

APN: 1220-24-201-016

**RECORDING REQUESTED BY and  
AFTER RECORDING**

**MAIL THIS AFFIDAVIT TO:**

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

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 4 Fee: 17.00  
BK-0612 PG- 6905 RPTT: 0.00



**MAIL TAX STATEMENTS TO:**

Sherry L. Sturtevant, Trustee  
1840 Colt Lane  
Gardnerville, NV 89410

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 Original Co-Trustee and Continued Service of Sole Remaining Co-Trustee**

SHERRY L. STURTEVANT, also known as Sherryl L. Sturtevant, being of legal age, being first duly sworn, deposes and says:

1. This Affidavit of Death refers to the STURTEVANT FAMILY TRUST U/D/T 04/30/1994, (the "Trust") under a revocable trust agreement executed by MICHAEL R. STURTEVANT and SHERRY L. STURTEVANT as the Grantors.
2. The original Grantors and Trustees of the Trust were MICHAEL R. STURTEVANT and SHERRY L. STURTEVANT.
3. In accordance with the terms of the Trust, I, SHERRY L. STURTEVANT, am empowered to act as Sole Trustee for the Trust after the death of MICHAEL R. STURTEVANT. I hereby affirm my incumbency as sole surviving Co-Trustee, and declare my intention to act as the remaining sole Trustee of the STURTEVANT FAMILY TRUST U/D/T 04/30/1994.
4. I declare and affirm that MICHAEL R. STURTEVANT died on February 20, 2012. I also hereby declare and affirm that the decedent cited in the attached certified copy of Certificate of Death, is the same person as MICHAEL R. STURTEVANT, Trustee of the STURTEVANT FAMILY TRUST U/D/T 04/30/1994.
5. MICHAEL R. STURTEVANT is the named Trustee and Grantee in that certain Grant Deed, granting to MICHAEL R. STURTEVANT, Trustee, and subsequent Trustees of the STURTEVANT FAMILY TRUST U/D/T 04/30/1994, all right, title and interest in the following identified real property:

APN: .....1220-24-201-016

Commonly Known As:....1840 Colt Lane, Gardnerville, NV 89410

Recorded On:.....01/29/2007

As Document Number:....0693896

In Book: .....0107

On Page: .....9197

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

Legal Description: ..... THAT PORTION OF THE SOUTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 24, TOWNSHIP 12 NORTH, RANGE 20 EAST, M.D.B. & M., SITUATED IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, DESCRIBED AS FOLLOWS:

PARCEL 2A OF THAT PARCEL MAP FOR JOHN S. BLISS RECORDED OCTOBER 22, 1984 IN BOOK 1084 AT PAGE 2345, AS DOCUMENT NO. 109015.

**TOGETHER** with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

Per NRS 111.312, this legal description was previously recorded at Document No. 0693896, Book No. 0107, Page # 9197, on 01/29/2007.

- 6. The assets held under this Trust are to be held under the following title:  
SHERRY L. STURTEVANT, TRUSTEE  
STURTEVANT FAMILY TRUST U/D/T 04/30/1994
- 7. The STURTEVANT FAMILY TRUST U/D/T 04/30/1994 has not been revoked and there have been no amendments limiting the powers of the Trustee(s) over Trust property.
- 8. I hereby declare my authority to act as the authorized successor Trustee and the current sole Trustee. As the sole Trustee, I have all Trustee powers to sell, encumber, retain, or otherwise manage all property belonging to the STURTEVANT FAMILY TRUST U/D/T 04/30/1994, including, but not limited to, the above-described real property, including any portion thereof.

9. I make this affirmation under penalty of perjury on May 11, 2012.

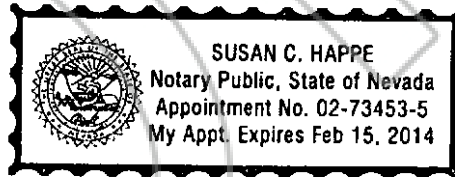
Sherry L. Sturtevant  
Sherry L. Sturtevant,  
also known as Sherryl L. Sturtevant  
Successor and Current Trustee  
STURTEVANT FAMILY TRUST U/D/T 04/30/1994

JURAT

State of Nevada )  
County of Douglas )

Signed and sworn to (or affirmed) before me on May 11, 2012, by SHERRY L. STURTEVANT,  
also known as Sherryl L. Sturtevant.

Susan C. Happe  
Notary Public



# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### DIVISION OF HEALTH VITAL STATISTICS

### CERTIFICATE OF DEATH

2012002728

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>Michael R STURTEVANT</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 20, 2012</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>Carson Tahoe Regional Medical Center</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 (Specify)</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>67</b>		7b. UNDER 1 YEAR <b>MOS DAYS</b>		7c. UNDER 1 DAY <b>HOURS MINS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>June 08, 1944</b>		9a. STATE OF BIRTH (if not U.S.A. name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>13</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Sherry JOHNSON</b>	
13. SOCIAL SECURITY NUMBER <b>2775</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Self-employed</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Machinist</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>1840 Colt Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		15f. Ever in US Armed Forces? <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Donald Vane STURTEVANT</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Norma Kathleen LARSEN</b>		
18a. INFORMANT - NAME (Type or Print) <b>Sherry STURTEVANT</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1840 Colt Lane Gardnerville, Nevada 89410</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION - City or Town - State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or, Person Acting as Such) <b>RICK NOEL</b> <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE <b>620</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> <b>1521 Church Street Gardnerville NV 89410</b>	
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) <b>VIJAY MAIYA</b> <i>SIGNATURE AUTHENTICATED</i>		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) <b>February 23, 2012</b>		21c. HOUR OF DEATH <b>17:40</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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>Dr. Vijay Maiya 1600 Medical Parkway Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>11909</b>	
24a. REGISTRAR (Signature) <b>MICHELE L. YOUNG</b> <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 24, 2012</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death	
PART I (a) <b>Cardiopulmonary Failure</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Hematuria</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Metastatic Prostate Cancer</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				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.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
28a. ACC. SUICIDE, HOMICIDE, 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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BK- 0612  
PG- 6908

VRS-Rev 20110104

424073

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:

02/24/2012

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

*R. Young*  
STATE REGISTRAR  
*SIGNATURE AUTHENTICATED*

