DOC # 813264

11/21/2012 12:39PM Deputy: GB
 OFFICIAL RECORD
 Requested By:

First American Title Mindel
 Douglas County - NV
 Karen Ellison - Recorder

Page: 1 of 3 Fee: \$16.00

BK-1112 PG-5843 RPTT: 0.00

**RECORDING REQUESTED BY** 

First American Title Insurance Company of Nevada

AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:

Marjorie Kingstun 2922 La Cresta Cir. Minden , NV 89823

Space Above This Line for Recorder's Use Only

A.P.N. 1320-29-119-030

File No.: 143-2435870 (SC)

### Affidavit - Death of Trustee

State of

Nevada

)ss.

County of

Douglas

**Marjorie G. Kingston** ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

- Frederic Norwood Van Duzee ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on September 19, 2012 at Minden, Nevada (city and state of death).
- Decedent is the same person named as the trustee named in that certain Declaration of Trust dated May 25, 1999 executed by Frederic N. Van Duzee as trustor(s) (the "Trust").
- Decedent as a trustee is the same person who was named as a grantee in that certain Grant, Bargain, Sale Deed dated 2/23/2007 which was recorded as Instrument No. 069298 in Book 0307, Page 6002, of Official Records of Douglas County, Nevada as legally described as follows:

#### PARCEL 1:

UNIT 394, AS SHOWN ON THE FINAL MAP NO. 1008-9 FOR WINHAVEN, UNIT NO. 9, A PLANNED UNIT DEVELOPMENT, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON JULY 8, 1999, IN BOOK 799 OF OFFICIAL RECORDS AT PAGE 1253, AS DOCUMENT NO. 472099.

### PARCEL 2:

A NON-EXCLUSIVE EASEMENT FOR USE, ENJOYMENT, INGRESS AND EGRESS OVER THE COMMON AREA AS SET FORTH IN DECLARATION OF COVENANTS CONDITIONS AND RESTRICTIONS RECORDED SEPTEMBER 28, 1990, IN BOOK 990, PAGE 4348, AS DOCUMENT NO. 235644, OFFICIAL RECORDS.

Declarant is the successor trustee under the Trust. The Trust was in effect at the date of 4. the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust. Dated: November 19, 2012 **DECLARANT:** State of Nevada ) )ss County of Douglas ) SUBSCRIBED AND SWORN, TO (or affirmed) before me the undersigned, a Notary Public in and \_, this and State \_\_*NV* for said County 20K NOV. , 20 12 day of Mariorie G. KINGSTON , personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.. WITNESS my hand and official seal. This area for official notarial seal SUZANNE CHEECHOV Notary Public - State of Nevada Appointment Recorded in Douglas County No: 99-36456-5 - Expires May 12, 2015 My Commission Expires: Notary Phone: 775,552 - **33**0\$ Notary Name: Suranne Notary Registration Number: 97-36 456-County of Principal Place of Business

## **CERTIFICATION OF VITAL RECORD**

### **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

DIVISION OF HEALTH. VITAL STATISTICS

# CERTIFICATE OF DEATH

2012015368

TYPE OR	STATE FILE NUMBER
PRINT IN	18. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) 38. COUNTY OF DEATH
PERMANENT -	Frederic Norwood VANDUZEE September 19, 2012 Douglas
BLACK INK	3b. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street 3e. If Hosp. or Inst. andicate DOA, OP/Emer. Rm
	The state of the s
DECEDENT	Minden / 1039 Pinion Pine Dr Home Home Male
CALL OF THE	5. RACE White   B. Hispanic Origin? Specify 7s. AGE-Last 7b. UNDER 1 YEAR 7c. UNDER 1 DAY   B. DATE OF BIRTH (Mo/Day/Yr)
	(Specify) MOS DAYS HOURS MINS July 03, 1922
ir of	
IF DEATH	[ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [
INSTITUTION	The state of the s
SEE HANDBOOK	13. SOCIAL SECURITY NUMBER 444. USUAL OCCUPATION (Give Kind of Work Done During Most 445. KIND OF BUSINESS OR INDUSTRY Ever in US Armed
REGARDING COMPLETION OF	8092 of Working Life, Even If Retired Construction Contractor Construction Construc
RESIDENCE	15e RESIDENCE - STATE 115b COUNTY 115c CITY TOWN OR & OCATION 115d STREET AND NUMBER 115b INSIDE CITY 115c I
ITEMS	Nevada Douglas Minden 1039 Pinion Pine Dr
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix)
* / ***	Frederic Pierce VANDUZEE A A A A A A A A A A A A A A A A A A
	18a, INFORMANT- NAME (Type or Print) 18b, MAILING ADDRESS; (Street or R.F.D. No, City or Town, State, Zip)
	Marjorie KINGSTON 100
W.	19a. BURIAL; CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME 190. 19c. LOCATION City or Town State
ISPOSITION	Cremation Cometery Carson City Nevada 89706
	The state of the s
, , , , , , , , , , , , , , , , , , , ,	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) 20b. FUNERAL 1 20c. NAME AND ADDRESS OF FACILITY
# W W	TOP TOP TOP TO THE PROPERTY OF
	SIGNATURE AUTHENTICATED 185 1547. South Virginia St, Ste 2 Reno NV 89503
RADE CALL	TRADE CALL - NAME AND ADDRESS
	21a. To the best of my knowledge, death occurred at the time, date and place and - 22a. On the basis of examination and/or investigation, in my opinion death occurred at
	due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED 💆 the time, date and place and due to the cause(s) stated. (Signature & Title)
	हुँ हैं अपने STEPHEN HAROLD BLOOMFIELD M.D. अस्तर हुँ हैं
CERTIFIER	21b. DATE SIGNED (Mo/Day/Yr) (A) 21c. HOUR OF DEATH 22c. HOUR OF DEATH
AND THE RESERVE	3   2   September 26, 2012
(	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 7 777.7 1 22d. PRONOUNCED DEAD (Mo/Day/Yr) 1 22e. PRONOUNCED DEAD AT (Hour)
<u></u>	P
	238. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23b. LICENSE NUMBER
	Stephen Harold Bloomfield M.D.: 1575 Delucchi Lane St 214 Reno, NV 89502
¥ WX	24e REGISTRAR (Signature) 24c DEATH DUE TO COMMUNICABLE DISEASE
REGISTRAR	(MoDayY) College of the College of t
CAUSE OF	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c), ) Interval between onset and death
DEATH W	PARTI (9) Metastatic Prostate Cancer
	DUE TO, OR AS A CONSEQUENCE OF A SACRATION OF SACRATION O
CONDITIONS OF	Hypertension W. A. W. 700 P. Company of the Company
ANY WHICH	(b) DUE TO, OR AS A CONSEQUENCE OF: A 12 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A
GAVE RISE TO	allera Deliver in the state of
CAUSE ->	(c) 1115 Y TANK OF THE PARTY OF
STATING THE UNDERLYING	DUE TO, OR AS A CONSEQUENCE OF:
CAUSE LAST	
	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 26, AUTOPSY 27, WAS CASE REFERRED
## ## ## #	(Specify Yes or No)   O CORONER (Specify Yes
	No   Wes
	28a, ACC., SUICIDE, HOM., UNDET.   28b. DATE OF INJURY (Mo/Day/Yr)   28c. HOUR OF INJURY   28d. DESCRIBE HOW INJURY OCCURRED   Company of the
	OR PENDING INVEST. (Specify)
	28e. INJURY AT WORK (Specify 28f. PLACE OF INJURY- At home, farm, street, factory, office 28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN
	28e. INJURY AT WORK (Specify 28f. PLACE OF INJURY- At home, farm, street, factory, office 28g. LOCATION STREET OR R.F.D. No CITY OR TOWN STATE building, etc. (Specify)
- ω ==== · · · · · · · ·	
9	STATE REGISTRAR
5	
2	BK 1112 B ASSA CONTROL OF THE STATE OF THE S
	BK 1112 PG-5845
	813264 Page: 3 of 3 11/21/2012
	813264 Page: 3 of 3 11/21/2012
	OR PENDING INVEST. (Specify)  28e. INJURY AT WORK (Specify 28f. PLACE OF INJURY-At home, farm, street, factory, office 28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE building, etc. (Specify)  STATE REGISTRAR  BK 1112 PG-5845  813264 Page: 3 of 3 11/21/2012
	VRS-Rev-20120523a

454485

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:

10/03/2012

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

