

DOUGLAS COUNTY, NV

2016-881899

Rec:\$16.00

\$16.00 Pgs=3

06/06/2016 02:17 PM

FIRST CENTENNIAL - RENO

KAREN ELLISON, RECORDER

APN # 1318-15-711-018

Escrow # 00219145 --DR

Recording Requested By:  
First Centennial Title Company  
1450 Ridgeview Dr. #100  
Reno, NV 89509

When Recorded Return to:  
**Randall W. Hatfield**  
**110 Sardis**  
**Newbern, NC 28561**

Mail Tax Statements to:  
**James Balducci and Michele Matics Balducci**  
**255 Cheyenne Circle**  
**Zephyr Cove, NV 89448**

SPACE ABOVE FOR RECORDERS USE

**Affidavit – Death of Trustee**

(Title of Document)

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)

**-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: NRS 239B.030 (state specific law).



SIGNATURE

Title Assistant

TITLE

Roseanne Cusumano

Print Signature

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

**This cover page must be typed or printed in black ink.**

(Additional recording fee applies)

SPACE BELOW FOR RECORDER

APN: 1318-15-711-018  
Escrow No. 00219145 - 016 -DR

When Recorded Return to:  
Randall W. Hatfield  
P.O Box 12133  
Newbern, NC 28561

SPACE ABOVE FOR RECORDERS USE

**AFFIDAVIT - DEATH OF TRUSTEE**

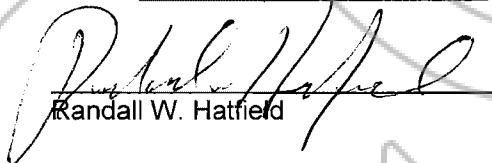
STATE OF NEVADA } ss:  
COUNTY OF DOUGLAS

Randall W. Hatfield and Linda D. Hatfield Wright, co-trustees of the Survivors Trust of the Hatfield Family Trust dated 9-25-87 and the Marital Trust of the Hatfield Family Trust dated 9-25-87, of legal age, being duly sworn, deposes and says

That Lula Mae Hatfield the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Lula Hatfield named as one of the parties in that certain Grant Deed dated 5-7-09 executed by Lula Hatfield, Successor Trustee to Lula Hatfield, Trustee of the Survivors trust of the Hatfield Family Trust dated 9-25-87 as to an undivided 28% and Lula Hatfield Trustee of the Marital Trust of the Hatfield Family Trust dated 9-25-87 as to an undivided 72% interest as tenants in common, recorded as Instrument No. 0742891, on 5-11-09 in Book 0509 Page 2303 of Official Records of Douglas County, Nevada, covering the following described property.

Lot 34, in Block A, of Round Hill Village Unit No. 2, according to the Map thereof, filed in the Office of the Recorder of Douglas County, Nevada, on August 31, 1965, in Book 1 of Maps, as Document No. 29312.

Dated: 5-26-16

  
Randall W. Hatfield

  
Linda D. Hatfield Wright

SUBSCRIBED AND SWORN TO before me on this 26 day of May 2016.

  
NOTARY PUBLIC



SPACE BELOW FOR RECORDER

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**CITY OF LONG BEACH**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 LONG BEACH, CALIFORNIA

**CERTIFICATE OF DEATH**

3201362002312

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WRITINGS OR ALTERATIONS VS-1 (REV. 3/05)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>LULA</b>		2. MIDDLE <b>MAE</b>		3. LAST (Family) <b>HATFIELD</b>	
AKA: ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)					
9. BIRTH STATE/FOREIGN COUNTRY: <b>SD</b>		10. SOCIAL SECURITY NUMBER: <b>2790</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>SOME COLLEGE</b>		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) <b>CAUCASIAN</b>	
17. USUAL OCCUPATION - Type of work for most of life; DO NOT USE RETIRED <b>OWNER</b>			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>REFRIGERATION CO.</b>		19. YEARS IN OCCUPATION <b>50</b>
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>5526 AZURE WAY</b>					
21. CITY <b>LONG BEACH</b>		22. COUNTY/PROVINCE <b>LOS ANGELES</b>		23. ZIP CODE <b>90803</b>	25. STATE/FOREIGN COUNTRY <b>CA</b>
26. INFORMANT'S NAME, RELATIONSHIP <b>RANDALL W. HATFIELD, SON</b>			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>110 SARDIS LANE, NEW BERN, NC 28562</b>		
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST <b>JOHN</b>		29. MIDDLE <b>-</b>		30. LAST (BIRTH NAME) <b>HAFNER</b>	
31. NAME OF FATHER/PARENT - FIRST <b>JOHN</b>		32. MIDDLE <b>-</b>		33. LAST <b>HAFNER</b>	
34. BIRTH STATE <b>SD</b>		35. NAME OF MOTHER/PARENT - FIRST <b>EDNA</b>		36. MIDDLE <b>-</b>	
37. LAST (BIRTH NAME) <b>MAYER</b>		38. BIRTH STATE <b>SD</b>		39. BIRTH STATE <b>SD</b>	
38. DISPOSITION DATE: mm/dd/yyyy <b>09/19/2013</b>		40. PLACE OF FINAL DISPOSITION AT SEA OFF THE COAST OF <b>LONG BEACH, CA</b>			
41. TYPE OF DISPOSITION(S) <b>CR/SEA</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NUMBER <b>-</b>	
44. NAME OF FUNERAL ESTABLISHMENT <b>LUYBEN FAMILY DILDAY-MOTTELL MORTUARY</b>		45. LICENSE NUMBER <b>FD1171</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>MITCHELL KUSHNER, MD</b>	
47. DATE: mm/dd/yyyy <b>09/19/2013</b>					
101. PLACE OF DEATH <b>LONG BEACH MEMORIAL MEDICAL CENTER</b>		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> EROP <input type="checkbox"/> DOA		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 <b>LOS ANGELES</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>2801 ATLANTIC AVE</b>		106. CITY <b>LONG BEACH</b>	
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. IMMEDIATE CAUSE (A) <b>RESPIRATORY ARREST</b> (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) <b>BREAST CANCER</b> (C) (D) 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>		108. TIME INTERVAL BETWEEN Death and Death (AT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>MINS</b>		109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>6 YRS</b>	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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. Decedent Attended Since: Decedent Last Seen Alive: <b>11/10/2009</b> <b>09/12/2013</b>		115. SIGNATURE AND TITLE OF CERTIFIER: <b>ROBERT ALAN NAGOURNEY M.D.</b>		116. LICENSE NUMBER: <b>G43263</b> 117. DATE: mm/dd/yyyy <b>09/19/2013</b>	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 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"/> Cause not determined		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>ROBERT ALAN NAGOURNEY M.D.</b> <b>750 E 29TH STREET, LONG BEACH, CA 90806</b>		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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 } SS DATE ISSUED **OCT 01 2013** \* 000558418 \*

CITY OF LONG BEACH }  
 This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES.  
 MITCHELL S. KUSHNER, M.D.  
 HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying seal and signature of the Registrar.  
 PINCO (REV) 08/12

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

