

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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: 03/26/2014

DECLARANT:

Jewel V. Stephenson
Jewel V. Stephenson

State of Nevada)
)ss
County of Douglas)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State NV this 26 day of March, 2014 by Jewel V. Stephenson, 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 Rishele L. Thompson

My Commission Expires: 4/10/15



Notary Name: _____ Notary Phone: _____
Notary Registration Number: _____ County of Principal Place of Business: _____

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2012002729

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Doyle J STEPHENSON		2. DATE OF DEATH (Mo/Day/Year) February 22, 2012		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1760 Oakwood		3e. If Hosp or Inst indicate DOA,OP/Emer Rm Inpatient(Specify) Home	
	3d. SEX Male		7a. AGE-Last birthday (Years) 87		7b. UNDER 1 YEAR MO: 02 DAYS: 00 HOURS: 00 MINS: 00	
	5. RACE White (Specify)		8. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY MO: 02 DAYS: 00 HOURS: 00 MINS: 00	
DECEDENT	9a. STATE OF BIRTH (if not U.S.A. name country) Texas		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 8	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Jewel Vaudine JONES		8. DATE OF BIRTH (Mo/Day/Yr) May 02, 1924	
	13. SOCIAL SECURITY NUMBER ██████████-8155		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Retired		14b. KIND OF BUSINESS OR INDUSTRY State Of Ca Division Of Highways	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) Joe Henry STEPHENSON		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Jewel MARTIN			
	18a. INFORMANT- NAME (Type or Print) Jewel Vaudine STEPHENSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1760 Oakwood Minden, Nevada 89423			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Northern Nevada Veterans Cemetery		19c. LOCATION City or Town State Fernley Nevada 89408	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOSH FAULKNER <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 775		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
DISPOSITION	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) NITA SANDHU SCHWARTZ M.D. <i>SIGNATURE AUTHENTICATED</i>			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)		
	21b. DATE SIGNED (Mo/Day/Yr) February 24, 2012		21c. HOUR OF DEATH 01:25		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)
CERTIFIER	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nita Sandhu Schwartz M.D. 710 W. Washington St. Carson City, NV. 89703				23b. LICENSE NUMBER 9114	
	24a. REGISTRAR (Signature) MICHELE L. YOUNG <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 24, 2012		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					
REGISTRAR	(a) Cardiopulmonary Arrest		Interval between onset and death			
	(b) Coronary Artery Disease		Interval between onset and death			
	(c) Atherosclerosis		Interval between onset and death			
	(d) Peripheral Vascular Disease, Dementia		Interval between onset and death			
CAUSE OF DEATH	PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.					
	26. ACC., SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)				26. AUTOPSY (Specify Yes or No) No	
	26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY		26d. DESCRIBE HOW INJURY OCCURRED	
	26e. INJURY AT WORK (Specify Yes or No)		26f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		26g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

0840057 Page 3 of 3

BK 03 14
PG 45 16
3/26/20 14

VRG-Rev-20110104

424965

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:

02/24/2012

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

[Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED

