

DOUGLAS COUNTY, NV

2015-857413

Rec:\$17.00

\$17.00 Pgs=4

02/25/2015 02:15 PM

REAL ADVANTAGE LLC

KAREN ELLISON, RECORDER

Assessor's Parcel Number: 1121-35-001-005

Recording Requested By:

Name: Real Advantage

Address: 1000 Commerce Drive #520

City/State/Zip Pittsburgh, PA 15275

Real Property Transfer Tax:

\$ _____

AFFIDAVIT - DEATH OF TRUSTEE

(Title of Document)

RECORDING REQUESTED BY:
REAL ADVANTAGE, LLC

WHEN RECORDED MAIL TO:
VALUAMERICA
113 TECHNOLOGY DRIVE,
PITTSBURG, PA 15275

Order No.: 448908-1
Escrow No.: 1615231

APN: 1121-35-001-005

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA)
COUNTY OF DOUGLAS) SS.

JOHN R. HENDERSON of legal age, being first duly sworn, deposes and says:

NELLY A. HENDERSON is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person named as Trustee in that certain Declaration of Trust dated **12/28/2010** Executed by **JOHN R. HENDERSON AND NELLY A. HENDERSON, TRUSTEES, THE HENDERSON FAMILY TRUST AGREEMENT OF 2007** as trustor(s).

- 1. At the time of decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on **JANUARY 3, 2011**, in **VOLUME/INSTR# 111; Page 455**, in Official Records of **DOUGLAS** County, **NEVADA**, describing the following real property in the City of **Gardnerville**, County of **DOUGLAS**, State of **NEVADA**:

Legal Description: Lot 18, as shown on the map of **SPRING VALLEY RANCHOS UNIT #1**, filed in the office of the County Recorder of Douglas County, State of Nevada, on December 6, 1967, as File No. 39423, and also shown on the amended map of **SPRING VALLEY RANCHOS, UNIT #1**, filed in the office of the Douglas County Recorder on October 8, 1968, File No. 42547, Official Records.

Together with all singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

Being the same property conveyed to John R Henderson and Nelly A Henderson, Trustees, The Henderson Family Trust Agreement of 2007 in deed dated 12/28/2010, recorded on 1/03/2011 in Book 111 Page 455 in the County of Douglas and State of Nevada.

PROPERTY COMMONLY KNOWN AS: **820 Big Valley Road, Gardnerville, NV 89410**

APN: 1121-35-001-005

ATTACH CERTIFIED COPY OF DEATH CERTIFICATE

2. I am the surviving or successor Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Dated: 1-20-15

John Henderson
JOHN R. HENDERSON, SURVIVING TRUSTEE

STATE OF NEVADA
County of DOUGLAS ss.

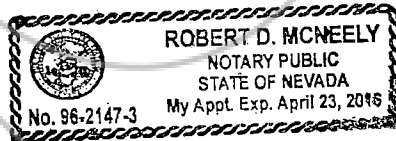
On 1-20-2015, before me, ROBERT D. MCNEELY, a Notary Public personally appeared JOHN R. HENDERSON who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their 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

Robert D. McNeely
Notary Public

My Commission Expires: 4-23-16



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2013001690
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Nelly Artista HENDERSON		2. DATE OF DEATH (Mo/Day/Year) January 20, 2013		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION Name (if not either, give street and number) 820 Big Valley Rd		3e. If Hosp. or inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Home	
DECEDENT	5. RACE (Specify) Asian		6. Hispanic Origin? Specify No: Non-Hispanic		7a. AGE-Last birthday (Years) 59	
	7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) September 06, 1953	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not U.S.A. name country) Philippines		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) John R HENDERSON			
PARENTS	13. SOCIAL SECURITY NUMBER 9526		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Registered Nurse		14b. KIND OF BUSINESS OR INDUSTRY Medical	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 820 Big Valley Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
	16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) Juanito ARTISTA			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Julita ALABASTRO		
TRADE CALL	18a. INFORMANT - NAME (Type or Print) John R. HENDERSON		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 820 Big Valley Rd Gardnerville, Nevada 89410			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION - City or Town - State Carson City Nevada 89701	
CERTIFIER	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	
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) STEPHEN HAROLD BLOOMFIELD M.D. SIGNATURE AUTHENTICATED					
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) January 31, 2013		21c. HOUR OF DEATH 16:15		22a. PRONOUNCED DEAD (Mo/Day/Yr) February 06, 2013	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Stephen Harold Bloomfield M.D. 1575 Delucchi Lane St 214 Reno NV 89502				23b. LICENSE NUMBER 3741	
	24a. REGISTRAR (Signature) BIANCA GALEANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 06, 2013		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I: (a) Metastatic Breast Cancer DUE TO, OR AS A CONSEQUENCE OF (b) Cardiomyopathy DUE TO, OR AS A CONSEQUENCE OF (c) Hypertension DUE TO, OR AS A CONSEQUENCE OF (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	
STATE REGISTRAR	28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
	28d. DESCRIBE HOW INJURY OCCURRED		28a. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)	
28b. INJURY AT WORK (Specify Yes or No)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		

STATE REGISTRAR

CERTIFIED COPY OF VITAL RECORDS

469091

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:

This copy is not valid on engraved border displaying date, seal, and

STATE REGISTRAR
Rod Whelan
SIGNATURE AUTHENTICATED



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