RECORDING REQUESTED BY of Nevada

AND WHEN RECORDED RETURN TO AND MAIL TAX STATEMENTS TO:

Jewel V. Stephenson 1760 Oakwood Drive Minden, NV 89423 Doc Number: 0840057

03/26/2014 01:45 PM

OFFICIAL RECORDS
Requested By

JEWEL STEPHENSON

DOUGLAS COUNTY RECORDERS Karen Ellison - Recorder

Page: 1 Of 3

Bk: 0314 Pg: 4514

Deputy sg

Fee: \$ 16.00

Space	Above	This	Line i	Гог
Rec	order's	Use	Only	

A.P.N. 1320-30-211075

File No.: ()

Affidavit - Death of Trustee

State of

Nevada

)ss.

County of

Douglas

)

Jewel V. Stephenson ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

- Doyle J. Stephenson ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on February 22, 2012 at Minden, NV (city and state of death).
- Decedent is the same person named as the trustee named in that certain Declaration of Trust dated August 17, 2004 executed by Doyle J. Stephenson and Jewel V. Stephenson as trustor(s) (the "Trust").
- Decedent as a trustee is the same person who was named as a grantee in that certain Grant, Bargain and Sale Deed dated July 3, 2006 which was recorded as Instrument No. 0702192 in Book 0607, Page 0083, of Official Records of Douglas County, Nevada as legally described as follows:

Lot 5, in BLock D, as shown on the Official Map of WESTWOOD VILLAGE UNIT NO. 1, FILED FOR RECORD OF THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON OCTOBER 5, 1979, in Book 1079, Page 440, Document No. 37417, and Certificate of Amendment recorded July 14, 1980, in Book 780, Page 783, Document 46166, and Certificate of Amendment recorded January 31, 1991, in Bool 191, Page 3820, Document 243938.



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Declarant is the successor trustee under the Trust. The Trust was in effect at the date of 4. the death of the Decedent and has not been revoked.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:** L. V. Stephenson State of Mevada))55 County of Dauglas SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Obycus and State W Marian by _, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me... This area for official notarial seal WITNESS my hand and official seal RISHELE L. THOMPSON Signature Notary Public - State of Nevada Appointment Recorded in Douales County My Commission Expires: No: 99-54931-5 - Expires April 10, 2015

Notary Phone:

County of Principal Place of Business_

Notary Name:

Notary Registration Number:

STATE OF NEVADA

ECERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH 2012002729

TYPE OR		- T				STATE FILE N	UMBER	*::			
PRINT IN 😳	1a. DECEASED-NAME (FIRST N	IIDDLE,LAST,SUFFIX)			2. DATE OF DEATH (M	lo/Day/Year) 3a	COUNTY OF DEATH	7			
PERMANENT BLACK INK	Doyle J STEPHENSON February 22, 2012 Douglas										
BLACK MA	36 CITY, TOWN, OR LOCATION		ROTHER INSTITUTION	-Name(If not either, give			P/Emer Rm4. SEX				
DE0	Minden	and number)	1760 Oakw	rood	Inpatient(Spe	ory) Home	\	lale.			
DECEDENT	5. RACE White	8 Hisp	anic Ongin? Specify		76. UNDER 1 YEAR Z		DATE OF BIRTH (Mo/Da				
	(Specify)		Ion-Hispanic	birthday (Years)	MOS DAYS -	IOURS MINS	May 02, 1924				
IF DEATH	9a. STATE OF BIRTH (If not U.S.	A. 96 CITIZEN OF WHA	T COUNTRY 10 EDUCAT	1 1	VER MARRIED WIDO	WED 112 SURVIV					
OCCURRED IN	name country) Texas	United St		DIVORCED (Spec	(v) Married	maiden nan	e) Jewel Vaudine J	ONES			
SEE HANDBOOK	13. SOCIAL SECURITY NUMBER	14a USUAL OCCUPA	TION (Give Kind of Work	Done During Most of	14b KIND OF BUSII	NESS OR INDUSTRY	Ever in US A	med			
REGARDING COMPLETION OF	8155	Working Life, Even If I	Retired) Retir	,	State Of Ca I	Division Of High	vays Forces? Ye	8			
RESIDENCE ITEMS	15a. RESIDENCE - STATE 1	5b COUNTY	15c, CITY, TOWN OR L	OCATION 15d S	TREET AND NUMBER		15e. INSIDE CIT				
L	Nevada	Douglas .	Minde	n 1760	Oakwood		or No. Ye				
	16. FATHER/PARENT - NAME (RENT - NAME (First	Middle Last Suffix					
PARENTS	Joe Henry STEPHENSON Jewel MARTIN										
n. t.	18a. INFORMANT- NAME (Type	or Print)	5. 186. MAILING ADD	RESS (Street or R.F	D. Mo, City or Town, S	itate, Zip)		1			
	Jewel Vaudine		3m		Dakwood Minden,			- 3			
	198. BURIAL, CREMATION, REM	OVAL, OTHER (Specify) 195:	CEMETERY OR CREMA	TORY - NAME 7 ()	yr certain		ity or Town State				
ISPOSITION	Burial		" Northern Ne	vada Veterans Ce	metery	Femiley	Nevada 89408	√′			
T .F	20a. FUNERAL DIRECTOR - SIG	NATURE (Or Person Acting as			E AND ADDRESS OF						
	JOSH	FAULKNER	DIRECTOR LI	76.4	Jr 117	Funerals and Cr	•				
177 L. 1		URE AUTHENTICATED	77	N 44	1521 Church	Street Gardnervill	e NV 89410				
RADE CALL	TRADE CALL - NAME AND ADDI			å i	- 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1						
	출물 218. To the best of my kno	wiedge; death occurred at the (Signature & Title)	time, date and place and	22a. On the	basis of examination a te and place and due to		my opinion death occur	red et			
	NITA	SANDHU SCHWAR	TZ M.D.	Em 18 E na mia' (a		o dia cadao(a) aratau	TOMPHOLOGIC IN THEOL				
CERTIFIER	E 21b DATE SIGNED (MO/	Day/Yr) 21c HOUR	OF DEATH	E € 22b. DATE	SIGNED (Mo/Day/Yr)	. 22c. HO	JR OF DEATH				
	S ≥ February 24, 201		01:25	S ij	1		· 	ž			
ī	21d NAME OF ATTENDI	NG PHYSICIAN IF OTHER TH	AN CERTIFIER	22d PRO	OUNCED DEAD (Mo/	Day/Yr) 22e PRO	NOUNCED DEAD AT (F	Hour)			
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·	23a. NAME AND ADDRESS OF (CERTIFIER (PHYSICIAN, ATTI A ndhu Schwartz M.D .				rint) 23b.	LICENSE NUMBER 7	";			
	24a REGISTRAD (Sanatura)			76 76		124c DEATH DUE 1	O COMMUNICABLE DIS	SEASE.			
REGISTRAR	}	MICHELE L.	and a second	(Mo/Day/Yr) Feb		YES [T NO IX	. 7.			
CAUSE OF	25. IMMEDIATE CAUSE	"(ENTER ONLY ONE CAUSE		16.	ualy 24, 2012		terval between onset and	d death			
CAUSE OF DEATH		monary Arrest	PER LINE FOR (a), (b), A	(UD (C))			(GIAN) Defined (Cityot Bird	3 00001			
DEATH		S A CONSEQUENCE OF:	164 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 1 			4 40046			
CONDITIONS IF	Coronany	Artery Disease			$\sum_{i=1}^{n} \sum_{j=1}^{n} i $		terval between onset en) GOOD!			
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IMMEDIATE :		erosis		admij uame		in	terval between onset and	2 Oeau			
CAUSE ->	<u> </u>	S A CONSEQUENCE OF	114 (F. + W 114)	<u> </u>	#' #		terval between onset an	d death			
UNDERLYING CAUSE LAST		a dount document of		. 생기 개를 기념 -			Irei tei normanni miran				
::::7	PART II OTHER SIGNIFICANT	CONDITIONS Conditions and	W	. 12		loo samonos	27, WAS CASE RE	*****			
:. 'J	Peripheral Vas	scular Disease, De	mentie:	BRIDING IN THE PLANEUMUR	cause given in Fait 1.	(Specify Yes o	(Sp. TO CORONER (Sp.				
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1	28a. ACC., SUICIDE, HOM, UNDET OR PENDING INVEST. (Specify)	200. DATE OF INJURY (Mo/Day/Y	r) 28c. HOUR OF INU	URY 284 DESCRIBE H	IOW INJURY OCCURRED						
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1 1	28e. INJURY AT WORK (Specify Yes or No)	building, etc. (Specify)	ome, rarm, street, factory,	office 28g LOCATIO	N STREET OR F	LFD.No. CITY C	R TOWN S	TATE;			
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PG 45 15 3/26/2014



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.



02/24/2012

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