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APN# 041-107-17

Recording Requested by:

David F. Soulages, Trustee
856 Meadow Vista Dr.
Carson City, NV 89705



KAREN ELLISON, RECORDER

When Recorded Mail to:

David F. Soulages, Trustee
856 Meadow Vista Dr.
Carson City, NV 89705

Mail Tax Statement to:

David F. Soulages, Trustee
856 Meadow Vista Dr.
Carson City, NV 89705

AFFIDAVIT OF DEATH OF TRUSTEE

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 personal information 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 personal information of a person or persons as required-by-law: NRS 440.350
(State specific law)

KB ATTORNEY
Signature Title

KEVIN BERTONNEAU
Printed Name

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)

AFFIDAVIT OF DEATH OF TRUSTEE

APN: 1420-07-117-013

STATE OF NEVADA, County of Douglas:

David F. Soulages, being first duly sworn, deposes and says:

1. The real property commonly known as 856 Meadow Vista Dr., Carson City, NV 89705, Douglas County, Nevada, more particularly described as follows:

Lot F10, as shown on the Final Map #97-1007-6 of VALLEY VISTA ESTATES PHASE 5 recorded in the Office of the Douglas County Recorder, State of Nevada, on September 24, 2001 in Book 0901 at Page 5362 as Document 5233333, Official records

is an asset of the SOULAGES FAMILY TRUST u/a dated April 17, 2006.

2. The former trustees are David F. Soulages and Janice H. Soulages. Janice H. Soulages died on June 18, 2014. A certified copy of the death certificate for Janice H. Soulages is attached to this affidavit. The real property described above was conveyed to David F. Soulages and Janice H. Soulages as Co-Trustees under the Soulages Family Trust dated April 17, 2006 via Quitclaim Deed recorded on 6/27/2006 bearing document number 0678177.

3. The remaining trustee of the SOULAGES FAMILY TRUST u/a dated April 17, 2006 is David F. Soulages.

DATED: 8/12/2014

David F. Soulages
David F. Soulages, Trustee

On August 12, 2014, before me, Kevin Bertonneau (here insert name and title of the officer), personally appeared David F. Soulages who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of Nevada that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Kevin Bertonneau



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

2014009758
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST, SUFFIX) Janice Helen SOULAGES		2. DATE OF DEATH (Mo/Day/Year) June 18, 2014		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) Continuicare Hospital of Carson Tahoe, Inc.		3a. If Hosp. or Inst. indicate DOA/OP/Emer. Rm. Inpatient (Specify) Inpatient	
	3d. SEX Female		4. DATE OF BIRTH (Mo/Day/Yr) October 14, 1942		5. RACE (Specify) White	
	6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 71		7b. UNDER 1 YEAR MOS: DAYS	
DECEDENT	7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) October 14, 1942		9a. STATE OF BIRTH (If not U.S.A. name:country) California	
	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) David SOULAGES		13. SOCIAL SECURITY NUMBER [REDACTED]-5272		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Receptionist	
	14b. KIND OF BUSINESS OR INDUSTRY Assisted Living		14c. Ever in US Armed Forces? No		15a. RESIDENCE - STATE Nevada	
PARENTS	15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City		15d. STREET AND NUMBER 856 Meadow Vista Drive	
	15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle, Last, Suffix) Charles BLAIR		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Helen FEWER	
	18a. INFORMANT - NAME (Type or Print) David SOULAGES		18b. MAILING ADDRESS: (Street or R.F.D. No. City or Town, State, Zip) 856 Meadow Vista Drive Carson City, Nevada 89705			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION - City or Town - State Sparks Nevada 89431	
DISPOSITION	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
	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) DINADELLE VIOLA M.D. SIGNATURE AUTHENTICATED			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) June 18, 2014		21c. HOUR OF DEATH 06:40		22b. DATE SIGNED (Mo/Day/Yr)	
CERTIFIER	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dinadelle Viola M.D. 775 Fleischmann Way Carson City, NV 89703			
	23b. LICENSE NUMBER 14436				24a. REGISTRAR (Signature)	
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR: (a), (b); AND (c).)					
	PART I				Interval between onset and death	
	(a) Cardiac-Respiratory Arrest				Interval between onset and death	
	(b) DUE TO, OR AS A CONSEQUENCE OF: Multiple Decubitus Ulcers				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF: Clostridium Difficile Colitis				Interval between onset and death		
(d) DUE TO, OR AS A CONSEQUENCE OF: Alzheimers Dementia				Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Unknown Etiology				26. AUTOPSY (Specify Yes or No) No		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC., SUICIDE, HO.M., UNDET. OR PENDING INVEST. (Specify)				
28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED		
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office, building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		

STATE REGISTRAR

532598

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:

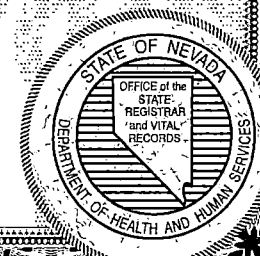
DATE ISSUED:

06/20/2014

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

[Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VR5-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE