

DOC # 801082
04/20/2012 08:46AM Deputy: PK
OFFICIAL RECORD
Requested By:
Stewart Title - Carson
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: \$16.00
BK-412 PG-5071 RPTT: 0.00



A.P.N. #	1219-03-002-086
Escrow No.	1044462DR
Recording Requested By: Stewart Title	
When Recorded Mail To: Shirley L. Melnikoff 389 Mottsville Lane Gardnerville, NV 89410	
for recorders use only	

CERTIFICATE OF INCUMBENCY

(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: NRS Chapter 440.380

(State specific law)

Kris Thorson

Escrow Assistant

Signature

Title

Kris Thorson

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)



CERTIFICATE OF INCUMBENCY

Whereas, Norman L. Melnikoff was the Trustee under that certain Trust entitled Melnikoff Living Trust, dated August 29, 2005, and listed as Grantee under that certain GRANT, BARGAIN, SALE DEED recorded Nov. 28, 2005, as Document No. 0661658, of Official Records, covering the following described property:

Parcel 1, as shown on that certain Parcel Map entitled "Collom Parcel" recorded July 11, 1979 in Book 779 of Official Records, at Page 602, as Document No. 34392, Douglas County, Nevada

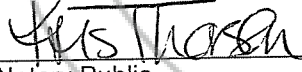
AND Whereas, Norman L. Melnikoff is one and the same as named on that certain Death Certificate attached hereto and made a part hereof, Shirley L. Melnikoff, is named as the Successor Trustee under said Trust and is fully authorized to act in accordance with the terms of said Trust Agreement.

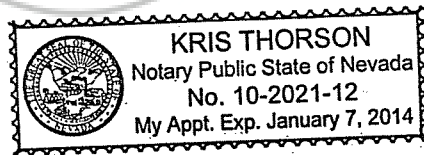
SUCCESSOR TRUSTEE:

By: 
Shirley L. Melnikoff

State of Nevada }
 Wm } ss
County of ~~Clark~~ }

This instrument was acknowledged before me on April 16, 2012
by: Shirley L. Melnikoff

Signature: 
Notary Public



CERTIFICATION OF VITAL RECORD

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS**

CERTIFICATE OF DEATH

2011013741
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Norman Lee MELNIKOFF			2. DATE OF DEATH (Mo/Day/Year) July 21, 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) Renown Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP,Emer. Rm. Inpatient(Specify) Inpatient		
DECEDENT	4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 69	
	7b. UNDER 1 YEAR MOS. DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) April 11, 1942			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A. name.country) District Of Columbia		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 24		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
	12. SURVIVING SPOUSE (if wife, give maiden name) Shirley L HIGGINS		13. SOCIAL SECURITY NUMBER 8165		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Physician		14b. KIND OF BUSINESS OR INDUSTRY Medical	
PARENTS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 389 Mottsville	
	15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Irving S MELNIKOFF			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ethel R GLOBTER		
DISPOSITION	18a. INFORMANT - NAME (Type or Print) Shirley L MELNIKOFF			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 389 Mottsville Lane Gardnerville Nevada 89460				
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Mottsville Cemetery		19c. LOCATION City or Town State Gardnerville Nevada 89460			
TRADE CALL	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410			
	SIGNATURE AUTHENTICATED							
CERTIFIER	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)			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)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) September 02, 2011		22c. HOUR OF DEATH 23:57	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr) July 21, 2011		22e. PRONOUNCED DEAD AT (Hour): 23:57		
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Piotr Kubiczek M.D. 10 Kirman Ave Reno, NV 89520					23b. LICENSE NUMBER 11610		
	24a. REGISTRAR (Signature) SANDI BRIDGES			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 07, 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).)							
	PART I							
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(a) Multiple blunt force injuries of the head						Interval between onset and death	
	(b) DUE TO, OR AS A CONSEQUENCE OF: Ground Level Fall						Interval between onset and death	
	(c) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
	(d) DUE TO, OR AS A CONSEQUENCE OF:						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) Yes	
28a. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify) ACCIDENT		28b. DATE OF INJURY (Mo/Day/Yr) July 21, 2011		28c. HOUR OF INJURY 0919		28d. DESCRIBE HOW INJURY OCCURRED Ground Level Fall		
28e. INJURY AT WORK (Specify Yes or No) 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 Post Office, Genoa Nevada				

Information Corrected, State Affidavit# 55983, 10/25/2011 - 28g

STATE REGISTRAR



BK 412
PG-5073

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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.

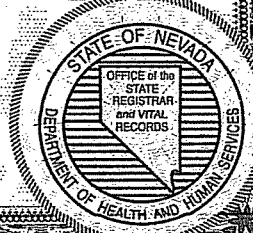
Rd White
STATE REGISTRAR

DATE ISSUED:

NOV 03 2011

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

VRS-Rev 2011/10/4



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE