16

DOUGLAS COUNTY, NV Rec:\$16.00 Total:\$16.00

MARK A. WINTER

10/13/2014 01:26 PM Pgs=3

2014-850984

Recorded at the request of:

Mark A. Winter 801 N. Division

Carson City, NV 89703

When recorded, mail to:

Mail tax statements to:

Stuart A. Stevens 3687 Shawnee Drive Carson City, NV 89705

KAREN ELLISON, RECORDER

AFFIDAVIT OF DEATH OF CO-TRUSTEE

APN: 1420-06-310-032

STATE OF NEVADA)

SS.

CARSON CITY

Stuart A. Stevens, being first duly sworn, deposes and says:

- 1. Helen K. Stevens died on the 16th day of July, 2014, in the state of Nevada, and that a certified copy of the Death Certificate is attached hereto.
- 2. That at the date of her death, the said Helen K. Stevens was a Co-Trustee with the Affiant of the SH Stevens Revocable Trust dated February 23, 2012, which was the owner of certain real property located in the County of Douglas, State of Nevada, described as follows:

See Exhibit "A" attached hereto and incorporated herein by said reference

- 3. That said ownership was created by a Deed dated February 23, 2012, and recorded on the same date, as Document Number 0797702 in the Douglas County Recorder's Office.
- 4. That upon the death of the said Helen K. Stevens, the Affiant became the sole Trustee of the SH Stevens Revocable Trust dated February 23, 2012.

in. Y

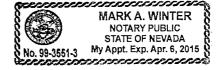
SS.

STATE OF NEVADA

CARSON CITY

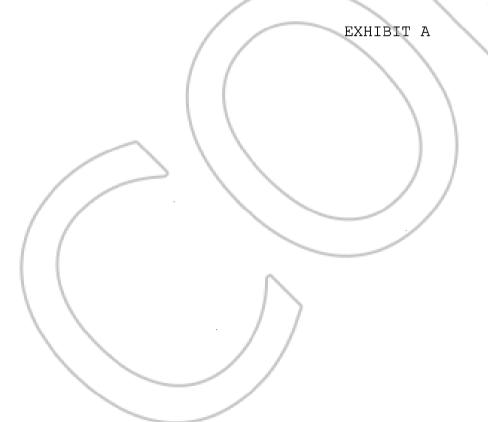
Subscribed and Sworn to me on October 9, 2014, by Stuart A. Stevens who personally appeared before me, a Notary Public, and executed the above document.

Notary Public



Lot 59 of Sierra Estates, as shown on the map of the County Recorder of Douglas County, State of Nevada, filed on September 27, 1960

APN: 1420-06-310-032





TAMB OF NEVADA

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

TYPE OR						STATE FILE NUM	BER / / /
PRINT IN	1a. DECEASED-NAME: (FIRST,M	IDDLE,LAST,SUFFIX)	áty/vertex		2. DATE OF DEATH (N	lo/Day/Year) 3a. CO	UNTY OF DEATH
PERMANENT BLACK INK	Helen K		STEVENS		July 16, 2		Douglas
www.	3b. CITY, TOWN, OR LOCATION	OF DEATH 30. HOSP	er) (Control of the control of the c	717.410 -130 - 313. 1	e street 3 3e if Hosp, or Inpatient(Spe		ner Rm. 4. SEX
DECEDENT	Carson City 5_RACE White			nee Drive		Home	Female
	Specify)		6. Hispanic Origin? Specify No - Non-Hispanic \	birthday (Years)	MOS DAYS	OURS MINS	E.OF BIRTH (Mo/Day/Yr)
	9a, STATE OF BIRTH (If not U.S.)	A ION OFFICENCE	WHAT COUNTRY 10 EDU	CATIONIAL MARRIED N	EVER MARRIED MILEO	10 10 10 10 10 10 10 10	April 10, 1930
OCCURRED IN	name country) California		ed States	DIVORCED (Spe	cify) Married:	maiden name)	SPOUSE (if wife, give Stuart A STEVENS
SEE HANDBOOK	13./SOCIAL SECURITY/NUMBER	14a USUAL O	CCUPATION (Give Kind of W		14b. KIND OF BUSI	NESS OR INDUSTRY	Ever in US Armed
REGARDING COMPLETION OF	9113			keeper	Α	utomotive	Forces? No
RESIDENCE	V , 1000 100 100 100 100 100 100 100 100	5b. COUNTY	15c. CITY, TOWN O	R LOCATION 15d.	STREET AND NUMBER		15e. INSIDE CITY:
*	Nevada	Douglas	Carso		7 Shawnee Drive		or No) No
PARENTS	16 FATHER/PARENT NAME (F	dward G SCHA	* ** * ** *******	17. MOTHER/I	PARENT - NAME (First		\ \
	Edward G.SCHACHT Gertrude BJORN						
,	Stuart STEVENS 3687 Shawnee Drive Carson City, Nevada 8						
	19a BURIAL, CREMATION, REM		() 19b. CEMETERY OR CRE	MATORY - NAME		19c, LOCATION City of	r Town State
DISPOSITION	Crematic	2.7	Charles and the control of the contr	ee Meadows Crema		<u> </u>	evada 89431
	20a. FUNERAL DIRECTOR SIG	NATURE (Or Person Ac		RAL 20c NA	ME AND ADDRESS OF	FACILITY Eunerals & Grema	tions
***	Anther Contract Anthronic	JRE AUTHENTICAT	-v0. ,##4 79 - ,074 .	304R	and the same of the same of	pa Ln Carson City N	ai airina ann an Tao
TRADE CALL	TRADE CALL - NAME AND ADDR		TOTAL VALUE VA				
Pad Alla. Bal dan bas	A THE COLUMN TO THE COLUMN THE CO						
	To due to the cause(s) stated.	REED DOPF		ATED B Of the time, of	late and place and due to	o the cause(s) stated. (Sig	nature & Title)
CERTIFIER	E 216 DATE SIGNED (Mo/C		HOUR OF DEATH		E SIGNED (Mo/Day/Yr)	22c. HOUR (OF DEATH
***************************************	S E July 22, 2014	To published the service	08,00	O W			WAR INA MANA
	P 는 21d. NAME OF ATTENDIN	IG PHYSICIAN IF OTH	ER THAN CERTHIER	PRC	NOUNCED DEAD (Mo/	Day/Yr) 226 PRONO	UNCED DEAD AT (Hour)
	23a NAME AND ADDRESS OF C	ERTIFIER (PHYSICIAN	, ATTENDING PHYSICIAN,	MEDICAL EXAMINER, OR	CORONER) (Type or P	rint) 23b. LICE	NSE NUMBER
		Reed Dopf M	D. 18653 Wedge Pk			2 2 2	13920
REGISTRAR	24a, REGISTRAR (Signature)		E SHORE	24b. DATE RECEIVE (Mo/Day/Yr)	W	1 K. —	COMMUNICABLE DISEASE
W.V.	25, IMMEDIATE CAUSE		JTHENTICATED CAUSE PER LINE FOR (a), (i	383 40 33 5	July 22, 2014	YES	NO X
CAUSE OF	PART I Terminal Com	plications Malignant,	Metastatic Breast Invasiv	e Ductal Carcinoma		Mon	and the same of th
	DUE TO, OR AS	A.CONSEQUENCE O	F: ,	307 .	1,000		al between onset and death
CONDITIONS IF	(b)		AND THE STATE OF T	Gran all II	4	Pari,	**************************************
ANY WHICH GAVE RISE TO	DUE TO, OR AS	S A CONSEQUENCE O	FLORE VIEW 1870		**************************************	interv	al between onset and death
CAUSE ->	(c):						###. #################################
STATING THE UNDERLYING	DUE TO, OR AS	A CONSEQUENCE O	Fig. William			Interv	al between onset and death
CAUSE LAST.	(d)	CONDITIONS Condition	a contribution to double but a	in the second se	The same of the sa	minimum manifestation	N. 1
i wa	PART II. OTHER SIGNIFICANT	ACHOLLIONS-COROLLOR	a controuding to death but no	aresularly in the underlyin	iy cause given in Part 1.	26. AUTORSY (Specify Yes or No No	27. WAS CASE REFERRED TO CORONER (Specify Yes
	28a, ACC., SUICIDE, HOM., UNDET.	1286, DATE OF INJURY (M	o/Day/Yr) 28c. HOUR OF	INJURY 284 DESCRIBE	HOW INJURY OCCURRED	l No	or No) Yes
1 TA	OR PENDING INVEST. (Specify)						
etwa silw la	28e. INJURY AT WORK (Specify		Y- At home, farm, street, fac	ory, office 28g. LOCATION	ON STREET OR R	F.D. No. CITY OR T	OWN: STATE
	Yes or No):	building, etc. (Specify)			- 17.5 17.4 17.5		
78	Les Taran arms "Walled S	100 400 400 100 100 100 100 100 100 100	ST.	ATE REGISTRAR			**** ***** ***************************
					AND MAKAL	,	



538523

CERTIFIED COPY OF VITAL RECORDS

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

This is attue and exact reproduction of the document officially registered and placed on file in the office of the State Begistrac and Vital Becords:

07/23/2014

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



