

DOC # 831441
09/30/2013 11:47AM Deputy: AR
OFFICIAL RECORD
Requested By:
eTRCO, LLC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: \$17.00
BK-913 PG-7270 RPTT: 0.00

APN# : 1219-10-001-033

Recording Requested By:
Western Title Company, Inc.
Escrow No.: 060556-MHK

When Recorded Mail To:
Bonnie Lillie Gefvert
1030 Bandtail Drive
Carson City, NV
89701



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 M. Kelsh
Mary Kelsh Escrow Officer

Affidavit of Death of Trustee

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



APN: 1219-10-001-033

RECORDING REQUESTED BY:
Western Title Company
1513 Highway 395, Suite 101
Gardnerville, NV 89410
AND WHEN RECORDED MAIL TO:

Bonnie Lillie Gefvert
1030 Bandtail Drive
Carson City, NV 89701

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

STATE OF Nevada)
COUNTY OF *Carson City*) SS.

Bonnie Lillie Gefvert, Successor Trustee of legal age, being first duly sworn, deposes and says:

Leland Vernon Gefvert is the decedent mentioned in the attached certified copy of Certificate of Death, as Leland Vernon Gefvert is the same person named as Trustee in that certain Declaration of Trust, executed by Leland Vernon Gefvert and Bonnie Lillie Gefvert, Trustees of the Leland Vernon Gefvert and Bonnie Lillie Gefvert Family Trust, Dated January 17, 1991.

At the time of decedent's death, decedent was the owner, of certain real property acquired by a deed, recorded on October 15, 1985, in book 1085, Page 1599, as Document no. 125312, 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 16, as shown on the official plat of Cary Creek Estates, filed for record in the office of the County Recorder of Douglas County, Nevada, on May 25, 1977, as Document No. 09494.

Assessor's Parcel Number(s):
1219-10-001-033

Commonly known as: 1188 Cary Creek Court, Gardnerville, NV 89460



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 September 27, 2013

The Leland Vernon Gefvert and Bonnie Lillie Gefvert Family Trust Dated January 17, 1991

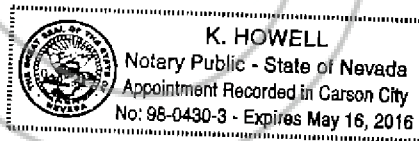
Bonnie Lillie Gefvert
Bonnie Lillie Gefvert, Successor Trustee

STATE OF NEVADA
COUNTY OF CARSON CITY

Subscribed and sworn to (or affirmed) before me on this 27 day of September, 2013, by Bonnie Lillie Gefvert, 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 [Signature]
Notary public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2009004164
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) Leland Vernon GEFVERT		2. DATE OF DEATH (Mo/Day/Year) March 12, 2009		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) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/ Emer. Rm. (Inpatient)(Specify): Inpatient	
4. SEX Male		7a. AGE-Last birthday (Years) 87		7b. UNDER 1 YEAR MOS DAYS	
5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 09, 1921		9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife give maiden name) Bonnie Lily SIBLEY	
13. SOCIAL SECURITY NUMBER 3163		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Engineer		14b. KIND OF BUSINESS OR INDUSTRY Oil	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1188 Cary Creek Court		16. FATHER - NAME (First Middle Last Suffix) Carl Albert GEFVERT		17. MOTHER - NAME (First Middle Last Suffix) Amelia CHRISTENSON	
18a. FATHER - NAME (Type or Print) Bonnie GEFVERT		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1188 Cary Creek Court Gardnerville, Nevada 89460			
18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		18b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		18c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
20a. SIGNATURE AUTHENTICATED					
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) VIJAY MAIYA			21a. SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) March 17, 2009		21c. HOUR OF DEATH 11:35			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			21d. 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)			22a. SIGNATURE AUTHENTICATED		
22b. DATE SIGNED (Mo/Day/Yr)		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) Dr. Vijay Malya 1600 Medical Parkway Carson City, NV 89703					23b. LICENSE NUMBER 11909
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 27, 2009		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a. SIGNATURE AUTHENTICATED					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I					
(a) Cardiac Arrest					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Sepsis					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Aspiration Pneumonia					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
PART II					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-7273

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VRS-Rev-2007

264409

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:

03/27/2009

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

PHKCD (REV) 1/08

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

