COLON RESECTION 10/16/2008</b>					
114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE(S) STATED. Declarant: Attested: Signed: Decedent Last Seen Alive: <b>AMY KATHLEEN HAASE M.D.</b>		115 SIGNATURE AND TITLE OF CERTIFIER <b>AMY KATHLEEN HAASE M.D.</b>		116 LICENSE NUMBER <b>A89632</b>	
117 DATE (month/year) <b>11/25/2008</b>		118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS & ZIP CODE <b>AMY KATHLEEN HAASE M.D. 2170 SOUTH AVENUE, SOUTH LAKE TAHOE, CA 96150</b>		119 DATE (month/year) <b>11/27/2008</b>	
119 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE(S) STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120 INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121 INJURY DATE (month/year) <b>11/27/2008</b>	
122 PLACE OF INJURY (e.g. home, construction site, wooded area, etc.)					
123 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
124 LOCATION OF INJURY (Street and number or location, and city and ZIP)					
125 SIGNATURE OF CORONER / DEPUTY CORONER		127 DATE (month/year)		128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

BK- 0312  
PG- 2064  
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**CERTIFIED COPY OF VITAL RECORDS**  
**STATE OF CALIFORNIA, COUNTY OF EL DORADO**

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Department.

**01/08/2009**

DATE ISSUED \_\_\_\_\_

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

\* 000116855 \*

*Jason Eberhart-Phillips MD*  
**JASON EBERHART-PHILLIPS, M.D.**  
COUNTY HEALTH OFFICER



# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

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

**2011019705**  
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>Roy W STEPHENSON</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 04, 2011</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) <b>Evergreen at CC Health and Rehab Ctr</b>		3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm Inpatient (Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		5. RACE <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>91</b>		7b. UNDER 1 YEAR MOS. DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>October 20, 1920</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>Texas</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>14</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER <b>4107</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Maintenance Foreman</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Us Forestry</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1424 Patricia Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Joe H STEPHENSON</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Jewel MARTIN</b>		18a. INFORMANT- NAME (Type or Print) <b>Gail E BRYAN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>PO Box 18304 South Lake Tahoe, California 96151</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Sierra Crematory</b>		19c. LOCATION - City or Town State <b>Reno Nevada 89503</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CARLENE TEDFORD</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE <b>747</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno</b> <b>969 West Moana Lane Reno NV 89509</b>	
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>SIGNATURE AUTHENTICATED</b> <b>GAIL KRIVAN MD</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>December 12, 2011</b>		21c. HOUR OF DEATH <b>12:30</b>		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				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>Gail Krivan MD 604 W. Washington Street Carson City, NV, 89703</b>	
23b. LICENSE NUMBER <b>9735</b>				24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> <b>SIGNATURE AUTHENTICATED</b>	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 20, 2011</b>				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) <b>Acute Cardiopulmonary Arrest</b> Interval between onset and death					
(b) <b>Diabetes Mellitus</b> Interval between onset and death					
(c) <b>Chronic Airway Obstruction</b> Interval between onset and death					
(d) <b>Hyperlipidemia</b> Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I					
26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		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

3628798

  
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 BK- 0312  
 PG- 2065

VRS-Rev-20110104

415550 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: **12/23/2011**

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

  
 STATE REGISTRAR  
**SIGNATURE AUTHENTICATED**

