

APN# : 1220-24-701-032

Recording Requested By:
Western Title Company, Inc.

Escrow No.: 059867-TEA

When Recorded Mail To:
Don Chamberlain, Mark Lealtad,
Coral Boganes
140 Slaty Ford Road
Greenbrier, AR
72058



Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of any person or persons.
(Per NRS 239B.030)

Signature

Traci Adams

Escrow Officer

Affidavit of Death of Trustee

This page added to provide additional information required by NRS 111.312
(additional recording fee applies)



APN: 1220-24-701-032
RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

Don Chamberlain, Mark Lealtad,
Coral Boganes
140 Slatey Ford Road
Greenbrier, AR 72058

SPACE ABOVE THIS LINE FOR RECORDER'S USE
AFFIDAVIT - DEATH OF TRUSTEE

STATE OF California)
) SS.
COUNTY OF Nevada)

Don Chamberlain, Mark Lealtad and Coral Boganes, Successor Co-Trustees of legal age, being first duly sworn, deposes and says:

Zelda A. Lealtad Bergstrom, is the decedent mentioned in the attached certified copy of Certificate of Death, as **Zelda A. Lealtad Bergstrom** is the same person named as Trustee in that certain Declaration of Trust, executed by **Zelda A. Lealtad Bergstrom, Trust of the Zelda A. Lealtad Bergstrom Revocable Trust dated February 27, 2006.**

At the time of decedent's death, decedent was the owner, of certain real property acquired by a deed, **Zelda A. Bergstrom, a married woman, Grantor, Grants to Zelda A. Lealtad Bergstrom, Trust of the Zelda A. Lealtad Bergstrom Revocable Trust dated February 27, 2006**, Grantee recorded on **March 16, 2007**, as Book **0307**, at Page **5650** of Instrument No. **0697251** in Official Records of Douglas County, Nevada, describing the following real property:

**Assessor's Parcel Number(s):
1220-24-701-032**

Commonly known as: 1986 Palomino Lane, Gardnerville, NV 89410



We are the Successor Co-Trustees 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 _____

Zelda A. Lealtad Bergstrom Revocable Trust dated February 27, 2006

Don Chamberlain
Don Chamberlain, Successor Co-Trustee

~~EXECUTED IN COUNTERPART~~
Mark Lealtad, Successor Co-Trustee

Coral Boganes
Coral Boganes, Successor Co-Trustee

State of _____
County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 2013 by Don Chamberlain, Successor Co-Trustee personally known to me or proved to me on the basis of satisfactory evidence to the person who appeared before me.

(seal)

Signature _____
Notary Public

State of _____
County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 2013 by Mark Lealtad, Successor Co-Trustee personally known to me or proved to me on the basis of satisfactory evidence to the person who appeared before me.

(seal)

Signature _____
Notary Public



We are the Successor Co-Trustees 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 8-27-2013

Zelda A. Lealtad Bergstrom Revocable Trust dated February 27, 2006

EXECUTED IN COUNTERPART

Don Chamberlain, Successor Co-Trustee

Mark Lealtad, Successor Co-Trustee

EXECUTED IN COUNTERPART

Coral Boganes, Successor Co-Trustee

State of _____

County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 2013 by Don Chamberlain, Successor Co-Trustee personally known to me or proved to me on the basis of satisfactory evidence to the person who appeared before me.

(seal)

Signature _____

Notary Public

State of Nevada

County of Washoe

Subscribed and sworn to (or affirmed) before me on this 27 day of August, 2013 by Mark Lealtad, Successor Co-Trustee personally known to me or proved to me on the basis of satisfactory evidence to the person who appeared before me.



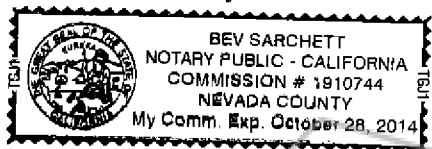
Signature Kimberly M. Davila

Notary Public



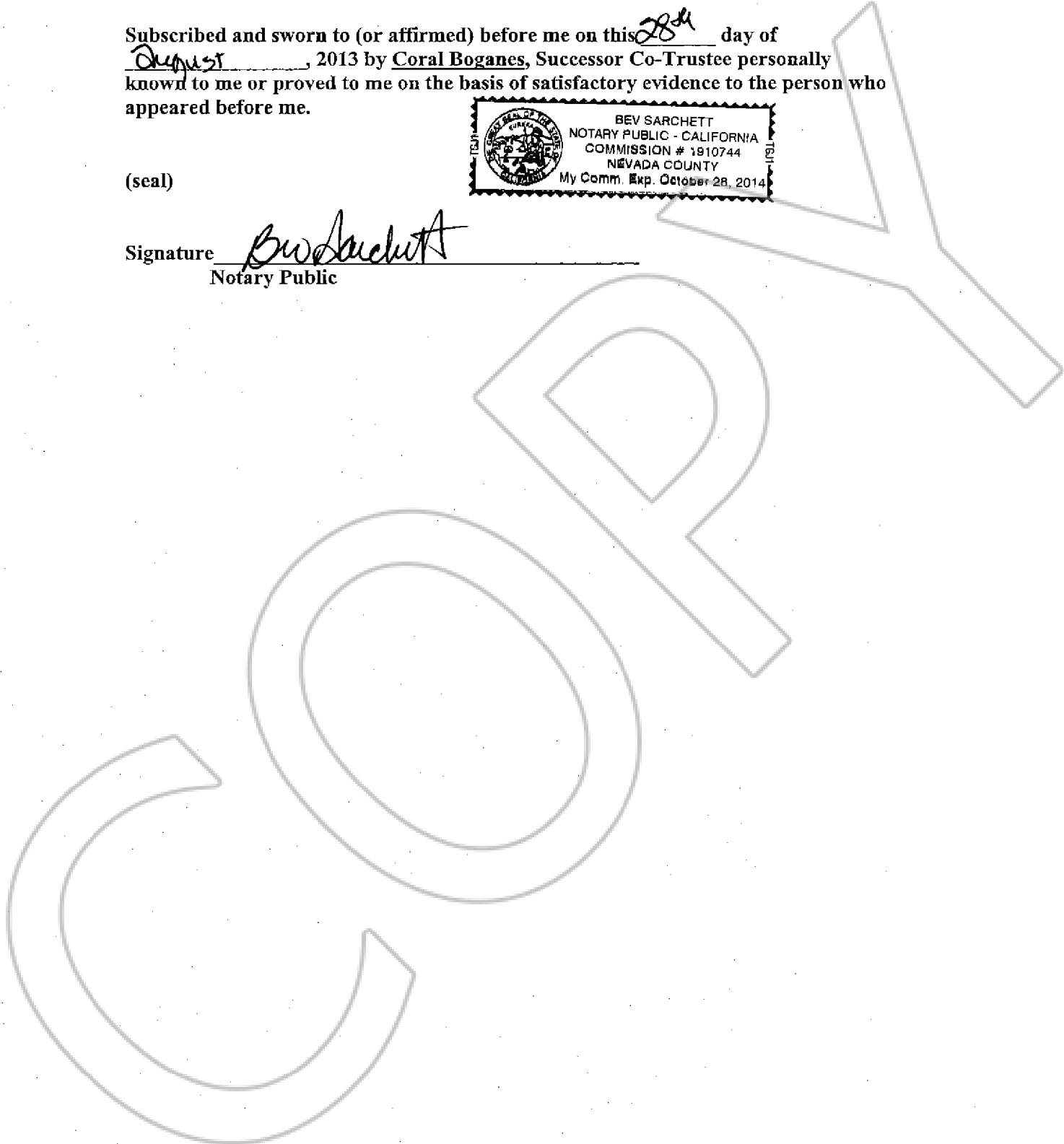
State of California
County of Nevada

Subscribed and sworn to (or affirmed) before me on this 28th day of August, 2013 by Coral Boganes, Successor Co-Trustee personally known to me or proved to me on the basis of satisfactory evidence to the person who appeared before me.



(seal)

Signature Bev Sarchett
Notary Public





STATE OF NEVADA

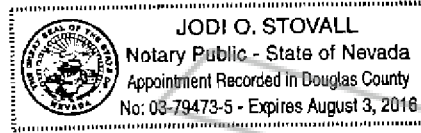
} s.s.

COUNTY OF Douglas

This instrument was acknowledged before me on

August 29, 2013 _____,

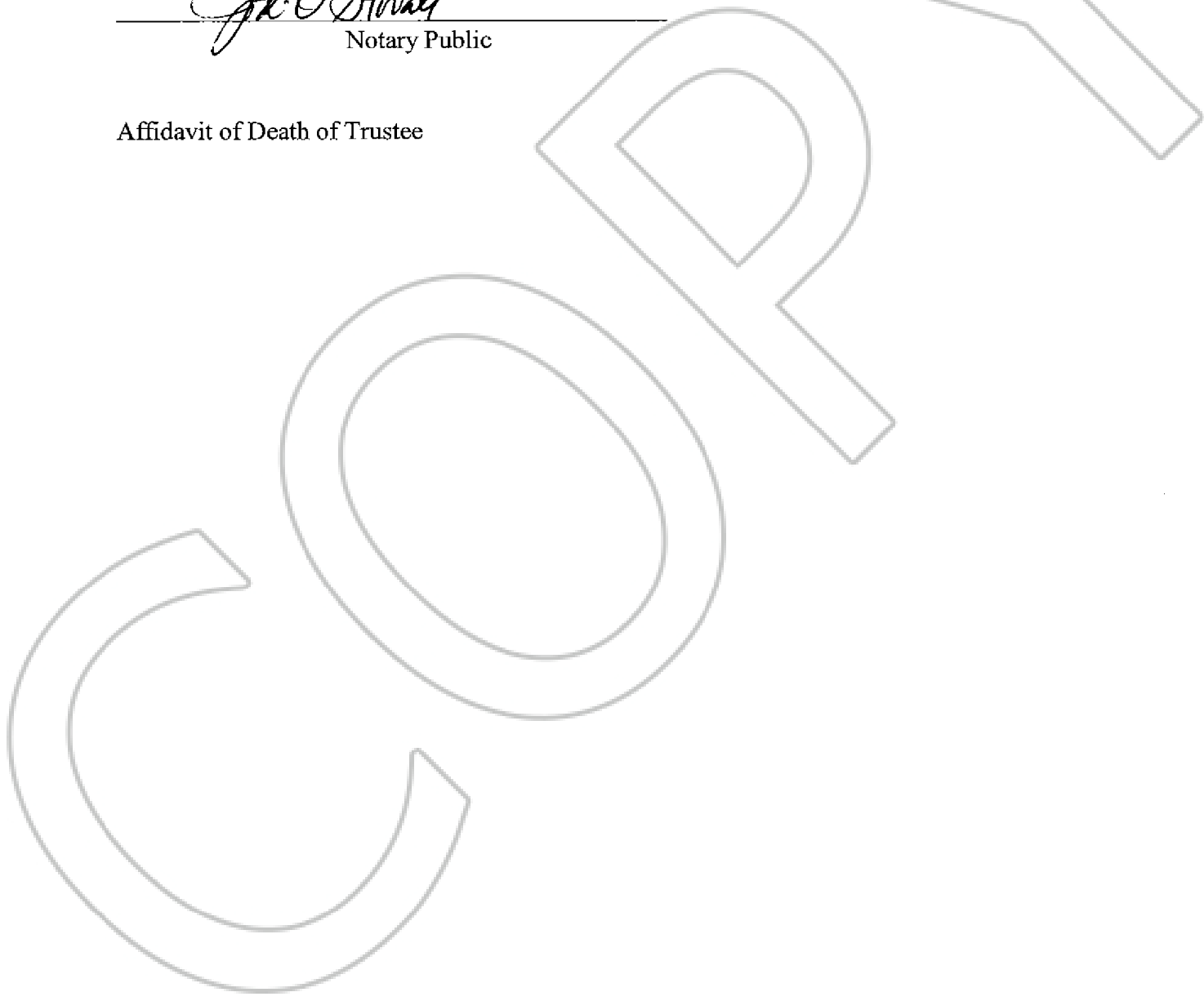
by Don Chamberlain.



J. O. Stovall

Notary Public

Affidavit of Death of Trustee



CERTIFICATION OF VITAL RECORD

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CERTIFICATE OF DEATH
VITAL STATISTICS

2007001392
 STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME FIRST Zelda			1b. MIDDLE A		1c. LAST BERGSTROM		2. DATE OF DEATH (Mo/Day/Year) March 23, 2007		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) 1986 Palomino Lane			3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify)		4. SEX Female		
DECEDENT	5. RACE (e.g., White, Black, American Indian) (Specify) White		6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. No Non-hispanic		7a. AGE-Last birthday (Years) 76		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) March 31, 1930
	9a. STATE OF BIRTH (if not U.S.A. name country) Missouri		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Very BERGSTROM		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER ████████-1128			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Office Assistant			14b. KIND OF BUSINESS OR INDUSTRY Lumber Company				
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1986 Palomino Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		
PARENTS	16. FATHER - NAME (First Middle Last Suffix) Buck FOSTER						17. MOTHER - NAME (First Middle Last Suffix) Iva A GILLEY				
	18a. INFORMANT- NAME (Type or Print) Coral BOGANES				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P O Box 124 Chicago Park, California 95712						
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory			19c. LOCATION City or Town State Carson City Nevada 89701				
	20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED			20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenry's Funeral Home 3945 Fairview Dr Carson City NV 89701					
TRADE CALL	TRADE CALL - NAME AND ADDRESS										
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) JUDITH ROSSO D.O. SIGNATURE AUTHENTICATED						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) March 29, 2007			21c. HOUR OF DEATH 21:45			22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		
REGISTRAR	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) JUDITH ROSSO D.O. 1520 Virginia Ranch Gardnerville, NV 89410									23b. LICENSE NUMBER 750	
CAUSE OF DEATH	24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 30, 2007		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						Interval between onset and death				
	PART I (a) Respiratory Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Lung Cancer DUE TO, OR AS A CONSEQUENCE OF: (c)						Interval between onset and death				
STATE REGISTRAR	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) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		
	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



BK 913
PG-881

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QSRB1004-Rev-F

T07820

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:

03/30/2007

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

PBMC0 (Rev) 11/06

SIGNATURE AUTHENTICATED

