

APN# : 1220-09-413-003

DOUGLAS COUNTY, NV

2015-866712

Rec:\$17.00

\$17.00 Pgs=4

07/23/2015 03:41 PM

ETRCO, LLC

KAREN ELLISON, RECORDER

Recording Requested By:

Western Title Company

When Recorded Mail To:

James A. Busse, Jr., Esq.

3937 Elm Ave

Longbeach, CA 90807

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


Traci Adams

Escrow Officer

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT - DEATH OF TRUSTEE

James A. Busse, Jr., Successor Trustee, of legal age, being first duly sworn, deposes and says:

That James A. Busse, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as James A. Busse named as one of the parties in that certain Trust Transfer Deed dated 4/12/2004 executed by James A. Busse to James A. Busse, as Trustee of the James A. Busse 2004 Revocable Trust dated 4/12/2004, recorded as instrument No. 0609949, on 4/12/2004, in Book0404, Page 04969, 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:

Lot 3 as set forth on Final Map of SILVERANCH UNIT 2-A filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 2, 1994, Book 994, Page 342, Document No. 345409.

Dated 7-16-15

The James A. Busse 2004 Revocable Trust
dated April 12, 2004

James A. Busse, Jr.
James A. Busse, Jr., Successor Trustee

STATE OF see ATTACHED }SS
COUNTY OF _____

This instrument was acknowledged before me on _____,
by James A. Busse, Jr..

Notary Public

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles

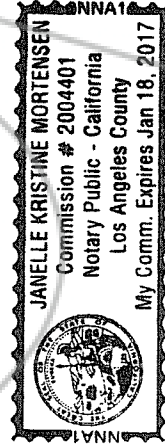
On July 16, 2015 before me, Janelle Kristine Mortensen Notary Public
(insert name and title of the officer)

personally appeared James A. Busse Jr. 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 California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)



CERTIFICATION OF VITAL RECORD

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS**

CERTIFICATE OF DEATH

2014021218

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) James Albert BUSSE SR			2. DATE OF DEATH (Mo/Day/Year) December 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 Inpatient(Specify) Carson Tahoe Regional Medical Center Inpatient			4. SEX Male		
DECEDENT	5. RACE White (Specify)			6. Hispanic Origin? Specify No - Non-Hispanic			7a. AGE-Last birthday (Years) 93		
	7b. UNDER 1 YEAR MOS DAYS HOURS MINS			7c. UNDER 1 DAY HOURS MINS			8. DATE OF BIRTH (Mo/Day/Yr) November 17, 1921		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A.) Michigan			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 14		
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			12. SURVIVING SPOUSE (Maiden name)					
PARENTS	13. SOCIAL SECURITY NUMBER 8765			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Educator			14b. KIND OF BUSINESS OR INDUSTRY United States Marine Corps		
	15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Gardnerville		
DISPOSITION	15d. STREET AND NUMBER 1026 Silveranch Dr			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Edward Thomas BUSSE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Flora Christine ROSENDAHL					
TRADE CALL	18a. INFORMANT- NAME (Type or Print) Lori Lynn EDWARDS			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2580 Pinebrook Dr, Carson City, Nevada 89701					
	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 OF LICENSE NUMBER 217			20c. NAME AND ADDRESS OF FACILITY Fitzhenry Funeral Home 3945 Fairview Dr Carson City NV 89701		
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED VIJAY MAIYA MD								
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) December 30, 2014			21c. HOUR OF DEATH 18:35			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)		
	22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH			22d. PRONOUNCED DEAD (Mo/Day/Yr)		
CAUSE OF DEATH	22e. PRONOUNCED DEAD AT (Hour)			23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Vijay Maiya MD 1600 Medical Parkway Carson City, NV 89703			23b. LICENSE NUMBER 11909		
	24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 30, 2014			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) Pneumonia			Interval between onset and death					
(b) Cardiovascular Accident			Interval between onset and death						
(c) Oropharyngeal Dyphagia			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 1. Unknown Etiology						26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
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			28e. INJURY AT WORK (Specify Yes or No)			28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)			
28g. LOCATION			28h. STREET OR R.F.D. No.			28i. CITY OR TOWN			
28j. STATE									

STATE REGISTRAR

560021

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:

1/9/2015

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

STATE REGISTRAR
R. J. White
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

