

DOC # 830096
09/05/2013 03:36PM Deputy: AR
OFFICIAL RECORD
Requested By:
eTRCo, LLC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: \$17.00
BK-913 PG-882 RPTT: 0.00



APN# : 1220-24-701-032

Recording Requested By:
Western Title Company, Inc.
Escrow No.: 059867-TEA

When Recorded Mail To:
John Paul Bergstrom
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:

John Paul Bergstrom

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

STATE OF AR)
) SS.
COUNTY OF Faulkner)

John Paul Bergstrom, Successor Trustee of legal age, being first duly sworn, deposes and says:

Veryl Dean Bergstrom is the decedent mentioned in the attached certified copy of Certificate of Death, as **Veryl D. Bergstrom** is the same person named as Trustee in that certain Declaration of Trust, executed by **Veryl Dean Bergstrom, Trustee of The Veryl Dean Bergstrom Trust dated May 4, 2007**

At the time of decedent's death, decedent was the owner, of certain real property acquired by a deed, **Veryl D. Bergstrom, Grantor, Grants to Veryl Dean Bergstrom, Trustee of The Veryl Dean Bergstrom Trust dated May 4, 2007**, Grantee recorded on **May 7, 2007**, as **Book 0507**,, at **Page 2322** of Instrument No. **0700642** in Official Records of Douglas County, Nevada, describing the following real property:

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

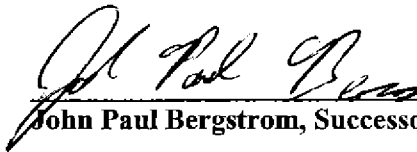
Commonly known as: **1986 Palomino Lane, Gardnerville, NV 89410**



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 8/28/2013

The Veryl Dean Bergstrom Trust dated May 4, 2007



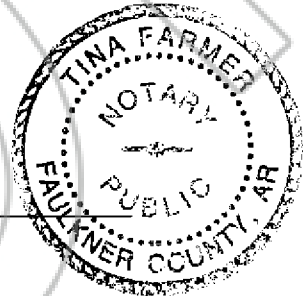
John Paul Bergstrom, Successor Trustee

STATE OF AR,
COUNTY OF Faulkner

Subscribed and sworn to (or affirmed) before me on this 28 day
of August, 2013, by **John Paul Bergstrom**, Successor Trustee
personally known to me or proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.

(seal)

Signature Tina Farmer
Notary public



CERTIFICATION OF VITAL RECORD

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

2012016494
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) Veryl Dean BERGSTROM		2. DATE OF DEATH (Mo/Day/Year) October 05, 2012		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) 4250 James Dr.		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Companions Residence	
4. SEX Male		5 RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 86		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) September 16, 1926		9a. STATE OF BIRTH (If not U.S.A. name country) Kansas		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER 1773		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Lumberyard Manager		14b. KIND OF BUSINESS OR INDUSTRY Building Materials	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 2861 Mountain St.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. Ever in US Armed Forces? Yes	
18. FATHER/PARENT - NAME (First Middle Last Suffix) John BERGSTROM			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ethel HEWITT		
18a. INFORMANT-NAME (Type or Print) John P BERGSTROM			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 140 Slaty Ford Rd. Greenbrier, Arkansas 72058		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Roop Carson City NV 89706	
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) SIGNATURE AUTHENTICATED CHRISTOPHER FORMAN M.D.			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) October 15, 2012		21c. HOUR OF DEATH 16:36		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)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. Christopher Forman M.D. 2874 N. Carson Street, Suite 2 Carson City, NV 89706				23b. LICENSE NUMBER 5528	
24a. REGISTRAR (Signature) MICHELE L YOUNG SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 18, 2012		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
26. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I				Interval between onset and death	
(a) Cardiac Arrest				Minutes	
(b) Coronary Artery Disease				Years	
(c) Hyperlipidemia				Years	
(d) Chronic Obstructive Pulmonary Disease				Years	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Secondary Polycythemia				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-885

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VR26-Rev-20120523a

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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: 10/18/2012

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

