Recording requested by: Russell S.Sherman And when recorded, mail to: Russell S. Sherman 177 Leeward Ct. Vallejo, CA. 94591

DOUGLAS COUNTY, NV

2015-873047

Rec:\$16.00 Total:\$16.00

11/20/2015 10:14 AM

RUSSELL & LAURA SHERMAN



KAREN ELLISON, RECORDER

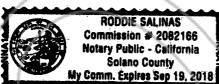
APN: 1	318-10-411-008
	AFFIDAVIT OF DEATH OF TRUSTEE
Russe	ell S. Sherman, of legal age, being
first du	uly sworn, deposes and says:  Laura A. Sherman , the decedent mentioned
	in the attached certified copy of Certificate of Death, is the same person as  Laura A. Sherman, Trustee of the Sherman Family Trust named as
	Trustee in the Declaration of Trustee dated October 6, 2000 and executed by Laura A. Sherman
	as Trustor(s).
2.	At the time of the decedent's death, decedent was the record owner, as Trustee, of certain
	real property commonly known as 236 S.Martin Dr., Zephyr Cove, NV, 89448,
	which property is described in a Deed which was executed by  Jerry D. Sparrow and Judith D. Sparrow as Grantor(s) on May 15, 2000
	and recorded as Instrument No. 729252 , in Book/Reel , Page/Image , of Official Records of Douglas County, California
3.	The legal description of said property is as follows:
	LOT 7, OF ZEPHYR HEIGHTS NO.6, ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF
	NEVADA, ON OCTOBER 30, 1963, IN BOOK 1 OF MAPS, DOCUMENT NO. 23747. APN: 1318-10-411-008
	I am the named successor Trustee under the above-referenced Trust, which was in effect
4.	
	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	not been revoked, and I hereby consent to act as such.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.
1000	I declare under penalty of perjury, under the laws of the State of California, that the
Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is	foregoing is true and correct.
-	Dated 11/2/15 Justill 2-Shannan

(SIGNATURE)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(Seal)

Signature





## CITY AND COUNTY OF SAN FRANCISCO

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STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO
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the record on file in the SAN FRANCISCO DEPARTMENT OF PUBLIC
HEALTH as of the date issued.

DATE ISSUED



