

APN# : 1319-10-101-004

DOUGLAS COUNTY, NV  
Rec:\$17.00  
\$17.00 Pgs=4  
ETRCO, LLC  
KAREN ELLISON, RECORDER

2014-852944

11/18/2014 10:11 AM

**Recording Requested By:**

eTRCo, LLC.

**When Recorded Mail To:**

The Foster Family Trust

P.O. Box 1000

Genoa, NV 89411

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. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature Kathleen L. Foster

Seller

Print name

Title

Kathleen L. Foster

**Affidavit Death of Trustee**

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

## AFFIDAVIT - DEATH OF TRUSTEE

Kathleen L. Foster, of legal age, being first duly sworn, deposes and says:

That Lyle C. Foster, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Lyle C. Foster named as one of the parties in that certain Grant, Bargain, Sale Deed dated 3/14/2013 executed by Lyle C. Foster and Kathleen L. Foster, husband and wife to Lyle C. Foster and Kathleen L. Foster, as Co-Trustees of the Foster Family Trust dated February 1, 2013 as joint tenants, recorded as instrument No. 0820460, on 3/21/2013, in Book 0313, Page 5637, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

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

Being a portion of the North 1/2 of the Northwest 1/4 of Section 10, Township 13 North, Range 19 East, M.D.B. & M., further described as follows:

Parcel 2 as set forth on Parcel Map for Evelyn Bossange, filed for record in the office of the County Recorder of Douglas County, State of Nevada on September 9, 1980, in Book 980, Page 664, as Document No. 48328.

Dated

11/3/14

The Foster Family Trust dated February 1, 2013

Kathleen L. Foster  
Kathleen L. Foster, Successor Trustee

STATE OF NEVADA }SS

COUNTY OF Douglas

This instrument was acknowledged before me on 11/3/14

by Kathleen L. Foster

Traci E. Adams  
Notary Public



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY of KERN**  
**PUBLIC HEALTH SERVICES DEPARTMENT**

1800 MT. VERNON AVE., BAKERSFIELD, CALIFORNIA 93306-3302

3052014053313

**CERTIFICATE OF DEATH**

3201415001163

1. NAME OF DECEDENT - FIRST (Given) <b>LYLE</b>		2. MIDDLE <b>CHARLES</b>		3. LAST (Family) <b>FOSTER</b>	
4A. ALSO KNOWN AS - Include all AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH mm/dd/yyyy <b>03/10/1947</b>		5. AGE Yrs. <b>67</b>	IF UNDER ONE YEAR Months Days	IF UNDER 24 HOURS Hours Minutes	6. SEX <b>M</b>
9. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>	10. SOCIAL SECURITY NUMBER <b>7996</b>	11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SROP (In State of Death) <b>MARRIED</b>	7. DATE OF DEATH mm/dd/yyyy <b>03/15/2014</b>	8. HOUR (24 Hours) <b>1235 FND</b>
13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>SOME COLLEGE</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>CAUCASIAN</b>					
17. USUAL OCCUPATION - Typical work for most of life. DO NOT USE RETIRED. <b>SELF-EMPLOYED</b>			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>PRINTING AND PUBLISHING</b>		19. YEARS IN OCCUPATION <b>20</b>
20. DECEDENT'S RESIDENCE (Street and number or location) <b>22906 GIBBS AVE</b>					
21. CITY <b>ONYX</b>		22. COUNTY/PROVINCE <b>KERN</b>		23. ZIP CODE <b>93255</b>	24. YEARS IN COUNTY <b>22</b>
25. STATE/FOREIGN COUNTRY <b>CA</b>		27. INFORMANT'S MAILING ADDRESS (Street and number; if rural, route number, city or town, state and zip) <b>P.O. BOX 488, LAKE ISABELLA, CA 93240</b>			
28. INFORMANT'S NAME, RELATIONSHIP <b>KATHLEEN FOSTER, WIFE</b>					
29. NAME OF SURVIVING SPOUSE/SROP - FIRST <b>KATHLEEN</b>		30. MIDDLE <b>LOUISE</b>	30. LAST (BIRTH NAME) <b>WIXOM</b>		
31. NAME OF FATHER/PARENT - FIRST <b>CHARLES</b>		32. MIDDLE <b>JOSEPH</b>	34. BIRTH STATE <b>KY</b>	34. BIRTH STATE	
35. NAME OF MOTHER/PARENT - FIRST <b>MARGARET</b>		36. MIDDLE <b>VERA</b>	37. LAST (BIRTH NAME) <b>FOSTER</b>	38. BIRTH STATE <b>CA</b>	
38. DEPOSITION DATE mm/dd/yyyy <b>03/21/2014</b>		40. PLACE OF FINAL DISPOSITION <b>RES OF KATHLEEN FOSTER - WIFE 22906 GIBBS AVE, ONYX, CA 93255</b>			
41. TYPE OF DISPOSITION <b>CR/RES</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT <b>SIERRA VALLEY MORTUARY</b>		45. LICENSE NUMBER <b>FD 2004</b>	46. SIGNATURE OF LOCAL REGISTRAR <b>CLAUDIA JONAH, MD</b>	47. DATE mm/dd/yyyy <b>03/21/2014</b>	
101. PLACE OF DEATH <b>OPEN DESERT</b>					
104. COUNTY <b>KERN</b>	105. FAMILY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) <b>22906 GIBBS AVENUE</b>				106. CITY <b>ONYX</b>
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications that directly caused death. DO NOT abbreviate terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → (A) <b>PERFORATING GSW OF CHEST</b> Underlying Cause (Underlying disease or injury that influenced the events resulting in death) LAST (B) <b>PERFORATING GSW OF CHEST</b>					
108. DEATH REPORTED TO CORONER? The Police/Coroner/Death Certifier Dept.: (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (B) <b>RAPID</b> (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (D) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (E) <input type="checkbox"/> YES <input type="checkbox"/> NO		109. DEATH REPORTED TO CORONER? APPROVAL NUMBER <b>C00558-14</b>			
110. BICUPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>NO</b>			
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Dependent Attendee Since: _____ Decedent Last Seen Alive: _____ (A) mm/dd/yyyy (B) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER <b>DOYLE GREEN</b>		116. LICENSE NUMBER	117. DATE mm/dd/yyyy
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED: MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be Determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	121. INJURY DATE mm/dd/yyyy <b>03/15/2014</b>
122. HOUR (24 Hours) <b>UNK</b>		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) <b>22906 GIBBS AVE. ONYX, CA 93255</b>			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) <b>SELF-INFLICTED GUNSHOT WOUNDS</b>					
125. LOCATION OF INJURY (Street and number or location, and city and zip) <b>22906 GIBBS AVE., ONYX, CA 93255</b>					
126. SIGNATURE OF CORONER / DEPUTY CORONER <b>DOYLE GREEN</b>		127. DATE mm/dd/yyyy <b>03/20/2014</b>	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>DOYLE GREEN, DEPUTY CORONER</b>		

STATE REGISTRAR A B C D E \*010001002598112\* FAX AUTH.# CENSUS TRACT

**CERTIFIED COPY OF VITAL RECORDS**

STATE OF CALIFORNIA } DATE ISSUED  
 COUNTY OF KERN }

\* 0 0 0 4 8 1 4 7 4 \*

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

*C. Jonah M.D.*  
 CLAUDIA JONAH, M.D.  
 PUBLIC HEALTH OFFICER AND LOCAL REGISTRAR  
 OF BIRTHS AND DEATHS

This copy is not valid unless prepared on engraved border displaying seal and signature of registrar

