

DOC # 800050
04/02/2012 12:18PM Deputy: AR
OFFICIAL RECORD
Requested By:
First American Title State
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 5 Fee: \$18.00
BK-412 PG-147 RPTT: 0.00



APN# 1320-29-213-011

Recording Requested by:

Name: First American Title Insurance Company
Address: P.O. Box 645
City/State/Zip: Zephyr Cove, NV 89448
Order Number: 141-2419503

aff. Death of Trustee
(Title of Document)

(for Recorder's use only)

Recorder Affirmation Statement

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)

Linda Dear Signature *Recorder* Title

LINDA DEAR
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)



RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**

Helmut Huttenmayer &
Sally Huttenmayer
P.O. Box 1268
Zephyr Cove, NV 89448

Space Above This Line for
Recorder's Use Only

A.P.N. 1320-29-213-011

File No.: 141-2419503 (NMP)

Affidavit - Death of Trustee

State of Nevada)
)ss.
County of Douglas)

Gregory E. Chech ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

- Zona Claire Sahagian-Chech** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **September 5, 2011** at **Reno Nevada** (city and state of death).
- Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **May 29, 1997** executed by **Zona C. Sahagian** as trustor(s) (the "Trust").
- Decedent as a trustee is the same person who was named as a grantee in that certain **Grant, Bargain and Sale Deed** dated **September 11, 2000** which was recorded as Instrument No. **0499952** in Book **0900**, Page **4027**, of Official Records of **Douglas** County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

- Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.



Dated: March 23, 2012

DECLARANT:

Gregory E. Chech
Gregory E. Chech

State of Nevada)
)ss
County of Douglas)

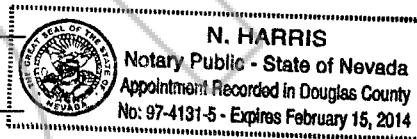
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State Nevada, this 23rd day of March, 2012 by Gregory E. Chech, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

This area for official notarial seal

Signature [Handwritten Signature]

My Commission Expires: 2/15/14



Notary Name: N. HARRIS

Notary Phone: _____

Notary Registration Number: 97-4131-5

County of Principal Place of Business: Douglas

CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2011014693

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) Zona Claire SAHAGIAN-CHECH		2. DATE OF DEATH (Mo/Day/Year) September 05, 2011		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Heart To Heart		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Nursing Home	
4. SEX Female		5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 82		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) October 09, 1928		9a. STATE OF BIRTH (if not U.S.A. name country) California		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)	
13. SOCIAL SECURITY NUMBER 8475		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life; Even If Retired) Dealer Cards/dice		14b. KIND OF BUSINESS OR INDUSTRY Gaming	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 3702 Freedom Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Douglas ROGERS	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Zola Vivian HIGGINBOTHAM		18a. INFORMANT - NAME (Type or Print) Gregory CHECH		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3702 Freedom Ct Carson City, Nevada 89703	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Reno		19c. LOCATION - City or Town State Reno Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES FRIZZELL <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 785		20c. NAME AND ADDRESS OF FACILITY Simple Cremation Reno 1547 South Virginia St, Ste 2 Reno NV 89503	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) KAREN SUE McDERMOTT M.D. <i>SIGNATURE AUTHENTICATED</i>					
21b. DATE SIGNED (Mo/Day/Yr) September 13, 2011		21c. HOUR OF DEATH 05:20		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Karen Sue McDermott M.D. 1625 E. Prater Way #108 Sparks, NV 89434	
23b. LICENSE NUMBER 6450		24a. REGISTRAR (Signature) BRIDGES SANDI <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 22, 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))			
PART I		(a) Acute cerebrovascular accident		Interval between onset and death	
		(b) Atherosclerosis		Interval between onset and death	
		(c) Congestive heart failure		Interval between onset and death	
		(d) Parkinsons disease		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 Alzheimers dementia				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		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



BK 412
PG-150

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VRS Rev 20110104

000062338

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.

09/23/2011

DEPUTY REGISTRAR

Joseph P. Isen M.D., PH.D.
SIGNATURE AUTHENTICATED

DATE ISSUED:
PBVCO (Rev) 12/09

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



EXHIBIT 'A'

LOT 50, IN BLOCK C, AS SHOWN ON THE OFFICIAL PLAT OF WINHAVEN UNIT NO. 2, PHASE A, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER ON SEPTEMBER 14, 1990, IN BOOK 990 OF OFFICIAL RECORDS, AT PAGE 1934, DOUGLAS COUNTY, NEVADA, AS DOCUMENT NO. 234654.

