

APN: 1022-18-002-081

Escrow No. : 143-2506379 SC

When Recorded Mail To:  
Victor E Loesche  
1225 Slate Road  
Wellington, NV 89444

DOUGLAS COUNTY, NV

2016-887247

Rec:\$19.00

\$19.00

Pgs=6

09/07/2016 01:56 PM

FIRST AMERICAN TITLE MINDEN

KAREN ELLISON, RECORDER

FOR RECORDERS USE ONLY

TITLE OF DOCUMENT Affidavit - Death of Trustee Doc # 2016-884203

This document is being re-recorded to correct the following items:  
To correct the "Declarant" name as Victor E. Loesche.

**RECORDING REQUESTED BY**

First American Title Insurance  
Company of Nevada

**AND WHEN RECORDED  
RETURN TO AND MAIL TAX  
STATEMENTS TO:**

Victor E. Loesche  
1225 Slate Road  
Wellington Nevada 89444

Space Above This Line for  
Recorder's Use Only

**A.P.N. 1022-18-002-081**

File No.: 143-2506379 (SC)

**Affidavit - Death of Trustee**

State of Nevada )  
)ss.  
County of Douglas )

**Victor E. Loesche** ("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. **Stanley Jedrusiak, Sr.** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **January 14, 2016** at **Wellington Nevada** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **April 24, 2012** executed by **Stanley Jedrusiak, Sr.** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant Deed** dated **April 24, 2012** which was recorded as Instrument No. **0801674** in Book **0512**, Page **0094**, of Official Records of **Douglas** County, Nevada as legally described as follows:

**THOSE PORTIONS OF THE SOUTH 1/2 OF SECTION 18, TOWNSHIP 10 NORTH, RANGE 22 EAST, M.D.B. & M., IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:**

**Recorded Electronically**  
ID 2016-884203  
County DOUGLAS  
Date 07/12/2016 Time 12:06 PM  
Simplifile.com 800.460.5657

APN# 1022-18-002-081

**Recording Requested by:**

Name: First American Title Insurance  
Company  
Address: 1663 US Highway 395, Suite 101  
City/State/Zip: Minden, NV 89423  
Order Number: 143-2506379

Affidavit Death of Trustee (for Recorder's use only)  
(Title of Document)

**Recorder Affirmation Statement**

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 239B.030)

-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: 239B.030

(State specific law)

Suzanne Cheechov  
Signature

ESCROW OFFICER  
Title

SUZANNE CHEECHOV

Print Signature

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

(Additional recording fee applies)

**RECORDING REQUESTED BY**  
First American Title Insurance  
Company of Nevada

**AND WHEN RECORDED  
RETURN TO AND MAIL TAX  
STATEMENTS TO:**  
Victor E. Loesche  
1225 Slate Road  
Wellington Nevada 89444

Space Above This Line for  
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**A.P.N. 1022-18-002-081**

File No.: 143-2506379 (SC)

**Affidavit - Death of Trustee**

State of Nevada )  
County of Douglas )ss.  
)

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3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant Deed** dated **April 24, 2012** which was recorded as Instrument No. **0801674** in Book **0512**, Page **0094**, of Official Records of **Douglas** County, Nevada as legally described as follows: \*

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**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO: 3873617

**CERTIFICATE OF DEATH**

2016000579  
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) <b>Stanley JEDRUSIAK SR</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 14, 2016</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Wellington</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street address) <b>3785 Granite Way</b>		3d. Home or Inst. Indicate DOA, OP, Emer. Rm. (Inpatient)(Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE - White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>91</b>		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY	
8. DATE OF BIRTH (Mo/Day/Yr) <b>November 30, 1924</b>		9a. STATE OF BIRTH (If not U.S.A.) <b>New Jersey</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER <b>5676</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>Insurance</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Wellington</b>	
15d. STREET AND NUMBER <b>3785 Granite Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		Ever in US Armed Forces? <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Joseph JEDRUSIAK</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Josephine Kamy K</b>		
18a. INFORMANT-NAME (Type or Print) <b>Victor LOESCHE</b>		18b. MAILING ADDRESS (Street or R.F.D. No; City or Town, State; Zip) <b>1225 Slate Road Wellington, Nevada 89444</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Crementation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Truckee Meadows Crematory</b>		19c. LOCATION City or Town State <b>Sparks Nevada 89431</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>304R</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations</b> <b>1575 N Lompa Ln Carson City NV 89701</b>	
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) <b>REED DOFF M.D.</b> 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) <b>January 15, 2016</b>		21c. HOUR OF DEATH <b>13:40</b>		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)	
22a. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Reed Doff M.D. 18653 Wedge Pkwy Reno, NV 89511</b>			
23b. LICENSE NUMBER <b>13920</b>		24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b> SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 19, 2016</b>		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) <b>Respiratory Failure</b> Interval between onset and death					
(b) <b>Terminal Complications Of Chronic Obstructive Lung Disease</b> Interval between onset and death <b>Years</b>					
(c) <b>Etiology Of Chronic Obstructive Lung Disease Is Not Specified</b> Interval between onset and death					
(d) Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I: <b>Atherosclerotic Cardiovascular Disease, Pulmonary Hypertension, Aortic Valve Insufficiency</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		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

VR5-Rev-20120523a

612935

CERTIFIED COPY OF VITAL RECORDS

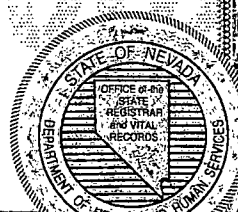
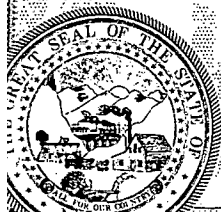
This is a true and exact reproduction of the document officially registered and placed on file in the Office of the State Registrar and Vital Records.

DATE ISSUED:

1/25/2016

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

*Reed Doff*  
SIGNATURE AUTHENTICATED



LOT 21, AS SHOWN ON THE FINAL SUBDIVISION MAP LDA 04-064 FOR HOLBROOK ESTATES, RECORDED NOVEMBER 02, 2006, IN BOOK 1106 AT PAGE 839, AS DOCUMENT NO. 687834, AND AS AMENDED BY CERTAIN CERTIFICATE OF AMENDMENT RECORDED MAY 03, 2007, IN BOOK 0507, PAGE 962, AS DOCUMENT NO. 700342 AND RECORDED DECEMBER 04, 2007, IN BOOK 1207, PAGE 671, AS DOCUMENT NO. 714273, OF OFFICIAL RECORDS.

- 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: July 7, 2016

**DECLARANT:**

*Victor E. Loesche*  
Victor E. Loesche

State of Nevada )  
 )ss  
County of Douglas )

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State NV, this 7th day of JULY, 2016 by VICTOR E. LOESCHE, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

Signature Suzanne Cheechev  
My Commission Expires: 5/12/2019

*This area for official notarial seal*



Notary Name: Suzanne Cheechev Notary Phone: 775.7825711  
Notary Registration Number: \_\_\_\_\_ County of Principal Place of Business Douglas