

DOC # 839660
03/19/2014 11:34AM Deputy: SG
OFFICIAL RECORD
Requested By:
Northern Nevada Title CC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: \$17.00
BK-314 PG-2925 RPTT: 0.00



FOR RECORDER'S USE ONLY

APN: 1420-28-111-007
ORDER NO.: 1101338-LI

TITLE OF DOCUMENT: AFFIDAVIT DEATH OF TRUSTEE - SUCCESSION OF SUCCESSOR TRUSTEE

The undersigned hereby affirms that this document submitted for recording contains a Social Security number as required by law:

State Law: NRS 40.525 Sec. 5 - Death Certificates Attached to Affidavit Death of Joint Tenant
State Law: NRS 440.380 Sec. 1.(a) - Medical Certificate of Death; Contents

NORTHERN NEVADA TITLE COMPANY

Signed By: 

Print Name/Title: Dawn Cuellar, Assistant

RECORDING REQUESTED BY
Northern Nevada Title Company
307 W Winnie Lane, Suite 1
Carson City, NV 89703

**MAIL TAX STATEMENTS AND WHEN
RECORDED, MAIL TO**

Beverly A. Osborn, Successor Trustee
2442 Oak Ridge Drive
Carson City, NV 89703



RECORDING REQUESTED BY

Northern Nevada Title Company
307 W Winnie Lane, Suite 1
Carson City, NV 89703

**MAIL TAX STATEMENTS AND WHEN
RECORDED, MAIL TO**

Beverly A. Osborn, Successor Trustee under the
Osborn Family Trust dated May 2, 1995
2442 Oak Ridge Dr.
Carson City NV 89703

THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT - DEATH OF TRUSTEE - SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada
County of Carson City

Beverly A. Osborn, of legal age, being duly sworn, deposes and says:

1. That Jack M. Osborn, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Jack M. Osborn named as the/one of the trustee(s) in that certain Corporation Grant, Bargain, Sale Deed dated executed by Decarlo Custom Homes, Inc., a Nevada Corporation to Jack M. Osborn and Beverly A. Osborn, Trustees under the Osborn Family Trust as Trustee(s), recorded as September 28, 1998 Book 0998, Page 5851 Document No 450489 of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Minden, County of Douglas, State of Nevada.

All that certain real property situated in the County of Douglas, State of Nevada, described as follows:

Lot 44 as set forth in the official plat map of SARATOGA SPRINGS ESTATES UNIT NO. 2, filed in the office of the Douglas County Recorder on May 23, 1994 in Book 594 at Page 3894 as Document No. 338088 and amended by document recorded July 8, 1994 in Book 794 at Page 1165 as Document No. 341498 of Official Records.

2. That I am Beverly A. Osborn, named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee(s) of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all person hereafter acquiring an interest in or dealing with the Property.

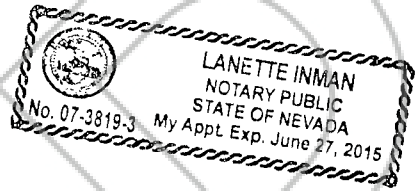
Dated: March 4, 2014



Beverly A. Osborn
Beverly A. Osborn

SUBSCRIBED AND SWORN to before me, the undersigned Notary Public
in and for said County and State this 18th day of March 2014

Ganeshman



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

2010012201
STATE FILE NUMBER

TYPE OR
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) Jack M OSBORN		2. DATE OF DEATH (Mo/Day/Year) August 04, 2010		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		3d. If Hoop, or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 83		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) September 14, 1926		9a. STATE OF BIRTH (If not U.S.A., name country) Iowa		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 18		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE OR DOMESTIC PARTNER Beverly BURKE	
13. SOCIAL SECURITY NUMBER 0630		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Physician		14b. KIND OF BUSINESS OR INDUSTRY Medical	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2971 Del Rio Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? Yes	
16. FATHER - NAME (First Middle Last Suffix) Lawrence A OSBORN			17. MOTHER - NAME (First Middle Last Suffix) Mary E RICHARDSON		
18a. INFORMANT- NAME (Type or Print) Beverly OSBORN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2971 Del Rio Lane Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89501	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JUDITH KIMPTON <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 677		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 390 E. Moana Ln. Suite D1 Reno NV 89502	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <i>SIGNATURE AUTHENTICATED</i> VIJAY MAIYA					
21b. DATE SIGNED (Mo/Day/Yr) August 12, 2010		21c. HOUR OF DEATH 10:20		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) CHRISTINA GRIFFITH <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 18, 2010		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).)				26. AUTOPSY (Specify Yes or No) No	
PART I				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
(a) Acute Myocardial Infarction				Interval between onset and death	
(b) Coronary Artery Disease				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II					
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. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE			
28f. INJURY AT WORK (Specify Yes or No)		28g. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR



BK 314
PG-2928

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VRS-Rev-20090302

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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: 08/27/2010

Rud Whitt
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE