

DOC # 810202
10/03/2012 02:38PM Deputy: SG
OFFICIAL RECORD
Requested By:
Stewart Title - Carson
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: \$17.00
BK-1012 PG-961 RPTT: 0.00



A.P.N. #	1318-23-810-027
Escrow No.	1049130-DR
Recording Requested By: Stewart Title	
When Recorded Mail To: Linda L. Cessler P.O. Box 21 Lage Arge, WY 82221	
(for recorders use only)	

Affidavit of Death of Trustee
(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: 440.380
(State specific law)

Kris Thorsen
Signature

Escrow Assistant
Title

Kris Thorsen
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)

CERTIFICATION OF VITAL RECORD

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

2011018840
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) Donald DENDAUW		2. DATE OF DEATH (Mo/Day/Year) November 23, 2011		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Stateline		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) 189 Cottonwood Dr		3e. If Hosp. or Inst. indicate DOA, OPI, Emer. Rm. Inpatient (Specify) Home	
4. SEX Male		7a. AGE - Last birthday (Years) 82		7b. UNDER 1 YEAR MOB : DAYS : HOURS : MINS	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY	
8. DATE OF BIRTH (Mo/Day/Yr) April 30, 1929		9a. STATE OF BIRTH (if not U.S.A., name country) Oregon		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER ██████████ 6318		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life; Even if Retired) Chief Engineer At Casino		14b. KIND OF BUSINESS OR INDUSTRY Gaming	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Stateline	
15d. STREET AND NUMBER 189 Cottonwood Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) No		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mary BUTENSCHOEN	
15f. FATHER/PARENT - NAME (First Middle Last Suffix) Jules DENDAUW		18a. INFORMANT - NAME (Type or Print) Kristi DENDAUW		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 3086 Stateline, Nevada 89449	
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		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
20d. SIGNATURE AUTHENTICATED		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) STEPHEN J HEWITT DO		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) November 30, 2011		21c. HOUR OF DEATH 10:30		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. Stephen J Hewitt DO 1090 3rd Street #1 South Lake Tahoe, CA 96150		23b. LICENSE NUMBER 1107		24a. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a. REGISTRAR (Signature) NICOLE SHORE		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 07, 2011		24c. SIGNATURE AUTHENTICATED	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
PART I (a) DUE TO, OR AS A CONSEQUENCE OF: Cardiopulmonary Arrest		Interval between onset and death Minutes		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF: Metastatic Parotid Cancer		Interval between onset and death Months		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		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		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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PG-96 | A
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VRS Rev. 20110104

413645

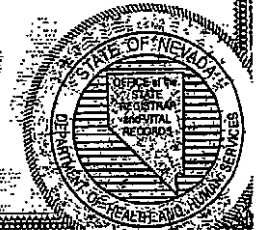
CERTIFIED COPY OF VITAL RECORDS

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: **12/07/2011**

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

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED





CERTIFICATE OF INCUMBENCY

Whereas, Donald O. Dendauw was the Trustee under that certain Trust entitled the Donald and Sharon Dendauw Family Trust dated June 19, 2009, and listed as Grantee under that certain GRANT, BARGAIN, SALE DEED recorded 6-23-09 in Book 0609, as Document No. 745751, of Official Records, covering the following described property:

SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF

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

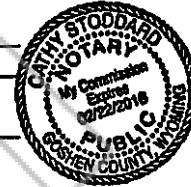
SUCCESSOR TRUSTEE:

By: *Linda L. Kessler*
Linda L. Kessler

State of ~~Nevada~~ Wyoming }
County of Goshute } ss

This instrument was acknowledged before me on 8/24/12
by: Linda L. Kessler

Signature: *Cathy Stoddard*
Notary Public





LEGAL DESCRIPTION

The land referred to herein is situated in the State of Nevada, County of Douglas, described as follows:

Lot 17, Block "B", as shown on the map of KINGSBURY MEADOWS SUBDIVISION filed in the office of the County Recorder of Douglas County, Nevada, on July 5, 1955, in Book 1 of Maps as Document No. 10542..

