

APN# : 1320-30-311-036

086105-TEA

Recording Requested By:

Western Title Company

When Recorded Mail To:

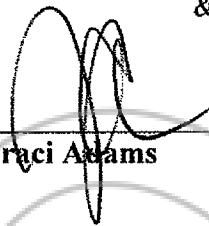
Craig Carlson

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 William E. Rudhman, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as William E. 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

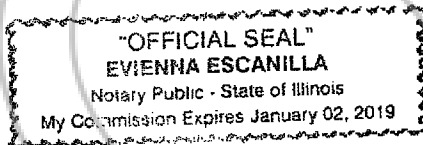
COUNTY OF DUPAGE

This instrument was acknowledged before me on

JAN. 30, _____, 2017

by Craig Carlson

Vienna Escanilla
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. 3913157

CERTIFICATE OF DEATH

2016016006
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) William Emil RUDHMAN			2. DATE OF DEATH (Mo/Day/Year) September 03, 2016		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 street no.) 854 Longleaf Place		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) 98	7b. UNDER 1 YEAR MOS. DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) June 02, 1918
	9a. STATE OF BIRTH (If not US/CA; name country) Illinois		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 15	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 4585		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Draftsman Stanislaus County		Ever in US Armed Forces? Yes	
	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) William H RUDHMAN				17. MOTHER/PARENT - NAME (First Middle - Last - Suffix) Edna LILJEBLAD			
PARENTS	18a. INFORMANT - NAME (Type or Print) Craig H CARLSON			18b. MAILING ADDRESS (Street or R.F.D. No; City or Town, State, Zip) 4 East Oak St. Villa Park, Illinois 60181				
	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 FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410			
DISPOSITION	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) STEVEN L. PHILLIPS 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) September 06, 2016		21c. HOUR OF DEATH 19:10		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)	
TRADE CALL	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Steven L. Phillips M.D. 5250 Neil Rd Ste #207 Reno, NV 89502						23b. LICENSE NUMBER 6596	
	24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 07, 2016		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
CERTIFIER	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)							
	PART I							
	(a) Alzheimer's Dementia							
	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:								
CAUSE OF 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

000642095



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: 9/12/2016

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

Cody Phinney
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

