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Doc Number: **0814032**

12/06/2012 01:26 PM

OFFICIAL RECORDS

Requested By:  
**MARK A WINTER, ESQ**

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 4 Fee: \$ 17.00

Bk: 1212 Pg: 1344



Deputy: sd

APN 1420-08-212-015

APN \_\_\_\_\_

APN \_\_\_\_\_

FOR RECORDER'S USE ONLY

**AFFIDAVIT OF DEATH OF TRUSTEE**

**TITLE OF DOCUMENT**

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain personal information of any person or persons. (NRS 239B.030)

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain personal information of a person or persons as required by law. State specific law: NRS 440.380

  
Signature

Mark A Winter, Attorney  
Print Name & Title

WHEN RECORDED MAIL TO:  
Denise Brown  
1035 Haystack Drive  
Carson City, NV 89705

Recorded at the request of:

Mark A. Winter  
801 N. Division  
Carson City, NV 89703

When recorded, mail to:

Mail tax statements to:

Denise Brown  
1035 Haystack Drive  
Carson City, NV 89705

**AFFIDAVIT OF DEATH OF TRUSTEE**

APN: 1420-08-212-015

STATE OF NEVADA )

: ss.

CARSON CITY )

Denise Brown, being first duly sworn, deposes and says:

1. Irene A. Hansen died on the 24th day of September, 2007, and that a certified copy of her Death Certificate is attached hereto.

2. That at the date of her death, Irene A. Hansen was Trustee of The Irene Hansen Trust of 1995 which is the owner of certain real property located in the County of Douglas, State of Nevada, described as follows:

See Exhibit "A" attached hereto  
and incorporated herein by said reference

3. That said ownership was created by a Deed dated July 24, 2006, and recorded on July 31, 2006, as Document Number 0680854 in the Douglas County Recorder's Office.

4. That upon the death of Irene A. Hansen, the Affiant became the Trustee of The Irene Hansen Trust of 1995.

*Denise Brown*  
Denise Brown

SUBSCRIBED and SWORN to before me  
this 3rd day of December, 2012.

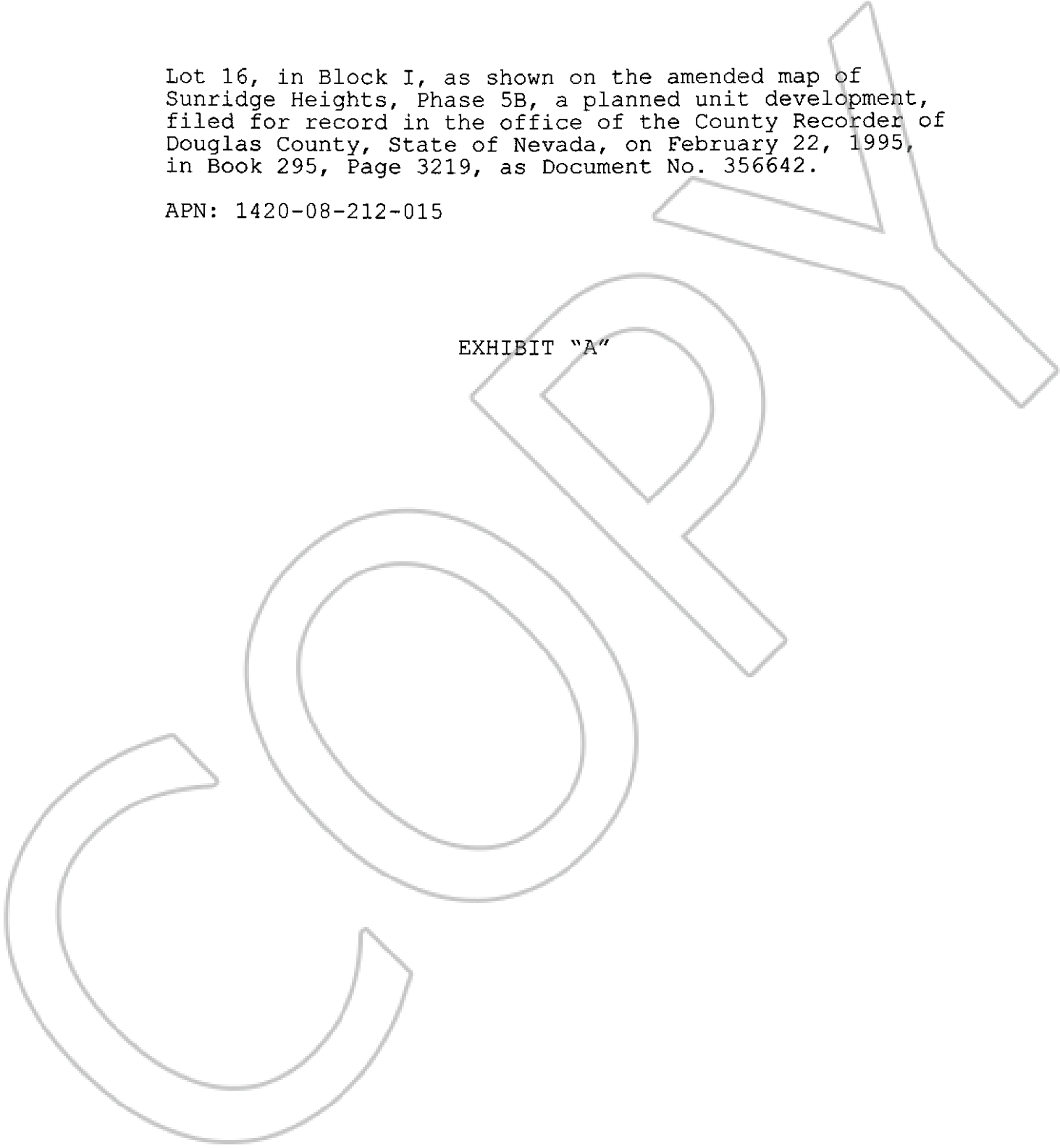
*Mark A. Winter*  
Notary Public



Lot 16, in Block I, as shown on the amended map of Sunridge Heights, Phase 5B, a planned unit development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on February 22, 1995, in Book 295, Page 3219, as Document No. 356642.

APN: 1420-08-212-015

EXHIBIT "A"



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

**CERTIFICATE OF DEATH**

2007007630

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 <b>Irene</b>			1b. MIDDLE <b>Alice</b>			1c. LAST <b>HANSEN</b>			2. DATE OF DEATH (Mo/Day/Year) <b>September 24, 2007</b>			3a. COUNTY OF DEATH <b>Douglas</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>1035 Haystack Drive</b>						3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify)			4. SEX <b>Female</b>		
5. RACE-(e.g., White, Black, American Indian) (Specify) <b>White</b>			6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. <b>No Non-hispanic</b>			7a. AGE-Last birthday (Years) <b>86</b>			7b. UNDER 1 YEAR MOS DAYS HOURS MINS			7c. UNDER 1 DAY MOS DAYS HOURS MINS			8. DATE OF BIRTH (Mo/Day/Yr) <b>September 11, 1921</b>		
9a. STATE OF BIRTH (if not U.S.A., name country) <b>Connecticut</b>			9b. CITIZEN OF WHAT COUNTRY <b>United States</b>			10. EDUCATION <b>12</b>			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>			12. SURVIVING SPOUSE (if wife, give maiden name)					
13. SOCIAL SECURITY NUMBER <b>██████████-4069</b>			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life; Even If Retired) <b>Secretary</b>						14b. KIND OF BUSINESS OR INDUSTRY <b>Small Business Administration</b>								
15a. RESIDENCE - STATE <b>Nevada</b>			15b. COUNTY <b>Douglas</b>			15c. CITY, TOWN OR LOCATION <b>Carson City</b>			15d. STREET AND NUMBER <b>1035 Haystack Drive</b>			15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>					
16. FATHER - NAME (First Middle Last Suffix) <b>George LAKE</b>						17. MOTHER - NAME (First Middle Last Suffix) <b>Dora PEPPIN</b>											
18a. INFORMANT - NAME (Type or Print) <b>Denise M. BROWN</b>						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1035 Haystack Drive Carson City, Nevada 89705</b>											
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>						19b. CEMETERY OR CREMATORY - NAME <b>Masonic Memorial Gardens</b>						19c. LOCATION City or Town State <b>Reno Nevada 89503</b>					
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b> <b>SIGNATURE AUTHENTICATED</b>						20b. FUNERAL DIRECTOR LICENSE <b>304R</b>			20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations</b> <b>1575 N Lomp Ln Carson City NV 89701</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>JEFFREY BASA M.D.</b> <b>SIGNATURE AUTHENTICATED</b>						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>September 26, 2007</b>						21c. HOUR OF DEATH <b>06:08</b>			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH					
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>Jeffrey Basa M.D. Capital Medical Associates Carson City, NV 89706</b>										23b. LICENSE NUMBER <b>8079</b>							
24a. REGISTRAR (Signature) <b>MIKE NEUMANN</b> <b>SIGNATURE AUTHENTICATED</b>						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 27, 2007</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).)																	
PART I (a) <b>Congestive Heart Failure</b>						Interval between onset and death											
DUE TO, OR AS A CONSEQUENCE OF:																	
(b)						Interval between onset and death											
DUE TO, OR AS A CONSEQUENCE OF:																	
(c)						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>Yes</b>					
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

529146

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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.

*Mike Neumann*

DATE ISSUED:

STATE REGISTRAR

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

