

DOUGLAS COUNTY, NV

2015-867096

Rec:\$17.00

\$17.00

Pgs=4

07/31/2015 08:42 AM

FIRST CENTENNIAL - RENO

KAREN ELLISON, RECORDER

APN # 1420-07-817-023

Escrow # 00213113 -016-

Recording Requested By:
First Centennial Title Company
1450 Ridgeview Dr. #100
Reno, NV 89509

When Recorded Return to:
Merle Frederickson
9925 Appleton Street
Victorville, CA 92392

Mail Tax Statements to:
Home Ownership for Nevada Families Trust
924 Loyola Street
Carson City, NV 89705

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT-DEATH OF TRUSTEE

(Title of Document)

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: NRS 440.380 (state specific law).

Liz Svenningsen
SIGNATURE

ESCROW OFFICER
TITLE

LIZ SVENNINGSEN
Print Signature

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)

SPACE BELOW FOR RECORDER

APN: 1420-07-817-023
Escrow No. 00213113 - 016 -

When Recorded Return to:

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF Calif } ss:
COUNTY OF San Bernardino

Merle Frederickson, of legal age, being duly sworn, deposes and says

That Bobby Dean Atkins the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Bobby D. Atkins, Trustee named as one of the parties in that certain Quitclaim Deed dated April 24, 2008 executed by Bob Atkins to Bobby D. Atkins, Trustee of the Bobby D. Atkins Revocable Family Trust recorded as Instrument No. 0722318, on April 29, 2008 in Book 408 Page 7099 of Official Records of Douglas County, Nevada, covering the following described property.

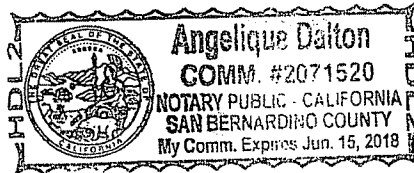
See Exhibit A attached hereto and made a part hereof.

Dated: 7-28-15

Merle Frederickson
Merle Frederickson, Successor Trustee

SUBSCRIBED AND SWORN TO before me on this 28th day of July 2015

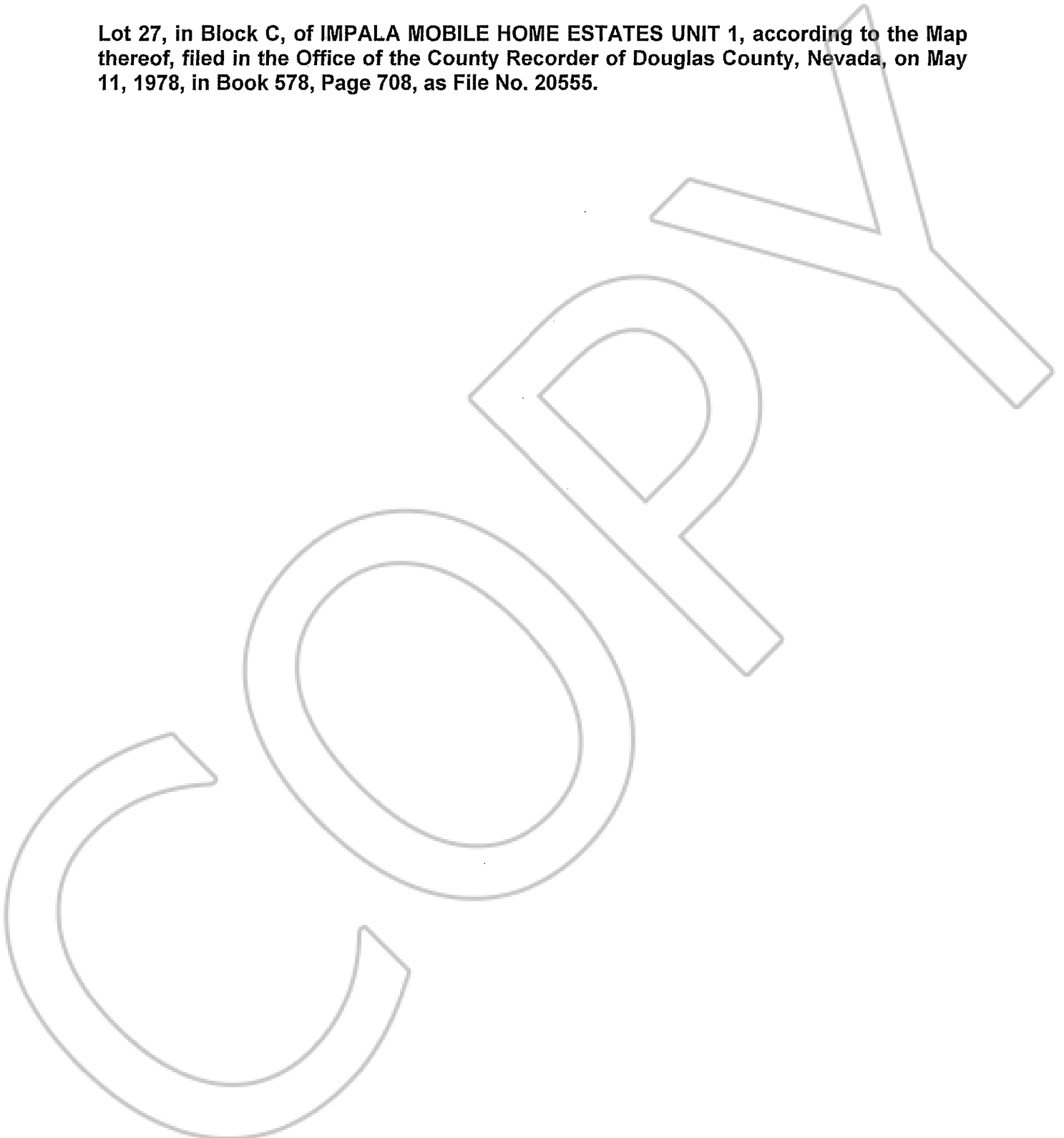
Angelique Dalton
NOTARY PUBLIC



SPACE BELOW FOR RECORDER

Exhibit A

Lot 27, in Block C, of IMPALA MOBILE HOME ESTATES UNIT 1, according to the Map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on May 11, 1978, in Book 578, Page 708, as File No. 20555.



SPACE BELOW FOR RECORDER

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2015007734

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Bobby Dean ATKINS		2. DATE OF DEATH (Mo/Day/Year) April 23, 2015		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address) 924 Loyola St		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	5. RACE - White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 86	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. UNDER 1 HOUR HOURS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A.) South Dakota		9b. CITIZEN OF WHAT COUNTRY? United States		10. EDUCATION 12	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (Maiden name)			
PARENTS	13. SOCIAL SECURITY NUMBER 0777		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
SPOUSAL POSITION	15d. STREET AND NUMBER 924 Loyola St		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? Yes	
	16. FATHER/PARENT - NAME (First Middle Last, Suffix) John ATKINS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Cerina		
TRADE CALL	18a. INFORMANT - NAME (Type or Print) Thomas Cory CRAIG		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 2965 East Way Apt A, Redding, California 96002			
	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		20b. FUNERAL DIRECTOR LICENSE NUMBER 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenry's 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 COLLEEN CARALYN LYONS M.D.					
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) May 06, 2015		21c. HOUR OF DEATH 06:07		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
	22a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Colleen Caralyn Lyons M.D. 1330 Waterloo Lane # 101 Gardnerville, NV 89410		22b. LICENSE NUMBER 5698			
CAUSE OF DEATH	24a. REGISTRAR (Signature) VERALYNN A BOYACK		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 08, 2015		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART I (a) Respiratory Arrest		Interval between onset and death		Minutes	
	(b) Chronic Pulmonary Disease		Interval between onset and death		Decades	
(c) Viral Bronchitis		Interval between onset and death		1 Month		
(d) Diabetes and Obstructive Sleep Apnea		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		
28a. ACC, SUICIDE, HOM, UNDET. OR PENDING INVEST. (Specify)				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		
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

586181

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:

JUL 20 2015

STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a

