

DOC # 847409
08/04/2014 12:48PM Deputy: PK
OFFICIAL RECORD
Requested By:
Stewart Title - Carson
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: \$17.00
BK-814 PG-577 RPTT: 0.00



A.P.N. No.:	1420-34-410-026
Escrow No.:	01415-11826
Recording Requested By:	
Stewart Title	
When Recorded Mail To:	
Barbara A. Prunier	
25693 Independence Trail	
Evergreen, CO 80439	

(for recorders use only)

CERTIFICATE OF INCUMBENCY
(Title of Document)

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: NRS Chapter 440-380 _____
(State specific law)

Signature

Escrow Assistant

Title

Kris Thorson
Print Signature

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

This cover page must be typed or printed in black ink.

(Additional recording fee applies)



CERTIFICATE OF INCUMBENCY

Whereas, Norman H. Prunier was the Trustee under that certain Trust entitled the Prunier Family Trust dated April 14, 1994, and listed as Grantee under that certain GRANT, BARGAIN, SALE DEED recorded 10-26-98 in Book 1098, as Document No. 0452529, of Official Records, covering the following described property:

SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF

AND Whereas, Norman H. Prunier is one and the same as named on that certain Death Certificate attached hereto and made a part hereof, Barbara A. Prunier, is named as the Successor Trustee under said Trust and is fully authorized to act in accordance with the terms of said Trust Agreement.

SUCCESSOR CO-TRUSTEE

By: Barbara A. Prunier
Barbara A. Prunier

State of Colorado)
County of Jefferson) ss.

This instrument was acknowledged before me on the 1 day of August, 2014

By: Erika Martinez-Muniz

Signature: Erika Martinez-Muniz
Notary Public

ERIKA MARTINEZ-MUNIZ
Notary Public
State of Colorado
Commission # 20124032442
My Commission Expires May 24, 2016

CERTIFICATION OF VITAL RECORD

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH**

2010017332
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

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) Norman Howard PRUNIER		2. DATE OF DEATH (Mo/Day/Year) October 18, 2010		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION-Name(if not either, give street and number) Renown Regional Medical Center		3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE White (Specify)		6. DATE OF BIRTH (Mo/Day/Yr) June 28, 1930	
6. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 80	
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		7d. UNDER 1 DAY MINS	
9a. STATE OF BIRTH (if not U.S.A., name country) Massachusetts		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Barbara WOOD		13. SOCIAL SECURITY NUMBER 0935	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Bus Driver		14b. KIND OF BUSINESS OR INDUSTRY Transportation		Ever in US Armed Forces? Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2630 Stewart Ave		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First-Middle Last Suffix) Theodore PRUNIER	
17. MOTHER - NAME (First-Middle Last Suffix) Laura POISSANT		18a. INFORMANT- NAME (Type or Print) Barbara PRUNIER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2630 Stewart Ave 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) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
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)		21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) PIOTR KUBICZEK M.D. SIGNATURE AUTHENTICATED		22b. DATE SIGNED (Mo/Day/Yr) November 10, 2010	
		22c. HOUR OF DEATH 04:28		22d. PRONOUNCED DEAD (Mo/Day/Yr) October 18, 2010	
		22e. PRONOUNCED DEAD AT (Hour) 04:28		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Piotr Kubiczek M.D. 10 Kirman Ave Reno, NV 89520	
		23b. LICENSE NUMBER 11610		24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED	
		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 19, 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). Interval between onset and death					
PART I (a) Multiple blunt force injuries Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
(b) Motor vehicle collision Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
(c) Interval between onset and death					
(d) 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.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) ACCIDENT		28b. DATE OF INJURY (Mo/Day/Yr) October 10, 2010	
28c. HOUR OF INJURY 1300		28d. DESCRIBE HOW INJURY OCCURRED Driver lost control of car		28e. INJURY AT WORK (Specify Yes or No) No	
28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Roadway		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE S.R. 4, 1 Mile East of Alpine, Lake Campground Rd. Alpine California			

STATE REGISTRAR



BK 814
PG-579

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VRS-Rev-20100216

361722

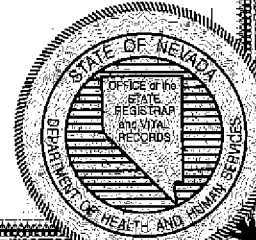
CERTIFIED COPY OF VITAL RECORDS

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: 11/23/2010

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

R. D. White
SIGNATURE AUTHENTICATED





LEGAL DESCRIPTION

The land referred to herein is situated in the State of Nevada, County of Douglas, described as follows:

Lot 26, in Block 3 of RE-SUBDIVISION of portions OF ARTEMISIA SUBDIVISION, filed in the office of the County Recorder of Douglas County, Nevada on April 23, 1962, as Document No. 19909 of Official Records.

