

APN# 1420-28-511-021

**Recording Requested by:**

**Name:** First American Title Insurance Company

**Address:** 1663 US Highway 395, Suite 101

**City/State/Zip:** Minden, NV 89423

**Order Number:** 143-2487622

AFFIDAVIT- DEATH OF TRUSTEE  
 (Title of Document)

(for Recorder's use only)

**Recorder Affirmation Statement**

**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 social security number 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 social security number of a person or persons as required by law:

440.380  
 (State specific law)

Suzanne Cheechol Escrow officer  
 Signature Title

Suzanne Cheechol  
 Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)

**RECORDING REQUESTED BY**  
First American Title Insurance  
Company of Nevada

**AND WHEN RECORDED  
RETURN TO AND MAIL TAX  
STATEMENTS TO:**  
Dorothy Ann Kietzman  
1207 Cottonwood Drive  
Richland, WA 99354

Space Above This Line for  
Recorder's Use Only

**A.P.N. 1420-28-511-021**

File No.: 143-2487622 (SC)

**Affidavit - Death of Trustee**

State of Washington )  
County of Benton )ss.  
)

**Dorothy Ann Kietzman** ("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. **David Lee Kietzman** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **February 12, 2015** at **Richland, Washington** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **July 16, 2014** executed by **David Lee Kietzman and Dorothy Ann Kietzman** 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 **7/7/2014** which was recorded as Instrument No. **846294** in Book **714**, Page **5824**, of Official Records of **Douglas** County, Nevada as legally described as follows:

**LOT 29 IN BLOCK B AS SHOWN ON THE MAP OF MISSION HOT SPRINGS UNIT NO. 2,  
FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS  
COUNTY, STATE OF NEVADA, ON SEPTEMBER 14, 1988 IN BOOK 988, PAGE 1249 AS  
DOCUMENT NO. 186262, AND BY CERTIFICATE OF AMENDMENT RECORDED  
OCTOBER 19, 1990 IN BOOK 1090, AT PAGE 2954 AS DOCUMENT NO. 237002,  
OFFICIAL RECORDS**

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: June 24, 2015

**DECLARANT:**

*Dorothy Ann Kietzman*  
**Dorothy Ann Kietzman**

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 of NV, this 25th day of June, 2015 by Dorothy Ann Kietzman, 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: 5/12/2019

Notary Name: Suzanne Cheechov Notary Phone: 775-782-5411  
Notary Registration Number: 99-38458-5 County of Principal Place of Business: Douglas

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-004278

DATE ISSUED: 02/15/2015

FEE NUMBER: 0030201116

GIVEN NAMES: DAVID LEE  
LAST NAME: KIETZMAN

COUNTY OF DEATH: BENTON  
DATE OF DEATH: FEBRUARY 12, 2015  
HOUR OF DEATH: 03:52 A.M.  
SEX: MALE  
AGE: 86 YEARS

SOCIAL SECURITY NUMBER: ██████████-3035

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: DECEMBER 05, 1929  
BIRTHPLACE: TOLEDO, LUCAS CNTY, OHIO

MARITAL STATUS: MARRIED  
SPOUSE: DOROTHY ANN KIETZMAN

OCCUPATION: PLANNER/SCHEDULER  
INDUSTRY: NUCLEAR  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES? YES

INFORMANT: DOROTHY ANN KIETZMAN  
RELATIONSHIP: SPOUSE  
ADDRESS: 1206 COTTONWOOD DRIVE RICHLAND, WASHINGTON 99354

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 1206 COTTONWOOD DRIVE  
CITY, STATE, ZIP: RICHLAND, WASHINGTON 99354

RESIDENCE STREET: 1206 COTTONWOOD DRIVE  
CITY, STATE, ZIP: RICHLAND, WASHINGTON 99354  
INSIDE CITY LIMITS? YES  
COUNTY: BENTON  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 5 DAYS

FATHER: LEO KIETZMAN  
MOTHER: CORNELIA CARSON

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: EINAN'S CREMATORIUM  
CITY, STATE: RICHLAND, WA  
DISPOSITION DATE: FEBRUARY 13, 2015

FUNERAL FACILITY: EINAN'S DESERET MEMORIAL CHAPEL  
ADDRESS: P O BOX 90  
CITY, STATE, ZIP: RICHLAND WA 99352  
FUNERAL DIRECTOR: RON C. SWANSON

CAUSE OF DEATH:  
A. METASTATIC BLADDER CANCER  
INTERVAL: 2 YEARS

B. INTERVAL:

C. INTERVAL:

D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK?  
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? NO  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: WAYNE M. KOHAN, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 2108 W. ENTIAT AVENUE  
CITY, STATE, ZIP: KENNEWICK WA 99336  
DATE SIGNED: FEBRUARY 12, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE  
DATE(S): NONE

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
SUSANA MARTINEZ  
DATE RECEIVED: FEBRUARY 12, 2015



STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
-------------------	------------	----------	------	------------------

Use the section below for requesting any changes on the record

Record Type:  Birth  Death  Marriage  Dissolution

1. Name on record: \_\_\_\_\_ 2. Date of Event: \_\_\_\_\_ 3. Place of Event: \_\_\_\_\_

4. Father/Parent Full Birth Name \_\_\_\_\_ 5. Mother/Parent Full Birth Name \_\_\_\_\_

The record is incorrect or incomplete as follows:

6. The record now shows:	7. The true fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as:  Self  Parent  Guardian  Informant  Funeral Director  Other (Specify) \_\_\_\_\_ Telephone Number: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature: \_\_\_\_\_ 16. Date: \_\_\_\_\_ 17. Address: \_\_\_\_\_  
(Printed Name)

All vital records are registered as received. Most changes must be established by documentary proof submitted with the affidavit. We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.

- Examples of acceptable documentary proof:
- Birth Record
  - Certificate of Naturalization
  - Military Record (DD-214)
  - Passport
  - Numident Report (Social Security Administration)
  - Marriage/Divorce Record
  - Life Insurance Policy
  - Hospital /Medical Record
  - School Transcripts (Official)
  - Alien Registration (front and back)

Birth Certificates

- Only a parent, legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate
  - The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe
  - Child under 18
    - Only parent(s) or legal guardian can change the birth certificate.
    - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
    - Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
    - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
    - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
  - Adult (18 years or older)
    - Only the adult themselves can change the birth certificate.
    - If the first or middle name is absent, three pieces of documentary proof are required.
    - If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required.
    - To correct parent's birth date, place of birth, or name, one documentary proof is required
    - Proof must be five (or more) years old or have been established within five years of birth.
4. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form DOH 422-032)

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH 422-034 January 2014

**CERTIFIED**

FEB 13 2015

*Amy D. Person*  
Amy D. Person, M.D.

Benton-Franklin County Health District

AA00063315