

DOC # 833318
11/04/2013 10:45AM Deputy: PK
OFFICIAL RECORD
Requested By:

APN#: 1219-10-001-001

Recording Requested By:
Western Title Company, Inc.
Escrow No.: 060838-TEA

eTRCo, LLC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: \$17.00
BK-1113 PG-663 RPTT: 0.00



When Recorded Mail To:
Richard Frank Kudrna, Sr.
1163 Autumn Hills
Gardnerville, NV 89460

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

A handwritten signature in cursive script that reads "Traci Adams".

Traci Adams

Escrow Officer

Affidavit-Successor Trustee

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



APN: 1219-10-001-001
RECORDING REQUESTED BY:
Western Title Company

AND WHEN RECORDED MAIL TO:

Richard Frank Kudrna, Sr.
1163 Autumn Hills
Gardnerville, NV 89460

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - SUCCESSOR TRUSTEE

STATE OF Nevada)
COUNTY OF Douglas) SS.

Richard Frank Kudrna, Sr., Successor Trustee of legal age, being first duly sworn, deposes and says:

Vera Lou Kudrna is the decedent mentioned in the attached certified copy of Certificate of Death, as Vera Lou Kudrna is the same person named as Co-Trustee in that certain Declaration of Trust, executed by Vera Lou Kudrna, Co-Trustee of the Vera H. Gross Family Trust, Grantee.

At the time of decedent's death, decedent was the owner, of certain real property acquired by a deed, Vera H. Gross, an unmarried woman, Grantor, Grants to Vera Lou Kudrna. Co- Trustee of the Vera H. Gross Family Trust, Grantee recorded on October 26, 1987, as Book 1087, at Page 3296 of Instrument No. 165024 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 18 of CARY CREEK ESTATES, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on May 25, 1977, in Book 577, Page 1350, as Document No. 09494.

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

Commonly known as: 209 Autumn Hills, Gardnerville, NV 89460



Dated Oct-16-2013

Vera H. Gross, Trustee of the Vera H. Gross Family Trust

Richard Frank Kudrna
Richard Frank Kudrna, Successor Trustee

Richard Frank Kudrna

STATE OF NEVADA

COUNTY OF DOUGLAS

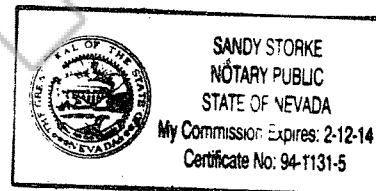
} S
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This instrument was acknowledged before me on

OCTOBER 16, 2013.

By Richard Frank Kudrna, Successor Trustee

Sandy Storke
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION OF HEALTH
 VITAL STATISTICS

CERTIFICATE OF DEATH

2011005774

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) VeraLou KUDRNA		2. DATE OF DEATH (Mo/Day/Year) April 13, 2011		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 Female		5. RACE - White (Specify)		6. DATE OF BIRTH (Mo/Day/Yr) May 31, 1944	
6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 66		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
9a. STATE OF BIRTH (If not U.S.A., name country) California		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) Richard KUDRNA		13. SOCIAL SECURITY NUMBER ██████████ 6315	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home		15. Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER .1163 Autumn Hills Rd		15e. INSIDE-CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Lou DUMOLINE	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Veronica GERADOT		18a. INFORMANT - NAME (Type or Print) Richard KUDRNA		18b. MAILING ADDRESS (Street or R F D. No. City or Town, State, Zip) 1163 Autumn Hills Rd Gardnerville, Nevada 89410	
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 Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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 VIJAY MAIYA					
21b. DATE SIGNED (Mo/Day/Yr) April 16, 2011		21c. HOUR OF DEATH 01:15		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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 Maiya 1600 Medical Parkway Carson City, NV 89703	
23b. LICENSE NUMBER 11909		24a. REGISTRAR (Signature) JENELLE ENGLISH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 18, 2011	
24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Hypoxic Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF (b) Pneumonia DUE TO, OR AS A CONSEQUENCE OF (c) Chronic Obstructive Pulmonary Disease DUE TO, OR AS A CONSEQUENCE OF (d) Tobacco Abuse		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		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 1113
 PG-666

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VRS-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.

[Handwritten Signature]

DATE ISSUED:

JAN 04 2013

STATE REGISTRAR

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

