

APNs: 1320-32-118-007
1320-32-118-008
1419-11-002-010



KAREN ELLISON, RECORDER

WHEN RECORDED RETURN TO:
DAWN ELLERBROCK, ESQ.
ALLISON MacKENZIE, LTD.
P.O. Box 646
Carson City, NV 89702

MAIL TAX STATEMENTS TO:
SARA COUSTE, Trustee
3475 Alpine View Court
Carson City, NV 89705

The person executing this document hereby affirms that this document submitted for recording does contain the social security number of a deceased person as required pursuant to NRS 440.380.

AFFIDAVIT OF DEATH OF TRUSTEE

SARA COUSTE, whose mailing address is 3475 Alpine View Court, Carson City, Nevada 89705, being first duly sworn, deposes and says:

1. That GENE COUSTE, also known as GENE PIERRE COUSTE, died on May 27, 2016, and a Certificate of Death is attached hereto and incorporated herein by this reference.

2. That GENE COUSTE was one of the Settlor and original Trustees of the GENE COUSTE AND SARA COUSTE REVOCABLE TRUST, created on February 11, 2004.

3. That the GENE COUSTE AND SARA COUSTE REVOCABLE TRUST is the owner of certain parcels of real property situated in the County of Douglas, State of Nevada, as follows:

a. The real property commonly known as 1534 County Road, Minden, Nevada, Assessor's Parcel Number being 1320-32-118-007, and more particularly described as follows:

THE WEST ½ OF LOT 1, BLOCK B, AS SHOWN ON THE MAP OF SOUTHEAST ADDITION TO TOWN OF MINDEN, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON NOVEMBER 27, 1961 AS FOLLOWS:

BEGINNING AT THE SOUTHWEST CORNER OF SAID LOT 1; HENCE SOUTHEAST ALONG THE SOUTHWEST LINE OF SAID LOT 59.36 FEET TO A POINT THENCE AT RIGHT ANGLES NORTHEAST TO THE NORTHEAST LINE OF SAID LOT 1; THENCE NORTHWEST ALONG SAID LAST MENTIONED LINE TO THE INTERSECTION WITH THE NORTHEAST PROLONGATION OF THE SOUTHEAST LINE OF SAID LOT 1; THENCE SOUTHWEST ALONG SAID LAST MENTIONED LINE TO THE POINT OF BEGINNING.

EXCEPTING THEREFROM THAT PORTION LYING WITHIN THE BOUNDS OF ANY PUBLIC STREET OR ALLEY.

(Pursuant to NRS 111.312 this legal description was previously recorded on February 12, 2004, at Document No. 604368.)

b. The real property commonly known as 1532 County Road, Minden, Nevada, Assessor's Parcel Number being 1320-32-118-008, and more particularly described as follows:

THE EAST ½ OF LOT 1, BLOCK B, AS SHOWN ON THE MAP OF SOUTHEAST ADDITION TO TOWN OF MINDEN, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON NOVEMBER 27, 1961 AS FOLLOWS:

BEGINNING AT THE SOUTHEAST CORNER OF SAID LOT 1; HENCE NORTHWEST ALONG THE SOUTHWEST LINE OF SAID LOT 59.36 FEET TO A POINT THENCE AT RIGHT ANGLES NORTHEAST TO THE NORTHEAST LINE OF SAID LOT 1; THENCE SOUTHEAST ALONG SAID LAST MENTIONED LINE TO THE INTERSECTION WITH THE NORTHEAST PROLONGATION OF THE SOUTHEAST LINE OF SAID LOT 1; THENCE SOUTHWEST ALONG SAID LAST MENTIONED LINE TO THE POINT OF BEGINNING.

EXCEPTING THEREFROM THAT PORTION LYING WITHIN THE BOUNDS OF ANY PUBLIC STREET OR ALLEY.

(Pursuant to NRS 111.312 this legal description was previously recorded on February 12, 2004, at Document No. 604369.)

c. The real property commonly known as 3475 Alpine View Court, Douglas County, Nevada, Assessor's Parcel Number being 1419-11-002-010, and more particularly described as follows:

LOT 94, AS SHOWN ON THE OFFICIAL MAP OF ALPINE VIEW ESTATES NO. 3 FILED IN THE OFFICE OF THE COUNTY RECORDER, DOUGLAS COUNTY, NEVADA ON APRIL 16, 1973 IN BK. 473 AS FILE NO. 65319 AND ON DECEMBER 23 1987, IN BK. 1287 ON PAGE 3356, NO. 169404.

(Pursuant to NRS 111.312 this legal description was previously recorded on February 12, 2004, at Document No. 604367.)

4. That due to the passing of GENE COUSTE, SARA COUSTE is the currently acting sole Trustee of the GENE COUSTE AND SARA COUSTE REVOCABLE TRUST and the separate trust shares created thereunder.

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5. That Affiant certifies and declares under penalty of perjury that the foregoing is true and correct.

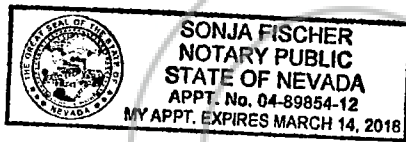
Further Affiant sayeth naught.

DATED 22 July 2016

Sara Couste
SARA COUSTE, Trustee

STATE OF NEVADA)
 : ss.
CARSON CITY)

On July 22, 2016, personally appeared before me, a notary public, SARA COUSTE, personally known (or proved) to me to be the person whose name is subscribed to the foregoing Affidavit of Death of Trustee, who acknowledged to me that she executed the foregoing document.



Sonja Fischer
NOTARY PUBLIC

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 3896692

CERTIFICATE OF DEATH

2016010925
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE
STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Gene Pierre COUSTE		2. DATE OF DEATH (Mo/Day/Year) May 27, 2016		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and no.) 3475 Alpine View Ct		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 72		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY	
8. DATE OF BIRTH (Mo/Day/Yr) September 01, 1943		9a. STATE OF BIRTH (if not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Sara HELLWINKEL	
13. SOCIAL SECURITY NUMBER ████████-██-0450		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Sales Rep		14b. KIND OF BUSINESS OR INDUSTRY Retail Sales	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 3475 Alpine View Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Ralph COUSTE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lucille FOURNIER		
18a. INFORMANT- NAME (Type or Print) Sara COUSTE			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3475 Alpine View Ct, Carson City, Nevada 89705		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMAR R ROBINSON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 870		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) Justin Fricke			22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JUSTIN FRICKE SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) June 20, 2016		21c. HOUR OF DEATH 06:08		22b. DATE SIGNED (Mo/Day/Yr) June 20, 2016	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22c. HOUR OF DEATH 06:08		22d. PRONOUNCED DEAD (Mo/Day/Yr)
22e. PRONOUNCED DEAD AT (Hour)			22f. PRONOUNCED DEAD AT (Hour)		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Justin Fricke P O Box 218 Minden, NV 89423				23b. LICENSE NUMBER 0523	
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 20, 2016		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) Arteriosclerotic And Hypertensive Cardiovascular Disease					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c) DUE TO, OR AS A CONSEQUENCE OF:					
(d) DUE TO, OR AS A CONSEQUENCE OF:					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED					
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

000632167



CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

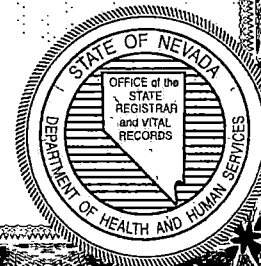
DATE ISSUED:

6/20/2016

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

Cody Priney
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE