

APN# 1220-24-410-012

Recording Requested by/Mail to:

Name: JEANETTE V. ROBISON

Address: P.O. BOX 1237

City/State/Zip: GARDNERVILLE, NV 89410

Mail Tax Statements to:

Name: JEANETTE V. ROBISON

Address: P.O. BOX 1237

City/State/Zip: GARDNERVILLE, NV 89410



KAREN ELLISON, RECORDER

AFFIDAVIT OF DEATH OF TRUSTEE

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Jeanette V. Robison
Signature

JEANETTE V. ROBISON
Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

Recording requested by:
Jeanette V. Robison
P.O. Box 1237
Gardnerville, NV 89410

And when recorded, mail to:
Jeanette V. Robison
P.O. Box 1237
Gardnerville, NV 89410

APN: 1220-24-410-012

For recorder's use

AFFIDAVIT OF DEATH OF TRUSTEE

State of Nevada)
) ss.
County of Douglas)

JEANETTE V. ROBISON, of legal age, being first duly sworn, deposes and says:

1. NORMAN CHARLES ROBISON, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as NORMAN C. ROBISON named as Co-Trustee in the Declaration of Trust dated October 8, 2014, and executed by Norman C. Robison and Jeanette V. Robison as Grantors and Trustees.
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known 620 Frontage Road, Gardnerville, NV 89410, which property is described in a Deed which was executed by Norman C. Robison and Jeanette V. Robison as Grantor(s) on October 8, 2014, and recorded as Document No. 2014-850594, of Official Records of Douglas County, Nevada.
3. The legal description of said property is as follows:
Lot 12, of RIVERVIEW ESTATES, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on December 15, 1965, in Book 36, Page 522, as Document No. 30403.
4. I am the named surviving Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Dated 9-11-15

Jeanette V. Robison

Jeanette V. Robison

State of Nevada
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 15 day of SEPTEMBER, 2015, by Jeanette V. Robison, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature *Dandy Horke*

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2015014148
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Norman Charles ROBISON		2. DATE OF DEATH (Mo/Day/Year) August 09, 2015		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 or Inpatient (Specify)) Carson Tahoe Regional Medical Center Inpatient		4. SEX Male	
5. RACE: White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 78	
9a. STATE OF BIRTH (If not U.S.A.) California		9b. CITIZEN OF WHAT COUNTRY United States		8. DATE OF BIRTH (Mo/Day/Yr) May 04, 1937	
10. EDUCATION 18		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) Jeanette MERRITT	
13. SOCIAL SECURITY NUMBER 7729		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Judicial	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 620 Frontage Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) Walter A ROBISON			17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Margaret COLBERT		
18a. INFORMANT - NAME (Type or Print) Jeanette Virginia ROBISON			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 1237 Gardnerville, Nevada 89410		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Crementation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 217		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 969 West Moana Lane Reno, NV 89509	
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) VIJAY MAIYA MD 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) August 20, 2015		21c. HOUR OF DEATH 23:12		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22e. PRONOUNCED DEAD (Mo/Day/Yr)		22f. 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) VERALYNN A. BOYACK SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 20, 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).)					
PART I				Interval between onset and death	
(a) Cardiopulmonary Arrest					
(b) Severe Sepsis					
(c) Hospital Acquired Pneumonia					
(d) 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 STREET OR R.F.D. No.		28h. CITY OR TOWN		28i. STATE	

STATE REGISTRAR

3847138

593063

CERTIFIED COPY OF VITAL RECORDS

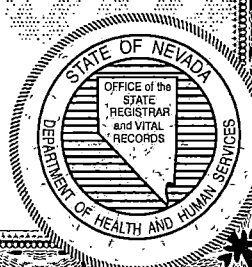
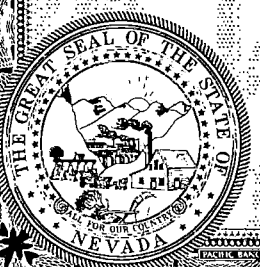
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

AUG 25 2015

RndWh...
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