

APN# 1318-10-411-008

Recording Requested by:

Name: First American Title Insurance Company

Address: 1663 US Highway 395, Suite 101

City/State/Zip: Minden, NV 89423

Order Number: 143-2498415

AFFIDAVIT DEATH OF TRUSTEE

(Title of Document)

(for Recorder's use only)

Recorder Affirmation Statement

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:

239B.030

(State specific law)

Suzanne Cheechol Escrow officer
Signature **Title**

Suzanne Cheechol
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)

Dated: February 9, 2016

DECLARANT:

Russell S. Sherman
Russell S. Sherman

State of ~~CA~~ NV)
County of Douglas)ss
)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County DOUGLAS and State NV, this 1st day of March, 2016 by Russell S. Sherman, 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 Suzanne Cheechov

My Commission Expires: 5/12/2019

Notary Name: Suzanne Cheechov Notary Phone: 775-782-5411
Notary Registration Number: 99-36458-5 County of Principal Place of Business DOUGLAS



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

CITY AND COUNTY OF SAN FRANCISCO

3052014087230

CERTIFICATE OF DEATH

3201438001970

Form with sections: DECEDENT'S PERSONAL DATA, USUAL RESIDENCE, INFORMANT, SPOUSE/SRDP AND PARENT INFORMATION, FUNERAL DIRECTORY LOCAL REGISTRAR, PLACE OF DEATH, CAUSE OF DEATH, PHYSICIAN'S CERTIFICATION, CORONER'S USE ONLY. Includes fields for name (Laura Ann Sherman), date of death (05/05/2014), cause of death (Pending), and physician (Bruce H Wainer MD PHD).

STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO
This is to certify that the image reproduced hereupon is a true copy of the record on file in the SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH as of the date issued.

DATE ISSUED MAY 14 2014

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the City and County Health Officer.



Tomás Aragón, M.D., Dr.P.H. Health Officer and Local Registrar

