DOUGLAS COUNTY, NV

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2016-877602

Rec:\$17.00 \$17.00

Pgs=4

03/02/2016 02:18 PM

FIRST AMERICAN TITLE MINDEN KAREN ELLISON, RECORDER

(Additional recording fee applies)

APN#	1318-10-4	11-008	
Recording	Requested	hve	\ \
Name:	; requesteu	First American Title Insurance	\ \
		Company	\ \
Address:	-	1663 US Highway 395, Suite 101	\ \
City/State	/Zip:	Minden, NV 89423	\ \
Order Nun		143-2498415	
	•	AFFIDAVIT DEATH OF TRUSTEE	(for Recorder's use only)
		(Title of Document)	(2012)
)]
		Recorder Affirmation Stater	ment/
		Please complete Affirmation Staten	nent below:
_			
		I hereby affirm that the attached document, includi	
for recordi	ng does not	contain the social security number of any person o	r persons. (Per NRS 239B.030)
	/	-OR-	
✓ I the	um domaiom a d	I hereby affirm that the attached document, includi	in a corr authibity handry gubmitted
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law:	ing does com	239B.030	ons as required by
		(State specific law)	
A	hane	Cheeche Estrow officer	
Signatu	re	Title	
	SILZANN	N	
Print S	ignature		
	9		
	added to pro 39B.030 Sec	vide additional information required by NRS 111.	312 Sections 1-2

RECORDING REQUESTED BY

First American Title Insurance Company of Nevada

AND WHEN RECORDED RETURN TO AND MAIL TAX STATEMENTS TO:

Russell S. Sherman 177 Leeward Court Vallejo, CA. 94591

Space Abov	e This	Line for
Recorder	's Use	Only

File No.: 143-2498415 (SC)

A.P.N. 1318-10-411-008

Affidavit - Death of Trustee

State of CA)
(Sounty of San)
(Francisco)

Russell S. Sherman ("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. **Laura A. Sherman** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **5/5/2014** at **San Francisco**, **CA** (city and state of death).
- Decedent is the same person named as the trustee named in that certain Declaration of Trust dated October 6, 2000 executed by Laura A. Sherman as trustor(s) (the "Trust").
- 3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant, Bargain and Sale Deed** dated **May 22, 2008** which was recorded as Instrument No. **729252, on September 2, 2008,** in Book 908, Page 327, of Official Records of **Douglas** County, Nevada as legally described 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.

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: February 9, 2016	(
DECLARANT: Sussell S. Sherman	\setminus
8	
State of CA NV) County of Ourfa)ss	
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in a for said County DUCLAS and State NV , this day of Huch , 20 / 6 by	
hasis of satisfactory evidence to be the person(s) who appeared before me	the
WITNESS my hand and official seal. Signature	seal
My Commission Expires: 5/2/2019 Notary Name: Sulance Checho Notary Phone: 775-782 541/	
Notary Registration Number: 99.36498-5 County of Principal Place of Business DOW SUZANNE CHEECHOV	3(0)



SAME OF CALACIDATION OF THE CALACIDATION OF CA

ECERTIFICATION OF VITAL RECORD

CITY AND COUNTY OF SAN FRANCISCO

STATE FILE NUMBER 1. NAME OF DECEDENT - FIRST (Given) LAURA	USE BLACK INKOMY / NO ENABLE VS. 1 MIDDLE	3. LAST (Family) SHERMAN	LOCAL REGISTRATION NU	MBER
AKA. ALSO KNOWN AS - Include 1,44 AKA (FIRST, MIDDA	e, last)	4. DATE OF BIRTH mm/dd/ocyy 5. AGE Yn 02/25/1926 88	Months Days Hours	Minoutes 6. SEX
ILLINOIS 🔆 💥 💮	1798	ORCES?: 12. MARITAL STATUS/SRDP: GATHING S UNIX: WIDOWED	7. DATE OF DEATH mm/dd/cc	97 8. HOUR (24 Hours)
3. EDUCATION - Highest Level/Degree 14/15. WAS DECEDE (see worksheet on back) SOME COLLEGE YES	**************************************	X No CAUCASIAN	aces miley the listed face worksheet on b	
1 USUAL OCCUPATION - Type of work for most of life. CREDIT MANAGER	RETAIL I	NESS OR INDUSTRY (e.g., grocery store, insed or NDUSTRY	netruction, employment agency, etc.)	40
0. DECEDENT'S RESIDENCE Street and number, or lose 1240 30TH AVENUE				### (B)
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RUSS SHERMAN, SON	The committee of the bar we at	EEWARD COURT, VALL	EJO, CA 94591	and zip)
	29 MUDOLE	30. LAST (BIRTH NAME)	50 M	Alexander of
ONRAD	32 MIDDLE	DRAKE	类似》	UNKNOWN
S. NAME OF MOTHER/PARENT-FIRST	38. MIDDLE MAY	DAVENPORT		SA. BURTH STATE
05/13/2014 (1300 SN	FINAL DISPOSITION GOLDEN GATE N IEATH LANE, SAN BRUNO (CA 94066	· A vie	· A · · · · · · · · · · · · · · · · · ·
1. type of bisposmonis. CR/BU	42 SIGNATURE OF EMBA	LMED		3. LICENSE NUMBER
DUGGAN'S SERRA MORTUA	RY (17 - FD1098)	** TOMAS ARAGON, MD	DR.P.H. 630	7. DATE: //mm/dd/450yy 05/12/2014
UCSF, MEDICAL CENTER	学"智制"。教验		C3. IF OTHER THAN HOSPITAL, SPEC	Decedent's Other
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AUSE (clease or your that vitated the events. (C) security in the events.			y / m	VEED IN DETERMINANC CAUSE?
12. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RESILTING IN THE UNDERLYING	CAUSE GIVEN IN 107		<u> </u>
13. WAS OPERATION PERFORMED FOR ANY CONDITION	ON IN ITEM 107 OR 1127 Of yes, list type of operation at	d Classes		MILE PREGRANT IN LIST YEAR
14. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OF THE HOUR, DATE, AND PLACE STATED PROMITHE CAUSES ST. Decordent Attended Stream Decordent Last See	DOCUMED 115. SIGNATURE AND TITLE OF CERTIFIE		116, LICENSE NUMBER	117. DATE 'mm/dd/ocyy
N mm/dd/ccyy (B) mm/dd/ccyy	118. TYPE ATTENDING PHYSICIAN'S NAM		,	
IS I CERTIFY THAT IN MY CHMONDEATH COCURRED AT THE		D 120. INJURED AT WORK?	LINK 121 INJUINT DATE mm/d	ki/ocyy 122. HOUR (24 Hour
23. PLACE OF INJURY (e.g., home, construction site, w	344			143 - 144 -
24. DESCRIBE HOW HUURY OCCURRED (Events which		Xir www.	and and a second	**************************************
	···			
25 / LOCATION OF MJURY (Street and number, or locat	Son, and city, and zip)	77		

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 1 4 2014

Tomás Aragón, M.D., Dr.P.H.

Health Officer end Local Registrar
ne City and Co.

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

