

DOC # 828122
07/31/2013 12:59PM Deputy: GB
OFFICIAL RECORD
Requested By:
eTRCo, LLC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: \$16.00
BK-713 PG-8097 RPTT: 0.00



APN: 1420-07-818-036
RECORDING REQUESTED BY:
Western Title Company

AND WHEN RECORDED MAIL TO:

Laurel E. Arett
Thomas P. Kruse
240 Bisby
Reno, NV 89512

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF Nevada)
COUNTY OF Douglas) SS.

Laurel E. Arett and Thomas P. Kruse, Successor Trustees of legal age, being first duly sworn, deposes and says:

Elaine C. Kruse is the decedent mentioned in the attached certified copy of Certificate of Death, as Elaine Carolyn Kruse, Co-Trustee of the Kruse Family Trust dated June 20, 2002 is the same person named as Trustee in that certain Declaration of Trust, executed by Ronald A. Kruse and Elaine C. Kruse, Co-Trustees of The Kruse Family trust dated June 20, 2002, Grantee.

At the time of decedent's death, decedent was the owner, of certain real property acquired by a deed, Ronald A. Kruse and Elaine C. Kruse, Grantor, Grants to Ronald A. Kruse and Elaine C. Kruse, Co-Trustees of The Kruse Family trust dated June 20, 2002, Grantee recorded on June 25, 2002, as Book 0602, at Page 08194 of Instrument No. 0545535 in Official Records of Douglas County, Nevada, describing the following real property:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 10, in Block B, as shown on the map of IMPALA MOBILE HOME ESTATES UNIT NO. 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada on April 7, 1982, in Book 482, Page 366, as Document No. 66654.

**Assessor's Parcel Number(s):
1420-07-818-036**

Commonly known as: 977 Lehigh Circle, Carson City, NV 89705



I am the Successor Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Dated 25 JUL 13

Kruse Family Trust dated June 20, 2002

Laurel E. Arett
Laurel E. Arett, Successor Trustee

Thomas P. Kruse
Thomas P. Kruse, Successor Trustee

STATE OF Nevada

COUNTY OF Douglas

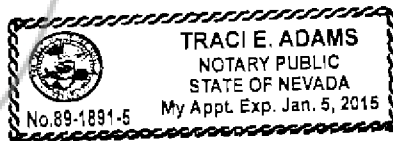
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s

This instrument was acknowledged before me on

July 25, 2013

By Laurel E. Arett and Thomas P. Kruse

Traci E. Adams
Notary Public



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada



BK 713
PG-8099

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STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

2006000130

TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last 1. Elaine Carolyn KRUSE			DATE OF DEATH (Month, Day, Year) 2. January 12, 2006		STATE FILE NUMBER COUNTY OF DEATH 3a. Washoe			
	CITY, TOWN OR LOCATION OF DEATH 3b. Reno		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Tahoe Pacific Hospital		If Hosp. or inst. indicate DOA, OP/Emet. Inpatient (Specify) 3e. Inpatient		SEX 4. Female		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—(e.g. White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		AGE—Last Birthday (Years) 7a. 69		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married		
	STATE OF BIRTH (If not U.S.A., name country) 8a. Illinois		CITIZEN OF WHAT COUNTRY 9a. U.S.A.		Decedent's Education. Specify highest grade completed. 10. 12 years		DATE OF BIRTH (Mo., Day, Yr.) d. May 3, 1936		
PARENTS	SOCIAL SECURITY NUMBER 13. [REDACTED]-1331		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) 14a. Publisher		KIND OF BUSINESS OR INDUSTRY 14b. Newspaper				
	RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas		CITY, TOWN, OR LOCATION 15c. Carson City		STREET AND NUMBER 15d. 977 Lehigh Circle		
DISPOSITION	FATHER—NAME First Middle Last 16. Henry Perryman		MOTHER—MAIDEN NAME First Middle Last 17. Edna Benson						
	INFORMANT—NAME (Type or Print) 18a. Ron Kruse - Husband		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 977 Lehigh Circle, Carson City, NV 89705						
CERTIFIER	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. FitzHenry's Grematory		LOCATION City or Town State 19c. Carson City, NV				
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting As Such) 20a. [Signature]		FUNERAL DIRECTOR LICENSE NUMBER 20b. 217		NAME AND ADDRESS OF FACILITY 20c. FitzHenry's Funeral Home 833 N. Edmonds Drive, Carson City, NV 89701				
CAUSE OF DEATH	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) [Signature]		21b. DATE SIGNED (Mo., Day, Yr.) I-16-06		21c. HOUR OF DEATH 1450		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Thomas Callister, M.D., 50 Kirman #305, Reno, NV 89502		
	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), and manner stated. (Signature and Title) [Signature]		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH		22d. ON <input type="checkbox"/> AT <input type="checkbox"/>		
STATE REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Thomas Callister, M.D., 50 Kirman #305, Reno, NV 89502		23b. LICENSE NUMBER 6301						
	24a. REGISTRAR (Signature) [Signature]		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) January 20, 2006		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) respiratory failure		Interval between onset and death week						
	(b) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death						
CAUSE OF DEATH	(c) DUE TO, OR AS A CONSEQUENCE OF		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. Epilepsy syndrome, morbid obesity, diabetes mellitus		26. AUTOPSY (Specify Yes or No) no		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) no				
CAUSE OF DEATH	28a. DATE OF INJURY (Mo., Day, Yr.)		28b. HOUR OF INJURY		28c. M			28d. DESCRIBE HOW INJURY OCCURRED	
	28e. WORK		28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION		28h. STREET OR R.F.D. No.		28i. CITY OR TOWN
CAUSE OF DEATH	28j. STATE								

STATE REGISTRAR

No. 325171

This is to certify that the above is a true and legal copy of the certificate on file in this office.

Deputy Registrar: [Signature]

Date:

JAN 25 2006