

Requested By:  
First American Title Mindel  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 4 Fee: \$17.00  
BK-1113 PG-2966 RPTT: 0.00



APN# 1320-32-212-012

**Recording Requested by:**

Name: First American Title Insurance Company  
Address: 1663 US Highway 395, Suite 101  
City/State/Zip: Minden, NV 89423  
Order Number: 143-2457048

AFFIDAVIT-DEATH OF TRUSTEE

(for Recorder's use only)

(Title of Document)

**Recorder Affirmation Statement**

**Please complete Affirmation Statement below:**

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: 440.380

(State specific law)

Mjyll  
Signature

Escrow Asst.  
Title

Melissa J. Gyll  
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)



**RECORDING REQUESTED BY**  
First American Title Insurance  
Company of Nevada

**AND WHEN RECORDED  
RETURN TO AND MAIL TAX  
STATEMENTS TO:**

Robert Nielsen  
1989 Poetry Ave.  
Henderson, NV 89052

Space Above This Line for  
Recorder's Use Only

**A.P.N. 1320-32-212-012**

File No.: 143-2457048 (Rt)

**Affidavit - Death of Trustee**

State of )  
)ss.  
County of )

**Robert Nielsen** ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

- 1. **Delores R. Nielsen** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on at (city and state of death), *Boulder City, NV.*
- 2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **1996** executed by **Delores R. Nielsen** as trustor(s) (the "Trust").
- 3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant, Bargain and Sale Deed** dated **01/30/2006** which was recorded as Instrument No. **0666744** in Book **0106**, Page **9707**, of Official Records of **Douglas** County, Nevada as legally described as follows:

**LOT 12, IN BLOCK D, AS SET FORTH ON FINAL SUBDIVISION MAP LDA 02-059 FOR MACKLAND UNIT 3, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON OCTOBER 13, 2003 IN BOOK 1003, AT PAGE 5813, AS DOCUMENT NO. 593255.**

- 4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.



Dated: 11/05/2013

**DECLARANT:**

Rob. Lee Nielsen II  
Robert Nielsen II  
NIIE

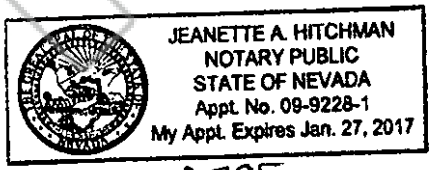
State of Nevada )  
 )ss  
County of Clark )

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County CLARK and State NEVADA, this 10th day of November, 2013 by Robert Nielsen II, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

*This area for official notarial seal*

Signature [Handwritten Signature]



My Commission Expires: 1-27-17

Notary Name: Jeanette A. Hitchman Notary Phone: 702-239-8795  
Notary Registration Number: 09-9228-1 County of Principal Place of Business CLARK

**STATE OF NEVADA - DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH - VITAL STATISTICS**

**CERTIFICATE OF DEATH**

**2013016328**

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>Delores Ramey NIELSEN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 06, 2013</b>		3a. COUNTY OF DEATH <b>Clark</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Boulder City</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) <b>Boulder City Hospital</b>		3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify) <b>Inpatient</b>	
DECEDENT	5. RACE (Specify) <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>DAYS</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>February-18, 1939</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A., name country) <b>Idaho</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>High School</b>	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE (if wife, give maiden name)		13. SOCIAL SECURITY NUMBER <b>6562</b>	
PARENTS	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Executive Assistant</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Education</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
DISPOSITION	16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>Franklin K RAMEY</b>		17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Victoria WELIN</b>			
	18a. INFORMANT NAME (Type or Print) <b>Robert Lee NIELSEN II</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1989 Roetry Avenue Henderson, Nevada 89052</b>			
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Hites Crematory</b>		19c. LOCATION City or Town State <b>Henderson Nevada 89011</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TYSON SMITH</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>707</b>		20c. NAME AND ADDRESS OF FACILITY <b>Boulder City Family Mortuary</b> 833 Nevada Hwy #1 Boulder City, NV 89005	
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) <b>CRAIG JORGENSON MD</b> SIGNATURE AUTHENTICATED					
	21b. DATE SIGNED (Mo/Day/Yr) <b>October 07, 2013</b>		21c. HOUR OF DEATH <b>00:50</b>		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	
	21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) <b>CRAIG JORGENSON MD 4011 Mcleod Las Vegas, NV 89121</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) <b>CRAIG JORGENSON MD 4011 Mcleod Las Vegas, NV 89121</b>		23b. LICENSE NUMBER <b>9529</b>		24a. REGISTRAR (Signature) <b>NANCY BARRY</b> SIGNATURE AUTHENTICATED	
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 08, 2013</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
	PART I (a) <b>Protein calorie malnutrition</b>				Interval between onset and death <b>Months</b>	
	(b) <b>Rheumatoid arthritis</b>				Interval between onset and death <b>Months</b>	
	(c) <b>DUE TO, OR AS A CONSEQUENCE OF:</b>				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						
26a. AGG. SUICIDE, HOMICIDE, UNDETERMINED OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY		
26d. INJURY AT WORK (Specify Yes or No)		26e. PLACE OF INJURY - At home, farm, street, factory, office building, etc (Specify)		26f. DESCRIBE HOW INJURY OCCURRED		
26g. LOCATION		26h. STREET OR R.F.D. No.		26i. CITY OR TOWN		
26j. STATE		26k. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)				

STATE REGISTRAR

**VOID**



BK 1113  
PG-2969

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**VOID**

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE SOUTHERN NEVADA HEALTH DISTRICT

John Middaugh, M.D.  
Registrar of Vital Statistics  
By *JMS*

Date Issued: **OCT 10 2013**