

OFFICIAL RECORD

Requested By:

ROWE & HALES

APN: 1220-24-501-027
RECORDING REQUESTED BY AND
MAIL TO:

Constance Eileen Estabrook
1424 Marlette Circle
Gardnerville, NV 89460

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 5 Fee: 18.00
BK-0512 PG- 0452 RPTT: # 7



Pursuant to NRS 239B.030(4), I affirm that
the instrument contained below (or attached hereto)
does contain the social security number
of any person.

TRUSTEE'S DEED

COMES NOW, CONSTANCE EILEEN ESTABROOK, Successor Trustee of
the ESTABROOK FAMILY TRUST, u.t.d. 14 May 1982, as amended
("Trust") or ("Grantor"), and CONSTANCE EILEEN ESTABROOK, an
unmarried woman, as her sole and separate property ("Grantee"), and
upon the following recitals, terms and conditions, and for no other
consideration, Grantor conveys to Grantee the Trust's interest in
the property hereinbelow described.

W I T N E S S E T H

WHEREAS, the Trust was created by HERBERT E. ESTABROOK and
DORIS J. ESTABROOK, as Trustors, and appointed HERBERT E. ESTABROOK
and DORIS J. ESTABROOK as the original Trustees of the Trust. On
the death of HERBERT E. ESTABROOK, DORIS J. ESTABROOK served as the
Sole Successor Trustee of the Trust; and

WHEREAS, on 7 February 1996 the original Trustors and Trustees
conveyed the below described property to the ESTABROOK FAMILY TRUST
by that grant deed recorded 7 February 1996 as Document No. 380728;

Book 0296, Page 1099 (hereinafter referred to as "Document No. 380728"); and

WHEREAS, pursuant to Section 15.2 of the Trust, as amended, should the survivor of HERBERT E. ESTABROOK and DORIS J. ESTABROOK become unable because of death, incompetency or other causes fail to serve as Co-Trustee, then CONSTANCE EILEEN ESTABROOK shall serve as Successor Trustee. Doris June Estabrook, Successor and Sole Trustee of the Trust, died on 12 November 2011 as evidenced by the Certificate of Death attached hereto as Exhibit "A"; and

WHEREAS, CONSTANCE EILEEN ESTABROOK has been, and is now, the incumbent and Successor Trustee of the Trust; and

WHEREAS, pursuant to the terms of the Trust, CONSTANCE EILEEN ESTABROOK was to be given, devised and bequeathed the property described hereinbelow; and

WHEREAS, it is Grantor's intention at this time to convey to Grantee, CONSTANCE EILEEN ESTABROOK, a single woman, as her sole and separate property, all of the interest acquired by the Trust and the Trustee in that certain real property and improvements located in Gardnerville, Douglas County, Nevada, commonly known as Douglas County Assessor's Parcel No. 1220-24-501-027, and also commonly known as 1908 Sorrel Lane, Gardnerville, Nevada 89410; more particularly described by Document No. 380728 as follows:

All that real property in the county of Douglas, State of Nevada, being Assessor's Parcel No. 29-462-35, specifically described as: all that certain lot, piece or parcel of land situate in the county of Douglas, state

of Nevada, described as follows:

Parcel 1, as set forth on the Parcel Map for L. Roger and Marion Bitton, being a portion of the North 1/2 of the northeast 1/4 of section 24; Township 12 North, Range 20 East, M.D.B. & M., recorded March 21, 1984 in Book 384, at Page 1855, document No. 98486, Official records of Douglas County, state of Nevada.

Together with all and singular tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

NOW THEREFORE, Grantor hereby conveys to Grantee, as an unmarried woman, as her sole and separate property, all of the rights, title and interest acquired by the Trust and the Trustee in and to the property described hereinabove. The property is conveyed to Grantee "As Is" and "Where Is", with no guarantees or warranties whatsoever.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

DATED this 25 day of April, 2012.

Constance Eileen Estabrook
CONSTANCE EILEEN ESTABROOK
Successor Trustee of the
ESTABROOK FAMILY TRUST
u.t.d. 5/14/82, as amended

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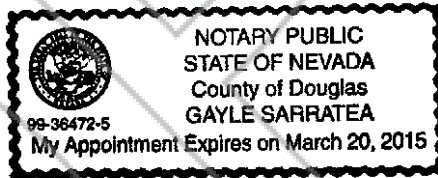
A C K N O W L E D G E M E N T

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

On April 25th, 2012, before me, the undersigned, a Notarial Officer in and for said County and State, personally appeared CONSTANCE EILEEN ESTABROOK, Successor Trustee of the ESTABROOK FAMILY TRUST, u.t.d. 5/14/82, and known to me to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same.

This instrument was acknowledged before me on this 25th day of April, 2012.

Gayle Sarratea
NOTARIAL OFFICER



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2011018076
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) Doris Jane ESTABROOK		2. DATE OF DEATH (Mo/Day/Year) November 12, 2011		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) 1908 Sorrel Lane		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. (Inpatient)(Specify) Home	
4. SEX Female		5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 81		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) November 10, 1930		9a. STATE OF BIRTH (If not U.S.A., name country) Michigan		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 18		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER 3779		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Dog Breeder		14b. KIND OF BUSINESS OR INDUSTRY Breeding Industry	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1908 Sorrel Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Edwin OWEN	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Florance C CURRAN		18a. INFORMANT- NAME (Type or Print) Connie ESTABROOK		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1424 Marlett Cir Gardnerville, Nevada 89460	
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	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) RALPH HERBIG DO SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) November 16, 2011		21c. HOUR OF DEATH 10:45		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) Herbig, Ralph		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) Dr. Ralph Herbig DO 1540 Hwy 395 N, Ste E Gardnerville, NV 89410				23b. LICENSE NUMBER 984	
24a. REGISTRAR (Signature) RHONDA PENA SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 18, 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) Cardiopulmonary Arrest Interval between onset and death Minutes					
(b) Myocardial Infarction Interval between onset and death Minutes					
(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 I. Diabetes Mellitus, Anemia				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

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VRS-Rev-20110104

411871 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: 11/23/2011

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

Rnd White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

