

Doc Number: **0813976**

12/05/2012 02:41 PM

OFFICIAL RECORDS

Requested By:
CHILTON & HOUSE LLP

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 4 Fee: \$ 17.00

Bk: 1212 Pg: 923



**RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:**

✓ **CHILTON & HOUSE**
310 Capitol Street, Suite B
Salinas, CA 93901

AFFIDAVIT - DEATH OF SETTLOR

STATE OF CALIFORNIA)
COUNTY OF MONTEREY)

MARIAN DOTSETH, also known as MARIAN R. DOTSETH, of legal age, being first
duly sworn, deposes and says:

That HARRY P. DOTSETH, the decedent mentioned in the certified copy of Certificate of
Death attached hereto is the same person as HARRY P. DOTSETH, named as one of the parties in
that certain Grant Deed dated May 15, 2003, executed by MARIAN DOTSETH to HARRY P.
DOTSETH and MARIAN R. DOTSETH, Trustees of THE DOTSETH FAMILY TRUST dated
October 4, 1994 (SPW), wherein the decedent is one of the Settlor and Trustees of THE
DOTSETH FAMILY TRUST dated October 4, 1994, hereafter referred to as the "Trust"; it being
further acknowledged that MARIAN R. DOTSETH is the sole Trustee under said Amended Trust
Agreement and Certificate of Amended Trust Agreement dated May 15, 2003. The aforementioned
Grant Deed dated May 15, 2003 is recorded as Instrument No. 0584789, Book 0703, Page 15221 on
July 30, 2003, in the Official Records of Douglas County, State of Nevada, covering the following
described property situated in Douglas County, State of Nevada:

See Exhibit "A" attached hereto for legal description. Commonly known as 1909 Arabian
Lane, Gardnerville, NV 89410, APN 1220 24 701 035, formerly 1220 24 701 004.

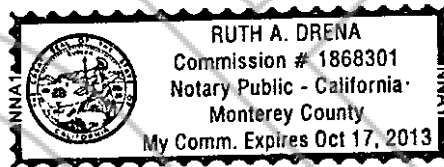
Dated: October 15, 2012.

Marian R Dotseth
MARIAN DOTSETH, aka MARIAN
R. DOTSETH, Settlor and Trustee

STATE OF CALIFORNIA }
COUNTY OF MONTEREY }

Subscribed and sworn to (or affirmed) before me on this 15th day of October, 2012, by MARIAN DOTSETH, aka MARIAN R. DOTSETH, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature Ruth A. Drena (Seal)



LEGAL DESCRIPTION

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

A parcel of land located within a portion of Section 24, Township 12 North, Range 20 East, Mount Diablo Meridian, Douglas County, Nevada described as follows:

Commencing at the West one-quarter (1/4) of Section 24, Township 12 North, Range 20 East, M.D.M., as shown on that Parcel Map for Joseph E. and Maxine Moore and Gene A. and Peggy P. Eppler as recorded June 14, 1993, as Document No. 280300;

thence North 89°55'40" West, 2,019.68 feet;

thence South 00°04'20" West, 25.00 feet to the Point of Beginning;

thence continuing South 00°04'20" West, 636.29 feet;

thence North 89°43'42" West, 136.97 feet;

thence North 00°04'20" East, 635.81 feet;

thence South 89°55'40" East, 136.97 feet to the Point of Beginning.

The Basis of Bearing of this description is identical to that Parcel Map for Joseph E. and Maxine Moore and Gene A. and Peggy P. Eppler, as Document No. 280300.

Reference is made to Record of Survey to Support a Boundary Line Adjustment filed for record with the Douglas County Recorder on February 24, 2003 in Book 0203, Page 9784, Document No. 568002, Official Records of Douglas County, Nevada.

A portion of Assessor's Parcel No. 1220-24-701-004

"IN COMPLIANCE WITH NEVADA REVISED STATUTE 111.312, THE HEREIN ABOVE LEGAL DESCRIPTION WAS TAKEN FROM INSTRUMENT RECORDED FEBRUARY 24, 2003, BOOK 0203, PAGE 9780, AS FILE NO. 568001, RECORDED IN THE OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA."

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF MONTEREY
Salinas, California

3052012154700

CERTIFIED COPY OF VITAL RECORDS
CERTIFICATE OF DEATH

3201227001524

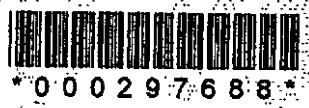
| | | | |
|--|--|---|--|
| STATE FILE NUMBER | | LOCAL REGISTRATION NUMBER | |
| 1. NAME OF DECEDENT - FIRST (Given) HARRY | | 2. MIDDLE P. | 3. LAST (Family) DOTSETH |
| AKA, ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST) | | | |
| 4. DATE OF BIRTH mm/dd/yyyy 01/28/1918 | | 5. AGE Yrs. 94 | 6. SEX M |
| 7. BIRTH STATE/FOREIGN COUNTRY MT | 10. SOCIAL SECURITY NUMBER 8941 | 11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | 12. MARITAL STATUS/SRDP* (at Time of Death) MARRIED |
| 13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE | 14/16. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE | |
| 17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED PARTS MANAGER | | 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AUTOMOTIVE | 19. YEARS IN OCCUPATION 30 |
| 20. DECEDENT'S RESIDENCE (Street and number, or location) 17 MADONNA DRIVE | | | |
| 21. CITY SALINAS | | 22. COUNTY/PROVINCE MONTEREY | 23. ZIP CODE 93906 |
| 24. YEARS IN COUNTY 60 | | 25. STATE/FOREIGN COUNTRY CA | |
| 26. INFORMANT'S NAME, RELATIONSHIP MARIAN R. DOTSETH, WIFE | | 27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 17 MADONNA DRIVE, SALINAS, CA 93906 | |
| 28. NAME OF SURVIVING SPOUSE/SRDP* - FIRST MARIAN | | 29. MIDDLE R | 30. LAST (BIRTH NAME) DOESCHER |
| 31. NAME OF FATHER/PARENT - FIRST ADOLPH | | 32. MIDDLE DOTSETH | 34. BIRTH STATE NORWAY |
| 33. NAME OF MOTHER/PARENT - FIRST ANNA | | 36. MIDDLE TORVIK | 38. BIRTH STATE NORWAY |
| 39. DISPOSITION DATE mm/dd/yyyy 08/27/2012 | | 40. PLACE OF FINAL DISPOSITION RESIDENCE 17 MADONNA DRIVE, SALINAS, CA 93906 | |
| 41. TYPE OF DISPOSITION(S) CR/RES | | 42. SIGNATURE OF EMBALMER NOT EMBALMED | 43. LICENSE NUMBER |
| 44. NAME OF FUNERAL ESTABLISHMENT STRUVE LAPORTE FUNERAL HOME | | 45. LICENSE NUMBER FD322 | 46. SIGNATURE OF LOCAL REGISTRAR LISA B HERNANDEZ, MD, MRH |
| 47. DATE mm/dd/yyyy 08/27/2012 | | | |
| 101. PLACE OF DEATH SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM | | 102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> P <input type="checkbox"/> EPVP <input type="checkbox"/> OCA | 103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other |
| 104. COUNTY MONTEREY | | 106. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 450 EAST ROMIE LANE | 108. CITY SALINAS |
| 107. CAUSE OF DEATH Enter the chain of events - diabetes, stroke, or complete block - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) CARDIOPULMONARY ARREST (B) HYPOVOLEMIC SHOCK (C) LEFT HIP FRACTURE | | 109. DEATH REFERRED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 110. BODYSY 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 NONE | 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO |
| 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since _____ Decedent Last Seen Alive _____ | | 115. SIGNATURE AND TITLE OF CERTIFIER AUYPORN DANSUNANKUL M.D. | 116. LICENSE NUMBER A86648 |
| 117. DATE mm/dd/yyyy 08/24/2012 | | 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE AUYPORN DANSUNANKUL M.D. 450 EAST ROMIE LANE, SALINAS, CA 93901 | |
| 119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. | | 120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | 121. INJURY DATE mm/dd/yyyy |
| 122. MANNER OF DEATH <input 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 | | 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 | |
| STATE REGISTRAR | | FAX AUTH.# | CENSUS TRACT |

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MONTEREY CO. DEPT. OF HEALTH
STATE OF CALIFORNIA
COUNTY OF MONTEREY

AUG 28 2012



By _____ Local Registrar.

This is a true and exact reproduction of the document officially registered and placed on file in the Office of the Monterey County Vital Records.
This copy is not valid unless prepared on engraved border displaying seal and signature of Local Registrar.

