A.P.N. 1320-29-117-013

DOUGLAS COUNTY, NV Rec:\$18.00 \$18.00 Pgs=5

2017-894825 02/16/2017 02:23 PM

TITLE SOURCE, INC.

KAREN ELLISON, RECORDER

RECORDING REQUESTED AND RETURN TO: Loren J. Voelker 1775 Birch Court Minden, Nevada 89423

MAIL TAX STATEMENTS TO: Loren J. Voelker 1775 Birch Court Minden, Nevada 89423

AFFIDAVIT OF	DEATH

A.P.N. <u>/320-29 -/17 -0/3</u>

Douglas County, Nevada

STATE OF NEVADA)
COUNTY OF DOUGLAS

The undersigned, Loren J. Voelker, Trustee, being first duly sworn, depose and say that, Betty J. Voelker, Co-Trustee of the VOELKER FAMILY TRUST dated November 22, 1996, is the same Betty P. Voelker as indicated in the attached certified copy of Certificate of Death and the same Betty J. Voelker named as one of the parties in that Quitclaim Deed dated April 11, 2013, executed by Loren J. Voelker and Betty J. Voelker, husband and wife as joint tenants with right of survivorship and not as tenants in common, to Loren J. Voelker and Betty J. Voelker, Co-Trustees of the VOELKER FAMILY TRUST dated November 22, 1996, recorded as Document No. 0821537 on April 11, 2013, of Official Records of the County of Douglas, State of Nevada, covering the following described real property:

LOT 199 ON OFFICIAL MAP OF WINHAVEN UNIT NO. 5, A PLANNED UNIT DEVELOPMENT, ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON FEBRUARY 10, 1994, IN BOOK 294, PAGE 1845, AS DOCUMENT NO. 329790.

Subject To: Restrictions, Conditions, Covenants, Rights, Rights of Way, and Easements now of record, if any. TOGETHER with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

Real Property commonly known as: 1775 Birch Court, Minden, Nevada 89423

Loren J. Voelker, further declares that, as a result of the death of Betty J. Voelker, he is the Sole Trustee of the above-mentioned Trust.

The undersigned declares under penalty of perjury that the foregoing is true and correct, and that this affidavit is executed on the date and place indicated below.

Executed on 1001. 10,2016 in the City of Minden, County of Douglas, State of Nevada.

Horen J. Voetker, Trustee

STATE OF NEVADA

COUNTY OF DOUGLAS

Signed and sworn to (or affirmed) before me on November 10, 2016, by Loren J. Voelker.

Notary Public



ELLA L. WILSON
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 09-07-2020
Certificate No: 16-3672-12

DECLARATION REGARDING DEATH OF INITIAL CO-TRUSTEE AND ASSUMPTION OF TRUSTEESHIP BY REMAINING TRUSTEE

The undersigned, Loren J. Voelker, Trustee, hereby declares that, Betty P. Voelker, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Betty J. Voelker, named as an initial Co-Trustee in that certain Declaration of Trust titled the VOELKER FAMILY TRUST dated November 22, 1996.

Declarant further declares that he is the remaining Trustee named in the Declaration of Trust and that he hereby assumes the position as Sole Trustee.

The undersigned declares under penalty of perjury that the foregoing is true and correct, and that this declaration is executed on the date and place indicated below.

Executed on Nov. 10, 2016 in the City of Minden, County of Douglas, State of Nevada.

oren KVoelker, Trustee

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STATE OF NEVADA) COUNTY OF DOUGLAS)	
This instrument was acknowledged by me on November 10, 2016 by Loren J. Voelk	ker.
Notary Public FLIA L. WILSON NOTARY PUBLIC STATE OF NEVADA My Commission Expires: 09-07-2020 Certificate No: 16-3672-12	



CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

CASE FILE NO. 3	38	91	61	98
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CERTIFICATE OF DEATH

2016017366

Betty P VOELKER September 19, 2016 Carson Carson City Cown, OR LOCATION OF DEATH Set HOSPITAL OR OTHER RISTITUTION-Name (if not either, give street at 5at Hoop or Inst. Indicate DoA OP/Emer Rin. Carson City C	DECEASED-NAME (FIRST,	MIDDLE LAST SUFFIX	0		2 DATE	OF DEATH A	And Day Manes	20 0011	NTY OF DEA
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2 G. (Type or Print) 3a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 4a. REGISTRAR (Signature) 3herrie A Connell 3ignature authenticated 4b. Date Received By Registrar 4c. Death due to Communicate (Mo/Day/Yr) 5c. IMMEDIATE CAUSE (Enter only one cause per Line For (a), (b), AND (c).) 5c. IMMEDIATE CAUSE (Enter only one cause per Line For (a), (b), AND (c).) 5c. IMMEDIATE CAUSE (Enter only one cause per Line For (a), (b), AND (c).) 5c. IMMEDIATE CAUSE (a) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Lung Cancer With Metastasis To The Brain DUE TO, OR AS A CONSEQUENCE OF: (c) (d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1, Ves or No.) (d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1, Ves or No.) (d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1, Ves or No.) (d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1, Ves or No.) (d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1, Ves or No.) (d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1, Ves or No.) (d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1, Ves or No.) (d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1, Ves or No.) (d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1, Ves or No.) (d) PART II OTHER SIGNIFICANT CONDITIONS-C	21a. To the best of my known to the cause(s) stated (Signal 21b. DATE SIGNED (Model 21b. DATE SIGNED (MODE) (Model 21b. DATE S	owledge, death occurre gnature & Title) CRAIG RAU (Day/Yr) 216	SIGNATURE AUTHENTIC J M.D. c. HOUR OF DEATH	ATED 1 - 5 Tale	. On the basis of ea ne time, date and pla	emination and	or investigation the cause(s) s	n, in my opinion tated. (Signat.	n death occur ire & Title)
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STATE REGISTRAR

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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

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