

DOC # 818705  
02/21/2013 12:04PM Deputy: GB  
OFFICIAL RECORD

Requested By:  
Lifeline Estate Services  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 3 Fee: \$16.00  
BK-213 PG-5712 RPTT: 0.00



APN # **21-544-15**  
RECORDING REQUESTED  
AND RETURN TO:  
Lifeline Estate Services Inc.  
3708 lakeside Drive, Suite 202  
Reno, Nevada 895089

MAIL TAX STATEMENTS TO:  
LaVay H. Lund  
962 Desert Ct.  
Carson City, Nevada 89705

**AFFIDAVIT REGARDING DEATH OF INITIAL CO-TRUSTEE**  
**AND ASSUMPTION OF TRUSTEESHIP BY REMAINING TRUSTEE**

The following described real estate in Douglas County, Nevada:

Lot 65, Block M, as set forth on Final Map No. 1001-9 of SUNRIDGE HEIGHTS, PHASES 6B, 7A AND 8B, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on January 30, 1996, in Book 196, Page 5112, as Document No. 380052 and by Certificate of Amendment recorded February 2, 1996, in Book 296, Page 251, as Document No. 380351.

APN # 21-544-15

The undersigned, LAVAY H. LUND, hereby declares that, JOHN I. LUND, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JOHN I. LUND, named as one of the initial Co-Trustee's in that certain Declaration of Trust titled the LUND FAMILY TRUST DATED JULY 29, 1998.

Declarant further declares that she is the remaining initial Co-Trustee named in the Declaration of and that he hereby assumes the position as sole Trustee.

The undersigned declares under penalty of perjury that the foregoing is true and correct, and that this declaration is executed on the date and place indicated below.

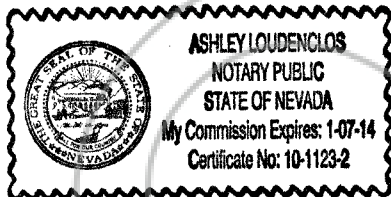


Executed on this 21 st day of Feb, 20 13, in the City of  
Reno, County of Washoe, Nevada.

Lavay H. Lund  
LAVAY H. LUND, Trustee

STATE OF NEVADA        )  
  ) ss.  
COUNTY OF WASHOE    )

On February 21, 2013, before me, Ashley Loudenclos, a Notary Public in and for said County and State, personally appeared LAVAY H. LUND, personally known to me (or proved to me on the basis of satisfactory evidence), to be the person whose name is subscribed to the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.



WITNESS my hand and official seal

Ashley Loudenclos  
Ashley Loudenclos, Notary Public  
Washoe County, NV  
My commission Expires 01/07/2014

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

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

2012011267  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

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) <b>John Irving LUND</b>		2. DATE OF DEATH (Mo/Day/Year) <b>July 16, 2012</b>		3a. COUNTY OF DEATH <b>Carson City</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>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		7a. AGE-Last birthday (Years) <b>91</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>April 10, 1921</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS	
9a. STATE OF BIRTH (If not U.S.A., name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>16</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>LAVAY V HOOPER</b>		13. SOCIAL SECURITY NUMBER <b>-7290</b>	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Division Claims Manager</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Insurance</b>		Ever in US Armed Forces? <b>Yes</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>962 Desert Court</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		10. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Olaf Emil FLEISCHER</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Marie WERENBERG</b>		18a. INFORMANT- NAME (Type or Print) <b>LAVAY H LUND</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>962 Desert Court Carson City, Nevada 89705</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) <b>JAMES SMOLENSKI</b>		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenry's Funeral Home</b> <b>3945 Fairview Dr 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>VIJAY MAIYA</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>July 18, 2012</b>		21c. HOUR OF DEATH <b>09:50</b>		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 (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>Dr. Vijay Maiya 1600 Medical Parkway Carson City, NV 89703</b>			
23b. LICENSE NUMBER <b>11909</b>		24a. REGISTRAR (Signature) <b>MICHELE L YOUNG</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 19, 2012</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>Cardiopulmonary Failure</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Intracranial Hemorrhage</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Cerebrovascular Accident</b> DUE TO, OR AS A CONSEQUENCE OF: (d) <b>Atherosclerotic Disease</b>			
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.		26. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
28a. INJURY AT WORK (Specify Yes or No)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28e. DESCRIBE HOW INJURY OCCURRED			
28f. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE			

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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.

DATE ISSUED: 07/27/2012

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



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BK 213  
PG-5714

*R. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

