

18

Doc Number: **0823448**

05/13/2013 02:27 PM

OFFICIAL RECORDS

Requested By  
**A+ PARALEGALS INC**

APN: 1320-30-113-009

WHEN RECORDED MAIL TO:  
SEND TAX DOCUMENTS TO:

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 5 Fee: \$ 18.00  
Bk: 0513 Pg: 3204

✓  
Nicole Vidro  
36 Coralberry Court  
Albany, NY 12203

  
Deputy. sg

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

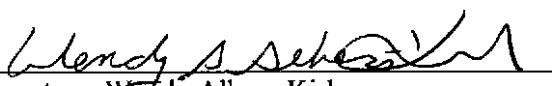
### NOTICE OF DEATH OF TRUSTEE

COMES NOW WENDY ALBERS-KIRK, being first duly sworn deposes and says:

1. That the SUZANNE J. ALBERS TRUST was executed on September 23, 2002.
2. That SUZANNE J. ALBERS was the Grantor of the SUZANNE J. ALBERS TRUST and that SUZANNE J. ALBERS died in Douglas County, on January 16, 2013. The State of Nevada issued a Death Certificate, No. 2013001441, a copy of which is attached hereto as Exhibit A and incorporated herein by reference.
3. That under the terms of the trust WENDY ALBERS-KIRK is the currently acting Trustee of the SUZANNE J. ALBERS TRUST, as shown in the Affidavit of Certification of Trust, a copy of which is attached hereto as Exhibit B and incorporated herein by reference.
4. That the undersigned is acting as sole Trustee of the SUZANNE J. ALBERS TRUST;
5. That the SUZANNE J. ALBERS TRUST owns the real property more particularly described on Exhibit C attached hereto and incorporated herein by reference.

IN WITNESS WHEREOF, Trustee has executed this document

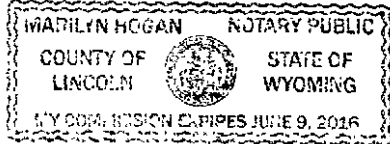
at Lincoln County, Wyoming, on this 3 day of May, 2013.

  
Signature, Wendy Albers-Kirk

-LOOSE CERTIFICATE ATTACHED-

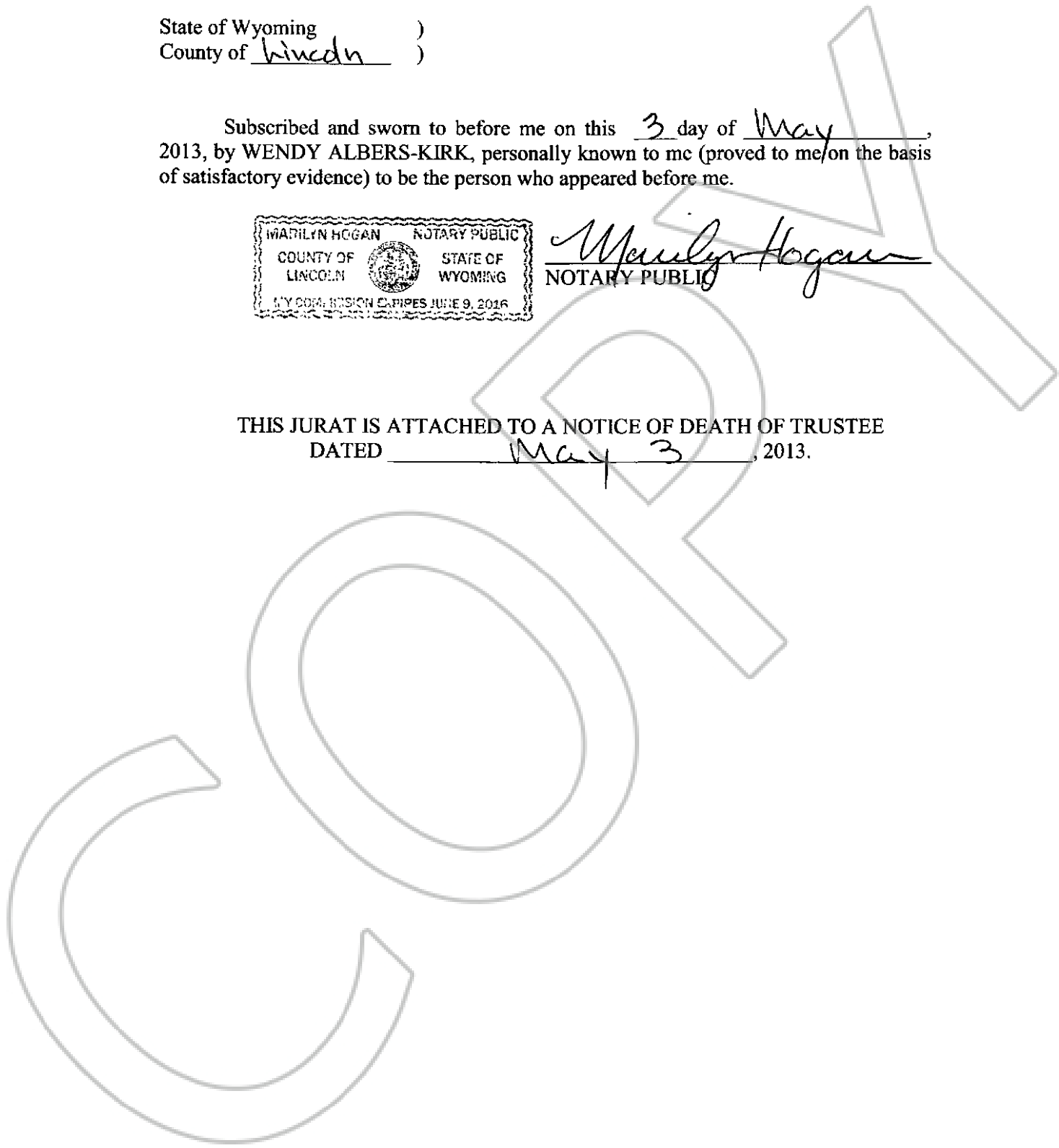
State of Wyoming )  
County of Lincoln )

Subscribed and sworn to before me on this 3 day of May, 2013, by WENDY ALBERS-KIRK, personally known to me (proved to me/on the basis of satisfactory evidence) to be the person who appeared before me.



Marilyn Hogan  
NOTARY PUBLIC

THIS JURAT IS ATTACHED TO A NOTICE OF DEATH OF TRUSTEE  
DATED May 3, 2013.



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

EXHIBIT A

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**STATE OF NEVADA - DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH - SECTION OF VITAL STATISTICS**

**CERTIFICATE OF DEATH**

2013001441

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Suzanne J ALBERS</b>		2 DATE OF DEATH (Mo/Day/Year) <b>January 16, 2013</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) <b>1777 Shamrock Cir</b>		3e If Hosp or Inst. indicate DOA,OP/Emer. Rm Inpatient(Specify) <b>Home</b>	
DECEDENT	4 SEX <b>Female</b>		5. RACE <b>White</b>		6 Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) <b>72</b>		7b. UNDER 1 YEAR MOSES   DAYS		7c. UNDER 1 DAY HOURS   MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) <b>February 13, 1940</b>		9a. STATE OF BIRTH (if not U.S.A., name country) <b>Michigan</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
	10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		12. SURVIVING SPOUSE (if wife, give maiden name)	
PARENTS	13. SOCIAL SECURITY NUMBER <b>6275</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>U. S. Government</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
DISPOSITION	15d. STREET AND NUMBER <b>1777 Shamrock Cir</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16 FATHER/PARENT - NAME (First-Middle Last Suffix) <b>Jack Edmond MARSH</b>	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Virginia FOULKES</b>		18a. INFORMANT- NAME (Type or Print) <b>Wendy KIRK</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>P.O. Box 162 Thayne, Wyoming 83127</b>	
TRADE CALL	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 (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV 89410</b>	
CERTIFIER	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>RYAN GRANT</b> SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) <b>January 25, 2013</b>		21c. HOUR OF DEATH <b>13:57</b>	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) <b>RYAN GRANT</b> SIGNATURE AUTHENTICATED		22b. DATE SIGNED (Mo/Day/Yr) <b>January 16, 2013</b>	
REGISTRAR	22c. HOUR OF DEATH <b>13:57</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>January 16, 2013</b>		22e. PRONOUNCED DEAD AT (Hour) <b>13:57</b>	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Deputy Coroner RYAN GRANT - PO Box 218 Minden, NV 89423</b>		23b. LICENSE NUMBER <b>443</b>		24a. REGISTRAR (Signature) <b>BIANCA GALEANO</b> SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 31, 2013</b>		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	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) 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>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) <b>January 16, 2013</b>		28b. DATE OF INJURY (Mo/Day/Yr) <b>1357</b>		28c. HOUR OF INJURY <b>Unattended</b>	
	28d. DESCRIBE HOW INJURY OCCURRED <b>Unattended</b>		28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) <b>Home</b>	
28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE <b>1777 Shamrock Cir Minden Nevada</b>		28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE <b>1777 Shamrock Cir Minden Nevada</b>		28i. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE <b>1777 Shamrock Cir Minden Nevada</b>		

STATE REGISTRAR

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BK : 0513  
PG : 3206  
5/13/2013

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CERTIFIED COPY OF VITAL RECORDS

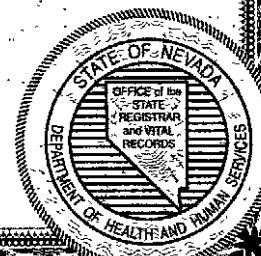
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

STATE REGISTRAR

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

VRS-Rev-20120523a



**AFFIDAVIT OF CERTIFICATION OF TRUST**

STATE OF NEVADA )  
 )ss.  
COUNTY OF WASHOE )

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BK : 0513  
PG : 3207  
5/13/2013

WENDY ALBERS-KIRK, being first duly sworn, deposes and says:

- (1) That the **SUZANNE J. ALBERS TRUST** was executed on **September 23, 2002**;
- (2) That **SUZANNE J. ALBERS** was the Settlor (Grantor) and **WENDY ALBERS-KIRK** is the currently acting Trustee;
- (3) That all of the Trustees are by the terms of said Trust given the full power of investment of the Trust Estate, without the necessity of supervision of any court, authorization to keep any or all securities or other property constituting a part or all of the Trust property in the name or names of Trustees, without disclosing their fiduciary capacity, or to hold securities in the name of a nominee, together with all of the powers provided to Trustees by Nevada Revised Statutes, Sections 163.260 through 163.410, inclusive;
- (4) That the **SUZANNE J. ALBERS TRUST** is irrevocable;
- (5) That a single Trustee may act to exercise identified powers of the Trustees;
- (6) That the identifying number of the trust is Social Security Number [REDACTED]-6275;
- (7) That the form in which title to assets of the trust is to be taken is the **SUZANNE J. ALBERS TRUST**;
- (8) That the trust has not been revoked or amended to make any representations contained in this certification incorrect, and that the signatures are those of all the currently acting Trustees.

DATED this 24th day of January, 2013.

  
WENDY ALBERS-KIRK, Trustee

SUBSCRIBED and SWORN to before me this 24th day of January, 2013.

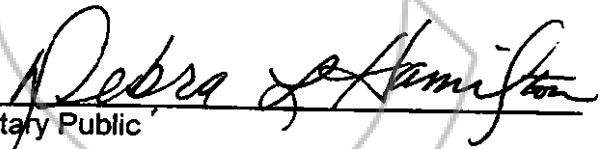
  
Notary Public



EXHIBIT "C"

Unit 9, as set forth on map of WESTWOOD PARK UNIT 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on November 25, 1987, in Book 1187, Page 3848, as Document No. 167352 and by Certificate of Amendment recorded May 5, 1988, in Book 588, Page 536, as Document No. 177431, of Official Records of Douglas County, Nevada.

TOGETHER WITH an undivided 1/25<sup>th</sup> interest in and to the common area lying within the interior lines as set forth on map of WESTWOOD PARK UNIT 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on November 25, 1987, in Book 1187, Page 3848, as Document No. 167352.

APN No. 1320-30-113-009

