

APN# : 1320-30-311-036

086105-TEA

Recording Requested By:

Western Title Company

When Recorded Mail To:

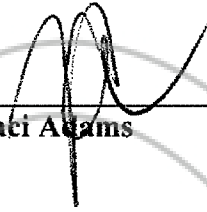
Craig Carlson

4 East Oak Street

Villa Park, IL 60181

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 Joint Tenant

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT - DEATH OF JOINT TENANT

Craig Carlson, Successor Trustee, of legal age, being first duly sworn, deposes and says:

That Edna L. Rudhman, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Edna L. Rudhman named as one of the parties in that certain Deed dated 12/23/2003 executed by William E. Rudhman and Edna L. Rudhman who acquired title as husband and wife as joint tenants with right of survivorship to William E. Rudhman and Edna L. Rudhman, as Co-Trustees of the WE Rudhman Revocable Trust dated December 23, 2003, recorded as instrument No. 0600694, on 12/29/2003, in Book 1203, Page 12258, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

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

Lot 14 Block C, as set forth on the Final Map of WESTWOOD VILLAGE UNIT NO. III, filed in the Office of the County Recorder on August 31, 1989, in Book 889, Page 4564, as Document No. 209883, Official Records of Douglas County, Nevada.

Dated 1/30/2017

The WE Rudhman Revocable Trust dated December 23, 2003

Craig Carlson, Successor Trustee
Craig Carlson, Successor Trustee

STATE OF ILLINOIS)SS

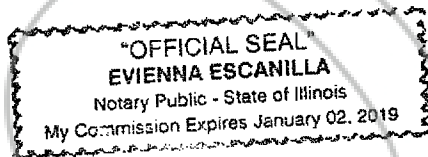
COUNTY OF DUPAGE

This instrument was acknowledged before me on

JAN. 30, 2017

by Craig Carlson

Evienna Escanilla
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION OF HEALTH
 VITAL STATISTICS
CERTIFICATE OF DEATH

2012012050
 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) Edna Lois RUDHMAN		2. DATE OF DEATH (Mo/Day/Year) July 17, 2012		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION-Name(if not either, give street and number) 854 Longleaf Place		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		7a. AGE-Last birthday (Years) 85		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY	
8. DATE OF BIRTH (Mo/Day/Yr) May 30, 1927		9a. STATE OF BIRTH (if not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 13		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) William RUDHMAN	
13. SOCIAL SECURITY NUMBER 3928		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Accountant		14b. KIND OF BUSINESS OR INDUSTRY Stanislaus County	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 854 Longleaf Place		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Anthony ROSE	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lois HARDING		18a. INFORMANT- NAME (Type or Print) William RUDHMAN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 854 Longleaf Place Minden, Nevada 89423	
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) JAMES SMOLENSKI <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1300 Highway 395 N 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) STEPHEN LANE PERRY M.D. <i>SIGNATURE AUTHENTICATED</i>		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) July 30, 2012		21c. HOUR OF DEATH 02:43		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) Stephen Lane Perry M.D. 1520 Virginia Ranch Rd. Gardnerville, NV 89410			
23b. LICENSE NUMBER 6526		24a. REGISTRAR (Signature) NICHELE L YOUNG <i>SIGNATURE AUTHENTICATED</i>			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 02, 2012		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) Respiratory Failure					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) End Stage Chronic Obstructive Pulmonary Disease					
DUE TO, OR AS A CONSEQUENCE OF:					
(c)					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Recurrent Lung Cancer, Coronary Artery Disease					
26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No			
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.		28h. CITY OR TOWN STATE	

STATE REGISTRAR



VRS-Rev-20120523a

446098

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: **08/03/2012**

Rudolph
 STATE REGISTRAR
 SIGNATURE AUTHENTICATED

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

