

APN# : 1022-09-001-018

Recording Requested By:

eTRCo, LLC.

When Recorded Mail To:

Ronald Dean Burton

2860 Calle Heraldo

San Clemente, CA

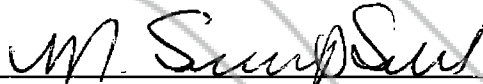
92673

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

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 _____



Michelle Simpson Escrow Assistant

Affidavit Death of Trustee

**THIS DOCUMENT WAS SIGNED
IN COUNTERPART**

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

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AFFIDAVIT – DEATH OF TRUSTEE

RONALD DEAN BURTON AND LINDA LEE KOSTELAC, of legal age, being first duly sworn, deposes and says:

1. EVELYN FAE BURTON, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as EVELYN FAE BURTON named as Trustee in the Declaration of Trust dated 11/28/1995 and executed by ROBERT DALE BURTON AND EVELYN FAE BURTON as Trustor(s).
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 3666 Sandstone Drive Wellington, NV 89444, which property is described in a Deed which was executed by ROBERT D. BURTON AND EVELYN F. BURTON as Grantor(s) on November 28, 1995 and recorded as Instrument No. 376290, in Book 1295, Page 0417, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:
3. The legal description of said property is as follows:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 118 as shown on the map of TOPAZ RANCH ESTATES UNIT 3, filed in the office of County Recorder of Douglas County, State of Nevada, on March 31, 1969, in Book 1 of Maps, Page 221, as Document No. 44091.

4. I am the named successor 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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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 1-20-17

Ronald Dean Burton
RONALD DEAN BURTON

Notary Attached

SIGNED IN COUNTERPART
LINDA LEE KOSTELAC

STATE OF NEVADA

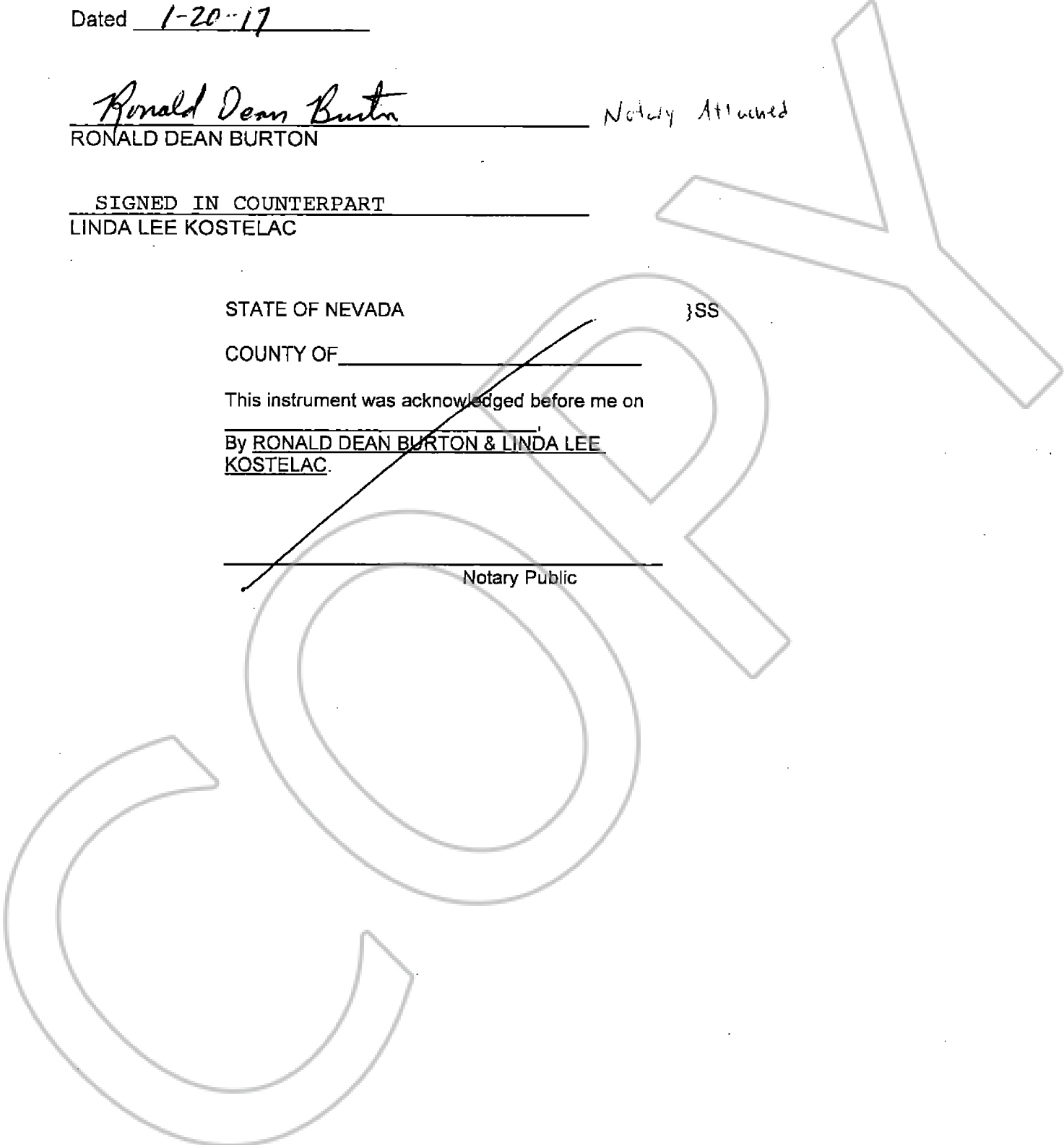
}SS

COUNTY OF _____

This instrument was acknowledged before me on

By RONALD DEAN BURTON & LINDA LEE KOSTELAC.

Notary Public



California All-Purpose Acknowledgment

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.

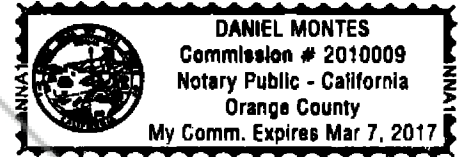
State of California

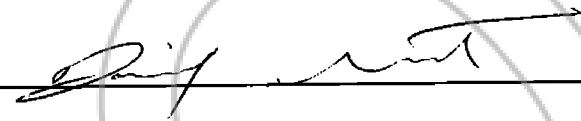
County of Orange

On 01/20/17 before me, Daniel Montes, notary public, personally appeared ***Ronald Dean Burton***, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify UNDER PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature  (Seal)

Optional

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal of this reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Affidavit - Death Of Trustee
Document Date: January 20, 2017 # of Pages: 2
Signer(s) Other Than Named Above: _____

I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Dated 1/23/2017

SIGNED IN COUNTERPART
RONALD DEAN BURTON

Linda Lee Kostelac
LINDA LEE KOSTELAC

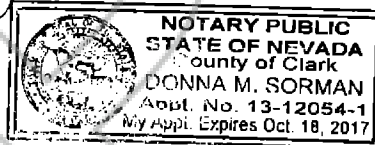
STATE OF NEVADA }
COUNTY OF CLARK }SS

This instrument was acknowledged before me on

By RONALD DEAN BURTON & LINDA LEE KOSTELAC.

Donna M. Sorman

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. 3915614

CERTIFICATE OF DEATH

2016017040
STATE FILE NUMBER

TYPE OR PRINT IN ERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Evelyn F BURTON			2. DATE OF DEATH (Mo/Day/Year) September 17, 2016		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Wellington		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or inpatient)(Specify) 3666 Sandstone Dr. Home		4. SEX Female		
PRECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 89	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) April 05, 1927
	9a. STATE OF BIRTH (If not US/CA, name country) Nebraska		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)
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER 4336		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Buyer		14b. KIND OF BUSINESS OR INDUSTRY Aerospace		Ever in US Armed Forces? No
	15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Wellington	15d. STREET AND NUMBER 3666 Sandstone Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) Leonard CLYDE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lucy SMITH			
	18a. INFORMANT - NAME (Type or Print) Linda KOSTELAC			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 4233 W. Warm Springs Rd Las Vegas, Nevada 89118			
DISPOSITION	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 89708		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 823	20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410			
TRADE CALL	TRADE CALL - NAME AND ADDRESS						
CERTIFIER	21a. To Be Completed by CERTIFYING PHYSICIAN 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) DENVER J MILLER M.D. SIGNATURE AUTHENTICATED			22a. On the basis of examination and/or investigation, in my opinion death occurred as the time, date and place and due to the cause(s) stated. (Signature & Title)			
	21b. DATE SIGNED (Mo/Day/Yr) September 21, 2016		21c. HOUR OF DEATH 05:30		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Denver J Miller M.D. 5538 Longley Lane Reno, NV 89511					23b. LICENSE NUMBER 7330	
	24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 21, 2016		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						Interval between onset and death
	PART I (a) Liver Cancer DUE TO, OR AS A CONSEQUENCE OF						Month
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(b) DUE TO, OR AS A CONSEQUENCE OF						Interval between onset and death
	(c) DUE TO, OR AS A CONSEQUENCE OF						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					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



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: 9/26/2016

Cody D. Phinney
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

VRS-Rev-20120523a

