

16-0

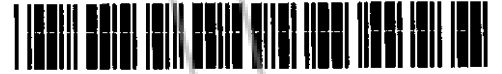
OFFICIAL RECORD

Requested By:  
LAW OFFICE OF JAMES A BUSSE

JR

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00  
BK-0712 PG- 5251 RPTT: 0.00



APN# 1320-33-717-045

11 digit number may be obtained at:  
<http://sandgate.co.clark.nv.us/cicsAssessor/ownr.htm>

Affidavit Death of Trustee

Type of Document

(Example: Declaration of Homestead, Quit Claim Deed, etc.)

I the undersigned hereby affirm that this document submitted for recording contains the personal information of a person or persons as required by law: NRS 40.525 Sec. 5

JAMES A BUSSE JR  
ATTORNEY AT LAW

Print name/title

Recording requested by:

James A. Busse Jr., Esq. Nevada SBN 8388

Return to:

Name The Law Offices of James A. Busse Jr.

Address 3937 Elm Avenue

City/State/Zip Long Beach, CA 90807

Attention: James A. Busse Jr.

This page added to provide additional information required by NRS 111.312 Sections 1-2 (An additional recording fee of \$1.00 will apply.)

This cover page must be typed or printed clearly in black ink only.

RECORDING REQUESTED BY  
James A. Busse Jr. Esq.  
3937 Elm Ave.  
Long Beach, CA 90807

AND WHEN RECORDED MAIL TO

NAME Law offices of James A. Busse Jr  
ADDRESS 3937 Elm Ave.  
CITY Long Beach  
STATE & ZIP CA 90807

APN NO. 1320-33-717-045

### AFFIDAVIT OF DEATH OF TRUSTEE

State of Nevada  
County of DOUGLAS } ss

GEORGE E. HOLLENBACH, of legal age, being first duly sworn, deposes and says:

That MARY ANNE CARLENE HOLLENBACH, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MARY ANNE C. HOLLENBACH named as one of the parties in that certain GRANT, BARGAIN SALE DEED dated JULY 17, 2003, executed by WILLIAM E. SANDERS AND KATHRYN E. SANDERS, HUSBAND AND WIFE recorded as Instrument No. 0585861 on AUGUST 8, 2003, covering the following described property situated in the said County, State of Nevada:

Lot 22, Block C, as set forth on FINAL SUBDIVISION MAP No. 1006-9 for CHICHESTER ESTATES, PHASE 9, filed in the office of the County Recorder of Douglas County, Nevada on November 27, 2001 in Book 1101 of Official Records, Page 7916, as Document No. 528504.

George E. Hollenbach  
GEORGE E. HOLLENBACH, Surviving Trustee  
Hollenbach Trust dtd 1/18/1989

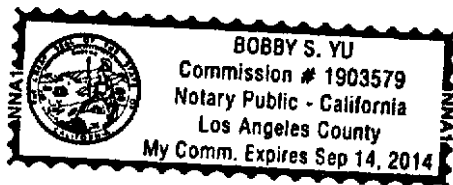
State of California]  
County of Los Angeles]

Subscribed and Sworn to before me on

this 27 day of April, 20 12  
proved to me on the basis of satisfactory evidence to be the person(s)  
who appeared before me.

[Signature]  
Signature

Notary Public Commissioned for said County and State



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052011197237

CERTIFICATE OF DEATH

3201119044767

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASERS, WRITEDITS OR ALTERATIONS (No 11/19/10)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)			
MARY ANNE		CARLENE		HOLLENBACH			
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.		6. UNDER ONE YEAR		7. UNDER NINE MONTHS	
12/08/1930		80		Months Days		Hours Minutes	
8. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS/SROP (at Time of Death)	
CA		7670		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO/ASIAN/PAKIST? (if yes, see worksheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)		17. DATE OF DEATH mm/dd/yyyy	
BACHELOR		<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO		11/01/2011	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)				19. YEARS IN OCCUPATION	
PROBATION OFFICER		COUNTY GOVERNMENT				20	
20. DECEDENT'S RESIDENCE (Street and number, or location)							
23666 MILL VALLEY RD.							
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE		25. STATE/FOREIGN COUNTRY	
VALENCIA		LOS ANGELES		91355		77 CA	
26. INFORMANT'S NAME, RELATIONSHIP				27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)			
GEORGE E HOLLENBACH, HUSBAND				435 E NORMAN AVE, ARCADIA, CA 91006			
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)			
GEORGE		E		HOLLENBACH			
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE	
CARL				SHEETZ		NM	
35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE		37. LAST (BIRTH NAME)		38. BIRTH STATE	
HAMMA				MCKINNEY		MO	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION (Street and number, or location)					
11/11/2011		ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601					
41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER		47. DATE mm/dd/yyyy	
BU		TAMMY HAMMER		EMB8611		11/04/2011	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy	
ROSE HILLS MORTUARY		FD970		JONATHAN FIELDING, MD		11/04/2011	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE			
RESIDENCE		<input type="checkbox"/> IP <input type="checkbox"/> ERCP <input type="checkbox"/> DOA		<input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY			
LOS ANGELES		23666 MILL VALLEY ROAD		VALENCIA			
107. CAUSE OF DEATH		Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator withdrawal without showing the etiology. DO NOT ABBREVIATE.				108. DEATH REFERRED TO CORONER?	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST						109. BIOPSY PERFORMED?	
						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
						110. AUTOPSY PERFORMED?	
						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
						111. 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							
CHRONIC OBSTRUCTIVE PULMONARY DISEASE; DIABETES MELLITUS							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)						113A. IF FEMALE, PREGNANT IN LAST YEAR?	
NO						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER				116. LICENSE NUMBER	
						117. DATE mm/dd/yyyy	
(A) mm/dd/yyyy (B) mm/dd/yyyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)							
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)							
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)							
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
MARIO SAINZ		11/04/2011		MARIO SAINZ, DEPUTY CORONER			
STATE REGISTRAR		A B C D E		FAX AUTH#		CENSUS TRACT	

BK- 0712  
PG- 5253  
0806118 Page: 3 of 3 07/20/2012

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

HD 2606988  
NOV 14 2011

Jonathan E. Fielding  
VD  
Director of Public Health and Registrar

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

