

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**

Jean Aiken
242 Greenville Road
New Ipswich, NH 03071

Space Above This Line for
Recorder's Use Only

A.P.N. 1318-23-710-046

File No.: 141-2496539 (NMP)

Affidavit - Death of Trustee

State of Nevada)
)ss.
County of Douglas)

Jean Aiken ("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. **Axel Nels Eliassen** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **February 18, 2015** at **Winfield Illinois** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **May 16, 2012** executed by **Axel N. Eliassen and Jean Aiken** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Deed** dated **October 8, 2012** which was recorded as Instrument No. **812132** in Book **1112**, Page **252**, of Official Records of **Douglas** County, Nevada as legally described as follows:

LOT 46, LAKEWOOD KNOLLS, AS SHOWN ON THE OFFICIAL MAP RECORDED IN THE OFFICE OF THE COUNTY RECORDER ON MAY 29, 1958 IN BOOK 1 OF MAPS, AS DOCUMENT NO. 13163.

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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: December 21, 2015

DECLARANT:

Jean Aiken
Jean Aiken

State of New Hampshire,
County of Hillsborough)ss

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Hillsborough and State New Hampshire, this 12th day of January, 20 16 by Jean Aiken, 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

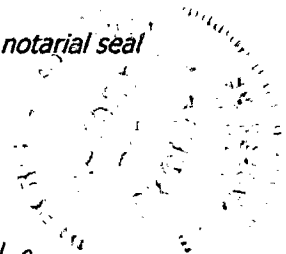
Signature Deborah L. Gosselin

DEBORAH L. GOSSWIN, Notary Public
State of New Hampshire

My Commission Expires: My Commission Expires December 2, 2020

Notary Name: Deborah L. Gosselin Notary Phone: 603-672-8844

Notary Registration Number: N/A in NH County of Principal Place of Business Hillsborough



CERTIFICATION OF DEATH RECORD

DUPAGE COUNTY HEALTH DEPARTMENT WHEATON, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2015 0014626

MEDICAL EXAMINER'S CASE NUMBER 022015TR5

DATE ISSUED 2/20/2015

DECEDENT'S LEGAL NAME AXEL-NELS ELIASEN		SEX MALE	DATE OF DEATH FEBRUARY 18, 2015	
COUNTY OF DEATH DU PAGE	AGE AT LAST BIRTHDAY 97 YEARS	DATE OF BIRTH OCTOBER 21, 1917		
CITY OR TOWN WINFIELD		HOSPITAL OR OTHER INSTITUTION NAME CENTRAL DU PAGE HOSPITAL		
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT				
BIRTHPLACE CANADA	SOCIAL SECURITY NUMBER [REDACTED] 1561	STATUS AT-TIME OF DEATH NEVER MARRIED/NEVER IN CIVIL UNION	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 500 WYNDEMERE CIRCLE		APT. NO. A257	CITY OR TOWN WHEATON	INSIDE CITY LIMITS? YES
COUNTY DU PAGE	STATE IL	ZIP CODE 60187	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION NELS KRISTIAN LUDVIG ELIASEN	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION GUDRUN FRÉDERIKE LARSEN
INFORMANT'S NAME JEAN AIKEN		RELATIONSHIP POWER OF ATTORNEY	MAILING ADDRESS 242 GREENVILLE ROAD, NEW IPSWICH, NH, 03071	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION TRISONS CREMATORY	LOCATION, CITY OR TOWN AND STATE LOMBARD, IL	DATE OF DISPOSITION FEBRUARY 23, 2015	
FUNERAL HOME WILLIAMS KAMPP FUNERAL HOME, 430 E ROOSEVELT ROAD, WHEATON, IL, 60187				
FUNERAL DIRECTOR'S NAME MICHAEL DAVID WILLIAMS			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016588	
LOCAL REGISTRAR'S NAME KAREN J AYALA			DATE FILED WITH LOCAL REGISTRAR FEBRUARY 20, 2015	
Cause of Death - PART I IMMEDIATE CAUSE (Final disease or condition resulting in death) ACUTE MYOCARDIAL INFARCTION Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):				
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				
FEMALE PREGNANCY STATUS NOT APPLICABLE			WAS AN AUTOPSY PERFORMED? NO WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY			IF TRANSPORTATION INJURY, SPECIFY:	
DESCRIBE HOW INJURY OCCURRED:				
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 06:15 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED FEBRUARY 20, 2015	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DOUGLAS AMBLER, 7 BLANCHARD CIRCLE, WHEATON, ILLINOIS, 60189			PHYSICIAN'S LICENSE NUMBER 036 097066	

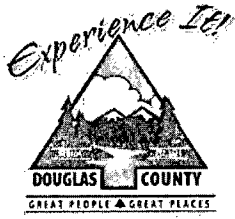
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH



This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

Karen J. Ayala
Local Registrar

Not valid without the embossed seal of the DuPage County Health Department.



Douglas County Recorder's Office

Karen Ellison, Recorder

<http://recorder.co.douglas.nv.us>

kellison@co.douglas.nv.us

(775) 782-9027

LEGIBILITY NOTICE

The Douglas County Recorder's Office has determined that the attached document may not be suitable for recording by the method used by the Recorder to preserve the Recorder's records. The customer was advised that copies reproduced from the recorded document would not be legible. However, the customer demanded that the document be recorded without delay as the parties right may be adversely affected because of a delay in recording. Therefore, pursuant to NRS 247.120 (3), the County Recorder accepted the document conditionally, based on the undersigned's representation (1) that a suitable copy will be submitted at a later date (2) it is impossible or impracticable to submit a more suitable copy.

By my signing below, I acknowledge that I have been advised that once the document has been microfilmed, it may not reproduce a legible copy.

Angela Terrill
Signature

1-14-2016
Date

Angela Terrill
Printed Name