

Doc Number: **0814817**

12/19/2012 12:04 PM

OFFICIAL RECORDS

Requested By
STEVEN HUNTSINGER

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 Of 3 Fee: \$ 16.00
Bk: 1212 Pg: 5218



Deputy pk

APN: 1320-29-119-028
When recorded mail to:
✓ Mail tax statements to:
Steven Huntsinger
1670 Mackland Ave.
Minden, Nevada 89423

AFFIDAVIT OF DEATH OF TRUSTEE AND SETTLOR

STATE OF NEVADA)
)
COUNTY OF DOUGLAS) ss.

Trustee, STEVEN HUNTSINGER, being first duly sworn upon oath, says:

1. That Affiant is over the age of twenty one (21) years and is competent to be a witness as to the matters hereinafter stated.
2. That he is the Successor Trustee and sole Beneficiary of the Lauren B. Wendt Revocable Trust, dated January 31, 2009, a notarized copy of the Trust Certification of said trust is attached hereto and made a part hereof.
3. The Decedent, Lauren B. Wendt, was the Settlor and the Trustee of the Lauren B. Wendt Revocable Trust named on that certain Deed recorded in Douglas County, Nevada, of all that real property situate in the County of Douglas, State of Nevada, bounded and described as follows (commonly known as 1043 Pinion Pine Drive, Minden, NV 89423):

**LEGAL DESCRIPTION: LOT NUMBER 392 IN THE TOWN OF MINDEN
SUBDIVISION WINHAVEN NO. 9; DOCUMENT NO. 616266 IN BK 0604; PG 8132;**

LAST RECORDED ON 02-02-2009 AS BK 0209, PG 98; IN THE OFFICE OF THE DOUGLAS COUNTY, NEVADA RECORDER

- 4. That said Trust was created on January 31, 2009 and the Deed transferring said real property into the Trust was recorded on February 2, 2009 filed as Document No. 0736863.
- 5. That Lauren B. Wendt was the identical person named as the decedent on that certain Death Certificate, a certified copy of which is attached hereto and made a part hereof, which person died on February 19, 2009 in Douglas County, Nevada.
- 6. Affiant acknowledges that he understands that filing a false affidavit constitutes a felony in the State of Nevada.

Further Affiant sayeth naught.

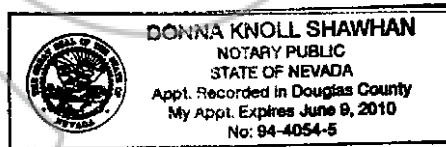
Dated this 23 day of Sept., 2009.

Steven Huntsinger
STEVEN HUNTSINGER, Trustee

SUBSCRIBED AND SWORN to before me

this 23 day of Sept., 2009.

Donna Knoll Shawhan
NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2009002667

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) Lauren Boyd WENDT		2. DATE OF DEATH (Mo/Day/Year) February 19, 2009		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Carson Valley Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4 SEX Male		5. RACE White (Specify)		6 Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) 74		7b UNDER 1 YEAR MOS DAYS HOURS MINS		7c UNDER 1 DAY	
8. DATE OF BIRTH (Mo/Day/Yr) May 04, 1934		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) Divorced		12 SURVIVING SPOUSE (If wife, give maiden name)	
13. SOCIAL SECURITY NUMBER ██████████-2806		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Agricultural Inspector		14b. KIND OF BUSINESS OR INDUSTRY Los Angeles County	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1043 Pinion Pine Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16 FATHER - NAME (First Middle Last Suffix) Lauren Michael WENDT			17 MOTHER - NAME (First Middle Last Suffix) Thelma Ardath RUDDICK		
18a INFORMANT- NAME (Type or Print) Steven W HUNTSINGER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1670 Mackland Ave Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Douglas County Mortuary 1478 4th Street Minden NV 89423	
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) JAMES BOOTH			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) JAMES BOOTH		
21b. DATE SIGNED (Mo/Day/Yr) February 26, 2009		21c. HOUR OF DEATH 19:05		22b. DATE SIGNED (Mo/Day/Yr) February 26, 2009	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 19:05		22d. PRONOUNCED DEAD (Mo/Day/Yr) February 26, 2009	
22e. PRONOUNCED DEAD AT (Hour) 19:05		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner JAMES BOOTH 1625 8th Street Minden, NV 89423			
23b. LICENSE NUMBER 387				24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 27, 2009		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I				Interval between onset and death	
(a) Arteriosclerotic Cardiovascular Disease				Interval between onset and death	
/DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(d)				Interval between onset and death	
PART II					
26. ACC., SUICIDE, HON., UNDET. OR PENDING INVEST. (Specify)		26. DATE OF INJURY (Mo/Day/Yr)		26. HOUR OF INJURY	
27a. INJURY AT WORK (Specify Yes or No)		27b. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		27c. LOCATION, STREET OR R.F.D. No CITY OR TOWN STATE	
27d. DESCRIBE HOW INJURY OCCURRED		27e. AUTOPSY (Specify Yes or No) No		27f. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	

STATE REGISTRAR

BK 12 12
PG 5220
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VRS-Rev-2008T

260662 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:

03/03/2009

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

VRS-CC (REV.) 11/06

R. D. White
SIGNATURE AUTHENTICATED

