

APN# : 1220-24-601-009  
**081869-TEA**

**Recording Requested By:**

Western Title Company

**When Recorded Mail To:**

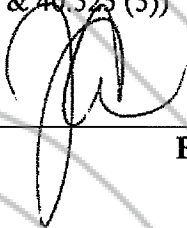
Philip Sullivan

716 Mustang

Gardnerville, NV 89410

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. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature



Traci Adams

Escrow Officer

**Affidavit Death of Trustee**

This page added to provide additional information required by NRS 111.312  
(additional recording fee applies)

## AFFIDAVIT - DEATH OF TRUSTEE

Philip Sullivan, Successor Trustee, of legal age, being first duly sworn, deposes and says:

That Dolores Hutchison, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Dolores Hutchison named as one of the parties in that certain Quitclaim Deed dated 10/13/2008 executed by Dolores L. Hutchison to Dolores Hutchison, as Trustee of the Dolores Hutchison Family Trust dated November 29, 2005, as amended and to the successor trustees recorded as instrument No. 0735301, on 1/5/2009, in Book 0109, Page 0227, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Situate in The County of Douglas, State of Nevada, being described as follows:

All that portion, lot, piece or parcel of land located in the NE 1/4 of Section 24, Township 12 North, Range 20 East, M.D.B. & M., Douglas County, State of Nevada, and more particularly described as Parcel No. 4, on that certain Parcel Map recorded for Floyd Lane Holdeman, et ux, on December 15, 1978, in Book 1278, of Official Records, at Page 902, Douglas County, Nevada, as Document No. 28264.

Dated \_\_\_\_\_

8/26/16

Dolores Hutchison Family Trust  
dated November 29, 2005

Philip Sullivan  
Philip Sullivan, Successor Trustee

STATE OF NEVADA

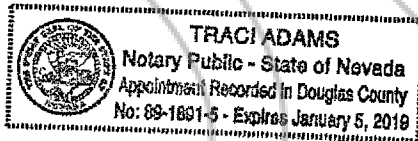
}SS

COUNTY OF DOUGLAS

This instrument was acknowledged before me on

8/26/16  
by Philip Sullivan

[Signature]  
Notary Public



STATE OF NEVADA  
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2016005119  
STATE FILE NUMBER

CASE FILE NO. 3886196

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) Delores L HUTCHISON		2. DATE OF DEATH (Mo/Day/Year) March 20, 2016		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not other, give street and Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DDA,OP,Emar. Rtn. Inpatient(Specify) Inpatient	
5. RACE White: (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 90	
9a. STATE OF BIRTH (if not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		4. SEX Female	
13. SOCIAL SECURITY NUMBER [REDACTED] 1562		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 730 Mustang Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Frank PARKAN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) RoseMary KAISER		
18a. INFORMANT - NAME (Type or Print) Jay HUTCHISON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1026 Dresslerville Rd Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DARREN K HILL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 848		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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) JOSE AGUIRRE M.D. SIGNATURE AUTHENTICATED			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)		
21b. DATE SIGNED (Mo/Day/Yr) March 24, 2016		21c. HOUR OF DEATH 17:25		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jose Aguirre M.D., 1600 Medical Parkway Carson City, NV 89703			
23b. LICENSE NUMBER 11479		24a. REGISTRAR (Signature) RHONDA PENA SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 24, 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) Cardiopulmonary Arrest					
DUE TO, OR AS A CONSEQUENCE OF					
(b) Acute Toxic Metabolic Encephalopathy					
DUE TO, OR AS A CONSEQUENCE OF					
(c) Acute Renal Failure					
DUE TO, OR AS A CONSEQUENCE OF					
(d) Diabetes Mellitus					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Congestive Heart Failure Cerebrovascular Accident					
26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			
28a. ACC. OR OTHER INVEST. 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

VRS-Rev-20120523a

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:

3/31/2016

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

STATE REGISTRAR  
SIGNATURE AUTHENTICATED

*Rhonda Pena*

