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Doc Number: **0832322**

10/18/2013 02:38 PM

OFFICIAL RECORDS

Requested By:

LAW OFFICE OF KAREN L WINTERS

After Recording, Mail to:

Francine C. Johnson Petersen, Successor Trustee  
Paul Richard Petersen 2000 Inter Vivos Trust, as amended  
✓ 1910 Horsebush Court  
Gardnerville, NV 89410

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 4 Fee: \$ 17.00

Bk: 1013 Pg: 3896



Deputy: sg

The undersigned affirms that this document, and all exhibits which may be attached hereto, DOES contain the social security number of any person, pursuant to NRS 443.380.

## **AFFIDAVIT OF DEATH OF SURVIVING TRUSTEE SUCCESSION OF SUCCESSOR TRUSTEE**

Francine C. Johnson Petersen of Gardnerville, Nevada, being first duly sworn, does hereby swear under penalty of perjury under the laws of the State of Nevada that the following statements are true:

1. By instrument dated August 25, 2000, Paul Richard Petersen executed the Paul Richard Petersen 2000 Inter Vivos Trust, which was amended and restated in its entirety by the First Amendment dated June 13, 2007, and amended by the Second Amendment dated August 16, 2010 and the Third Amendment dated February 27, 2013 ("the Trust") by Paul Richard Petersen, Settlor and Trustee.
2. The Trust appointed Francine C. Johnson Petersen to serve as Successor Trustee upon the death or incapacity of Paul Richard Petersen.
3. Paul Richard Petersen died on September 14, 2013. Attached hereto as Exhibit "A" is a certified copy of the death certificate of Paul Richard Petersen.
4. Pursuant to the terms of the Trust, Francine C. Johnson Petersen has consented to act and has assumed the powers and duties as the Successor Trustee of the Trust.
5. Francine C. Johnson Petersen is authorized under the terms of the Trust and applicable provisions of Nevada Revised Statutes to act as the Successor Trustee with respect to the Trust's interest in any property.
6. The Trust has an undivided twenty (20) percent interest in the following described real property:



COPY

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

2013016008

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) <b>Paul R PETERSEN</b>			2. DATE OF DEATH (Mo/Day/Year) <b>September 14, 2013</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) <b>Carson Valley Medical Center</b>		3e. If Hosp. or Inst. indicate DOA, D, Emer. Rm. Inpatient (Specify) <b>Inpatient</b>		4. SEX <b>Male</b>
5. RACE <b>White</b>	6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	7a. AGE - Last birthday (Years) <b>74</b>	7b. UNDER 1 YEAR <b>MOS</b>	7c. UNDER 1 DAY <b>HOURS</b>	7d. UNDER 1 DAY <b>MIN</b>	8. DATE OF BIRTH (Mo/Day/Yr) <b>May 19, 1939</b>
9a. STATE OF BIRTH (If not U.S.A., name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>
13. SOCIAL SECURITY NUMBER <b>1733</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Real Estate Broker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Real Estate</b>		15. Ever in US Armed Forces? <b>No</b>
15a. RESIDENCE - STATE <b>Nevada</b>	15b. COUNTY <b>Douglas</b>	15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>		15d. STREET AND NUMBER <b>1910 Horsebush Ct</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Paul H PETERSEN</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Betty JAMESON</b>			
18a. INFORMANT - NAME (Type or Print) <b>Francine PETERSEN</b>			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>1910 Horsebush Ct Gardnerville, Nevada 89410</b>			
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>		20b. FUNERAL DIRECTOR LICENSE <b>217</b>	20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenry's Carson Valley Funeral Home 1980 Highway 393 N Gardnerville NV 89410</b>			
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) <b>STEPHEN LANE PERRY M.D.</b>			22a. On the basis of observation 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) <b>September 19, 2013</b>		21c. HOUR OF DEATH <b>07:52</b>		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)	
22e. PRONOUNCED DEAD AT (Hour)			23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Stephen Lane Perry M.D. 1520 Virginia Ranch Rd. Gardnerville, NV 89410</b>			
23b. LICENSE NUMBER <b>6526</b>			24a. REGISTRAR (Signature) <b>NICOLE SHORE</b>			
24b. SIGNATURE AUTHENTICATED			24c. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 03, 2013</b>		24d. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						
PART I (a) <b>Respiratory Failure</b>					Interval between onset and death <b>5 Hours</b>	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(b) <b>Multilobar Pneumonia, Presumed Aspiration</b>					<b>6-7 Hours</b>	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(c)					Interval between onset and death	
(d)					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 <b>Sepsis Syndrome, History of Stroke with Feeding Tube</b>					26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WOB CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>						
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

0832322 Page: 4 of 4

BK: 1013 PG: 3899 10/18/2013

VR8-Rev-20120523

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:

10/03/2013

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

STATE REGISTRAR SIGNATURE AUTHENTICATED

