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OFFICIAL RECORDS

Requested By  
NORTHERN NEVADA TITLE COMPANY

APN: 1220-15-210-031  
ORDER NO.: 1101899-wd

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 4      Fee: \$ 17.00  
Bk: 0714 Pg: 3920



Deputy: sg

FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: affidavit of death

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: *Wendy Dunbar*

Print Name/Title: Wendy Dunbar

WHEN RECORDED MAIL TO:

Matthew M. Trask

*1725 Seville way  
San Jose, Ca 95131*

**RECORDING REQUESTED BY**

Northern Nevada Title Company  
1483 US Highway 395 N # B  
Gardnerville, NV 89410

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

Matthew M. Trask, Successor Trustee under the  
Trask Marital Trust

*1725 Seville way  
San Jose, Ca 95131*

THIS SPACE FOR RECORDER'S USE ONLY

**AFFIDAVIT - DEATH OF TRUSTEE - SUCCESSION OF SUCCESSOR TRUSTEE**

Matthew M. Trask, of legal age, being duly sworn, deposes and says:

1. That Fred Waldron Trask, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Fred Waldron Trask named as the/one of the trustee(s) in that certain Deed into Trust dated August 15, 2005 executed by Fred W. Trask to Fred Waldron Trask, Trustee under that unrecorded revocable Living Trust Agreement known as the TRASK MARITAL TRUST dated November 10, 2003, as a Tenant in Severalty as Trustee(s), recorded on December 8, 2006 as Document No. 0690339, in Book 1206, Page 2859 of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Gardnerville, County of Douglas, State of Nevada.

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

Lot 91C as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 2 filed in the office of the County Recorder of Douglas County, Nevada on June 1, 1965 in Book 1 of Maps as Document No. 28309 and on June 4, 1965 as Document No. 28377.

2. That I am Matthew M. Trask, 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: July 15, 2014

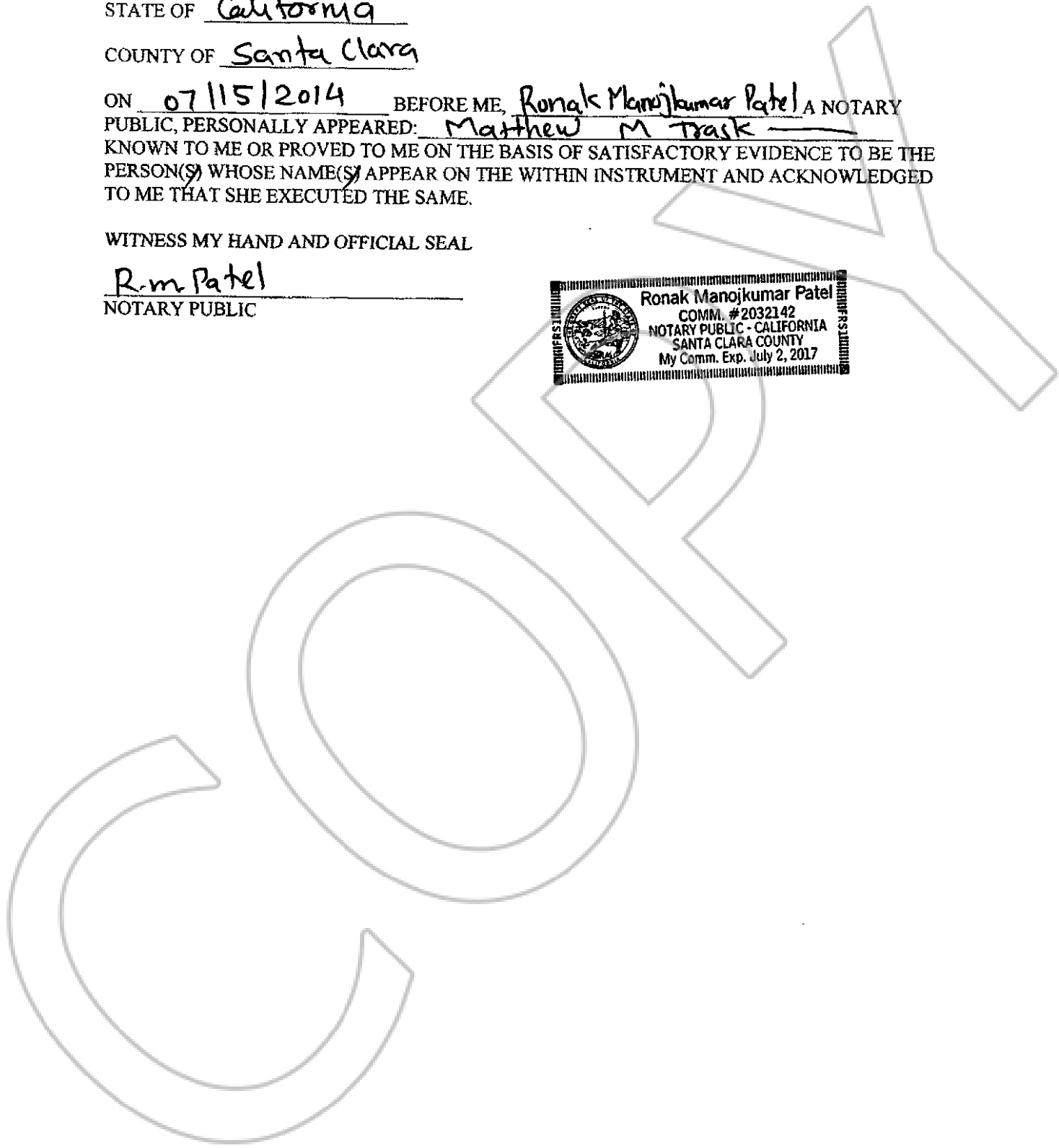
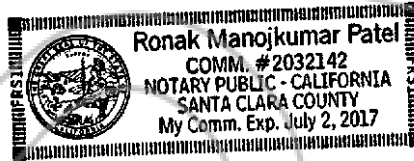
*Matthew M. Trask*  
Matthew M. Trask

STATE OF California  
COUNTY OF Santa Clara

ON 07/15/2014 BEFORE ME, Ronak Manojkumar Patel A NOTARY  
PUBLIC, PERSONALLY APPEARED: Matthew M Trask  
KNOWN TO ME OR PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE  
PERSON(S) WHOSE NAME(S) APPEAR ON THE WITHIN INSTRUMENT AND ACKNOWLEDGED  
TO ME THAT SHE EXECUTED THE SAME.

WITNESS MY HAND AND OFFICIAL SEAL

R.m Patel  
NOTARY PUBLIC



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA  
PUBLIC HEALTH DEPARTMENT  
VITAL RECORDS AND REGISTRATION

CERTIFICATE OF DEATH

3201143003757

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY (NO ERASERS, WHITEOUTS OR ALTERATIONS) VS-1 (REVISED 2/03)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given)		2. MIDDLE		3. LAST (Family)	
FRED		WALDRON		TRASK	
AKA, ALSO KNOWN AS—Include full AKA (FIRST, MIDDLE, LAST). FREDERICK WALDRON TRASK		4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs. Months Days	
		12/12/1927		83 6 3	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
HI		6091		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION—Highest Level/Degree (See worksheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back)		12. MARITAL STATUS/SP* at Time of Death	
PROFESSIONAL <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WIDOWED	
17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED		18. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back)		7. DATE OF DEATH mm/dd/yyyy	
CIVIL ENGINEER		CAUCASIAN		05/11/2011	
19. YEARS IN OCCUPATION		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		8. HOUR (24 Hours)	
35		CITY GOVERNMENT		0410	
20. DECEDENT'S RESIDENCE (Street and number, or location)					
1725 SEVILLE WAY					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
SAN JOSE		SANTA CLARA		95131	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
12		CA			
26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)		
MATTHEW M TRASK, SON			1725 SEVILLE WAY, SAN JOSE, CA 95131		
28. NAME OF SURVIVING SPOUSE/SDRP—FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
JOSEPH		HAROLD		TRASK	
31. NAME OF FATHER/PARENT—FIRST		32. MIDDLE		33. LAST	
RUBY		CLAIR		WALDRON	
34. BIRTH STATE		35. NAME OF MOTHER/PARENT—FIRST		36. MIDDLE	
MA		RUBY		CLAIR	
37. LAST (BIRTH NAME)		38. BIRTH STATE			
WALDRON		CA			
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION (Street and number, or location)			
05/20/2011		RES OF MATTHEW M TRASK 1725 SEVILLE WAY, SAN JOSE, CA 95131			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
CR/RES		NOT EMBALMED			
44. NAME OF FUNERAL ESTABLISHMENT (Final disease or condition resulting in death)		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
NEPTUNE SOCIETY OF CENTRAL CALIFORNIA		FD1322		MARTIN D FENSTERSHEIB, MD	
47. DATE mm/dd/yyyy		48. SIGNATURE OF LOCAL REGISTRAR			
05/16/2011		MARTIN D FENSTERSHEIB, MD			
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
SON'S RESIDENCE		<input type="checkbox"/> IP <input type="checkbox"/> ERCP <input type="checkbox"/> DGA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other			
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY	
SANTA CLARA		1725 SEVILLE WAY		SAN JOSE	
107. CAUSE OF DEATH		108. DEATH PERFORMED TO OCCUPY?		109. BODY PERFORMED?	
IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) PRIMARY LUNG CANCER NON-SMALL CELL METASTATIC TO PLEURAL CAVITY AND PERITONEUM		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Sequitentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		110. ALTOPIXY PERFORMED?		111. USED IN DETERMINING CAUSE?	
NONE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation and date.			
		NO			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
		SYLVIA FRIEDBERG M.D.		G49620	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. DATE mm/dd/yyyy	
SYLVIA FRIEDBERG M.D. 1150 S. BASCOM AVE STE 7A, SAN JOSE, CA 95128		SYLVIA FRIEDBERG M.D. 1150 S. BASCOM AVE STE 7A, SAN JOSE, CA 95128		05/13/2011	
120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER			127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

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PG 3923  
7/17/2014  
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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF SANTA CLARA

SS. DATE ISSUED  
By

MAY 18 2011



This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

Martin D. Fensterseib MD  
MARTIN D. FENSTERSHEIB  
HEALTH OFFICER AND LOCAL REGISTRAR  
OF BIRTHS AND DEATHS

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

