

APN# 1220-16-510-036

Recording Requested by/Mail to:

Name: JAMES R. KELBUS

Address: 3482 EDNA ST.

City/State/Zip: SOUTH LAKE TAHOE, CA 96150

Mail Tax Statements to:

Name: JAMES R. KELBUS

Address: 3482 EDNA ST

City/State/Zip: SOUTH LAKE TAHOE, CA 96150



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)

James R Kelbus
Signature

JAMES R. KELBUS
Printed Name

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

Recording requested by:
James R. Kelbus
3482 Edna St
South Lake Tahoe, CA 96150

And when recorded, mail to:
James R. Kelbus
3482 Edna St
South Lake Tahoe, CA 96150

APN: 1220-16-510-036

For recorder's use

AFFIDAVIT OF DEATH OF TRUSTEE

State of California

)

) ss.

County of El Dorado

)

JAMES R. KELBUS, of legal age, being first duly sworn, deposes and says:

1. Carol Joan Kelbus, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Carol J. Kelbus named as Trustee in the Declaration of Trust dated July 5, 2011, and executed by James R. Kelbus and Carol J. Kelbus as Settltors and Trustees.
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 956 Starlight Court, Gardnerville, NV 89460, which property is described in a Deed which was executed by James R. Kelbus and Carol Kelbus as Grantor(s) on July 5, 2011, and recorded as Instrument No. 0786156, in Book 0711, Page 1360, of Official Records of Douglas County, Nevada..
3. The legal description of said property is as follows:
Lot 429, as shown on the map of Subdivision of Lots 91 A & B, 92 A & B, 93 through 96 and 221 through 232 GARDNERVILLE RANCHOS UNIT NO. 2, filed July 10, 1967 as Document No. 37049, in the office of the County Recorder of Douglas County, State of Nevada
4. I am the 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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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 April 6, 2016


James R. Kelbus

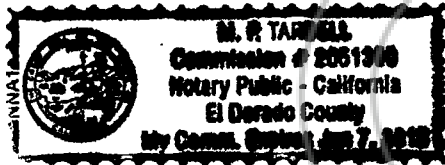
A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of El Dorado

Subscribed and sworn to (or affirmed) before me on this 6th
day of April, 2016, by James R. Kelbus who proved to
me on the basis of satisfactory evidence to be the person
who appeared before me.

(Seal)

Signature M. P. Tarbell



ILLEGIBLE NOTARY SEAL DECLARATION

**STATE OF CALIFORNIA
COUNTY OF EL DORADO**

**I CERTIFY UNDER PENALTY OF PERJURY THAT THE NOTARY SEAL
ON THE DOCUMENT TO WHICH THIS STATEMENT IS ATTACHED
READS AS FOLLOWS:**

NAME OF NOTARY:	M. P. TARBELL
DATE COMMISSION EXPIRES:	JANUARY 7, 2018
NOTARY IDENTIFICATION NO:	2051380
MANUFACTURER/VENDOR I.D. NO.:	NNA1

DATE AND PLACE OF EXECUTION OF THIS DECLARATION:

Date: 4/6/2016 **3050 Lake Tahoe Blvd.
S. Lake Tahoe, CA 96150**

Notary's Telephone Number: (530) 626-4438

SIGNATURE OF DECLARANT: _____

M.P. Tarbell
M.P. Tarbell

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
HEALTH AND HUMAN SERVICES AGENCY
 PLACERVILLE, CALIFORNIA

3052015237205

CERTIFICATE OF DEATH

3201509001207

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS (S-1 UNDER 500)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) CAROL		2. MIDDLE JOAN		3. LAST (Family) KELBUS			
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 12/09/1937		5. AGE Yrs. 77		6. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY IL		10. SOCIAL SECURITY NUMBER 4375		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SDOP (at Time of Death) MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE		7. DATE OF DEATH mm/dd/yyyy 12/06/2015	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED PROPRIETOR		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) JANITORIAL		19. YEARS IN OCCUPATION 35			
20. DECEDENT'S RESIDENCE (Street and number, or location) 3482 EDNA STREET		21. CITY SOUTH LAKE TAHOE		22. COUNTY/PROVINCE EL DORADO		23. ZIP CODE 96150	
24. YEARS IN COUNTY 45		25. STATE/FOREIGN COUNTRY CA					
28. INFORMANT'S NAME, RELATIONSHIP KRISTY KELBUS, POA		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 3482 EDNA STREET, SOUTH LAKE TAHOE, CA 96150					
29. MIDDLE RICHARD		30. LAST (BIRTH NAME) KELBUS					
31. NAME OF FATHER/PARENT—FIRST JOHN		32. MIDDLE -		33. LAST MILNECK		34. BIRTH STATE IL	
35. NAME OF MOTHER/PARENT—FIRST FLORENCE		36. MIDDLE -		37. LAST (BIRTH NAME) RYCHLICKI		38. BIRTH STATE IL	
39. DISPOSITION DATE mm/dd/yyyy 12/21/2015		40. PLACE OF FINAL DISPOSITION HAPPY HOMESTEAD CEMETERY 1261 JOHNSON BLVD., SOUTH LAKE TAHOE, CA 96150					
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED				43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT MC FARLANE MORTUARY INC		45. LICENSE NUMBER FD1180		46. SIGNATURE OF LOCAL REGISTRAR NANCY J WILLIAMS, MD, MPH		47. DATE mm/dd/yyyy 12/09/2015	
101. PLACE OF DEATH BARTON MEMORIAL HOSPITAL		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY EL DORADO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2170 SOUTH AVENUE		106. CITY SOUTH LAKE TAHOE			
107. CAUSE OF DEATH Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) LUNG CANCER		Time Interval Between Onset and Death (AT) 6 YRS		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER			
IMMEDIATE CAUSE (Final disease or condition resulting in death)		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Sequitentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST							
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date) NO						113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. (a) mm/dd/yyyy 08/19/2015 (b) mm/dd/yyyy 12/02/2015		115. SIGNATURE AND TITLE OF CERTIFIER STEVEN LAURENCE BROOKS M.D.		116. LICENSE NUMBER G54095		117. DATE mm/dd/yyyy 12/09/2015	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE STEVEN LAURENCE BROOKS M.D.							
118. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)							
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)							
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)							
126. SIGNATURE OF CORONER / DEPUTY CORONER				127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA, COUNTY OF EL DORADO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health and Human Services Agency.

DATE ISSUED **DEC 10 2015**



Nancy Williams
 NANCY J WILLIAMS MD, MPH
 COUNTY HEALTH OFFICER

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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