

APN 1320-04.001-036

APN _____

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DOUGLAS COUNTY, NV **2014-851152**
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\$17.00 Pgs=4 10/15/2014 12:39 PM
FIRST AMERICAN TITLE MINDEN
KAREN ELLISON, RECORDER

FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: Affidavit - Death of Trustee

WHEN RECORDED MAIL TO:

Cecille A. Hanson

P.O. Box 579

Gardnerville, NV 89410

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
Cecille A. Hanson
PO BOX 579
Gardnerville, NV 89410

Space Above This Line for
Recorder's Use Only

A.P.N. 1320-04-001-036

File No.: 143-2472805 (Rt)

Affidavit - Death of Trustee

State of Nevada)
)ss.
County of Douglas)

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

1. **Richard Donald Hanson** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **8-29-11** at **Carson City, Nevada** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **April 25, 1995** executed by **Richard Hanson and Cecille A. Hanson** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant, Bargain and Sale Deed** dated **11-12-08** which was recorded as Instrument No. **733216** in Book **1108**, Page **3256**, of Official Records of **Douglas County** County, Nevada as legally described as follows:

see attached legal description

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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: 10-11-14

DECLARANT:

Cecille A. Hanson

Cecille A. Hanson

State of Nevada)
)ss
County of Douglas)

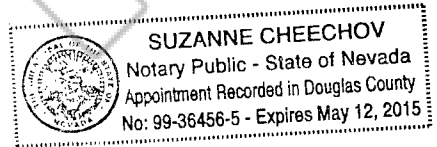
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State NV, this 14th day of Oct, 2014 by Cecille A. Hanson, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

This area for official notarial seal

Signature Suzanne Cheechov

My Commission Expires: 5/12/2015



Notary Name: Suzanne Cheechov Notary Phone: 775-782-5411
Notary Registration Number: 99-36456-5 County of Principal Place of Business Douglas

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

2011014028
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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) Richard Donald HANSON | | 2. DATE OF DEATH (Mo/Day/Year) August 29, 2011 | | 3a. COUNTY OF DEATH Carson City | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Carson City | | 3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) Bodines Casino | | 3d. If Hosp. or Inst. Indicate DOA, OPI, Emer. Rm. (Inpatient) (Specify) Casino | |
| 4. SEX Male | | 5. RACE White | | 6. Hispanic Origin? Specify No - Non-Hispanic | |
| 7a. AGE - Last birthday (Years) 67 | | 7b. UNDER 1 YEAR MOS DAYS | | 7c. UNDER 1 DAY HOURS MINS | |
| 8. DATE OF BIRTH (Mo/Day/Yr) October 13, 1943 | | 9a. STATE OF BIRTH (if not U.S.A., name country) Minnesota | | 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) Cecille HICKS | |
| 13. SOCIAL SECURITY NUMBER 8564 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Owner | | 14b. KIND OF BUSINESS OR INDUSTRY Garbage Co. | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Gardnerville | |
| 15d. STREET AND NUMBER 1517 Sanchez Rd | | 15e. INSURE CITY LIMITS (Specify Yes or No) Yes | | 16. Ever in US Armed Forces? Yes | |
| 17. FATHER/PARENT - NAME (First Middle Last Suffix) Richard HANSON | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Marion CROSS | | |
| 18a. INFORMANT - NAME (Type or Print) Cecille HANSON | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 679 Gardnerville, Nevada 89410 | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory | | 19c. LOCATION City or Town State Carson City Nevada 89706 | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL <i>SIGNATURE AUTHENTICATED</i> | | 20b. FUNERAL DIRECTOR LICENSE 620 | | 20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street 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) NICHOLAS JOHN CARLEVATO 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) September 09, 2011 | | 21c. HOUR OF DEATH 12:14 | | 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) | |
| 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nicholas John Carlevato M.D. P.O. Box 2830 Carson City, NV 89702 | | 23b. LICENSE NUMBER 8307 | | 23c. PRONOUNCED DEAD AT (Hour) | |
| 24a. REGISTRAR (Signature) JENELLE ENGLISH <i>SIGNATURE AUTHENTICATED</i> | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 12, 2011 | | 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 | | | Interval between onset and death | | |
| (a) Myocardial Infarction | | | Interval between onset and death | | |
| (b) Hypertension | | | 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, HOMIC., UNDET. OR PENDING INVEST. (Specify) | | 28b. DATE OF INJURY (Mo/Day/Yr) | | 28c. HOUR OF INJURY | |
| 28d. DESCRIBE HOW INJURY OCCURRED | | 28e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) | | 28f. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE | |
| 28g. INJURY AT WORK (Specify Yes or No) | | 28h. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) | | 28i. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE | |

STATE REGISTRAR



839909 Page: 4 of 4 03/21/2014

BK 314
PG-3872

VR-Rev-20110104

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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: 09/12/2011

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

Richard Hanson
SIGNATURE AUTHENTICATED

