

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

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 ^①

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

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.

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.

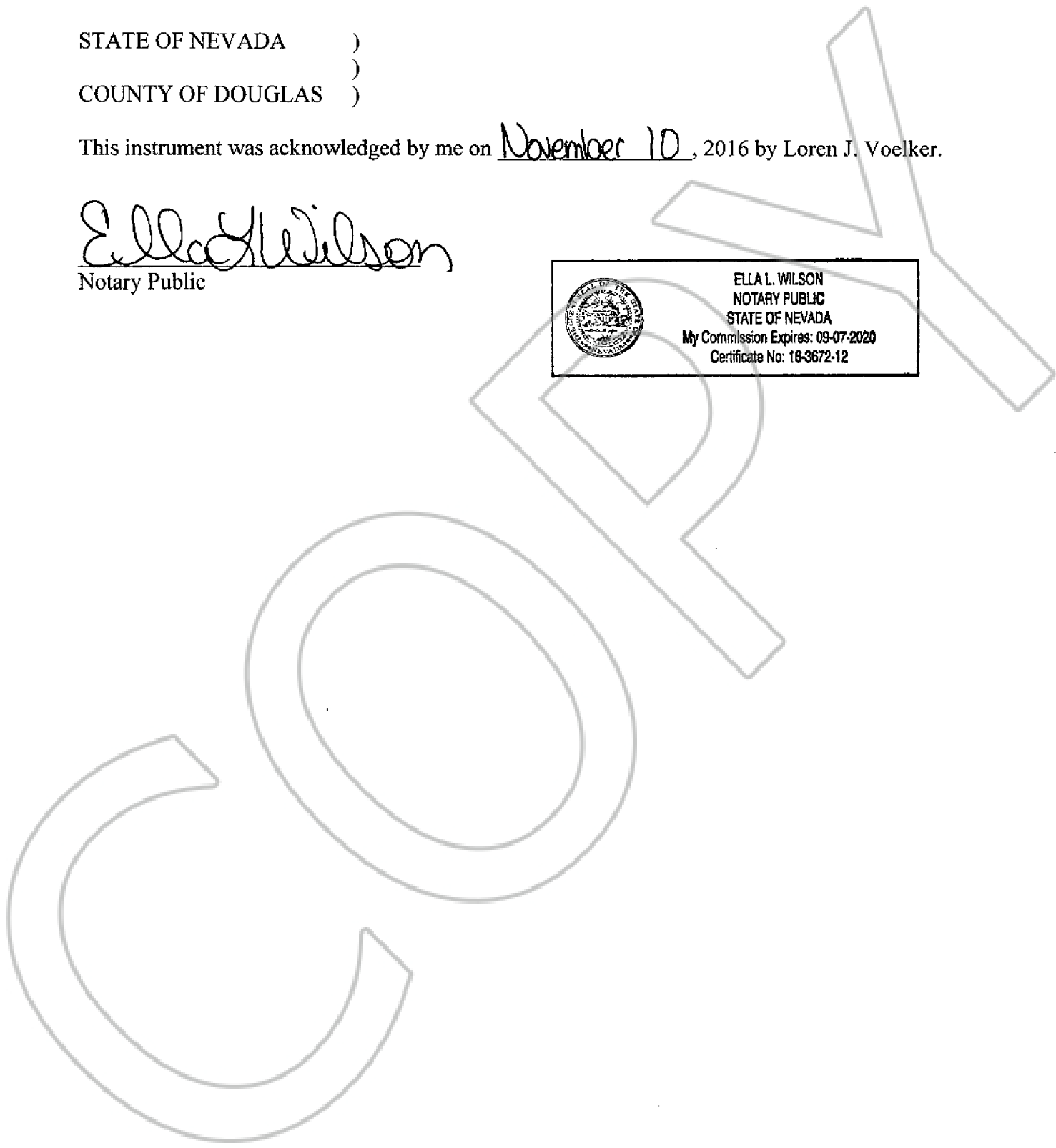
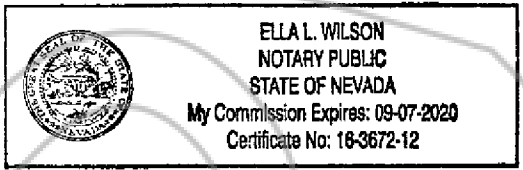
~~Loren J. Voelker~~ TRUSTEE
~~Loren J. Voelker, Trustee~~

ACKNOWLEDGMENT

STATE OF NEVADA)
)
COUNTY OF DOUGLAS)

This instrument was acknowledged by me on November 10, 2016 by Loren J. Voelker.

Ellen Wilson
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. 3916198

CERTIFICATE OF DEATH

2016017366
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) Betty P VOELKER		2. DATE OF DEATH (Mo/Day/Year) September 19, 2016		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and No. If Hosp. or inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Carson Tahoe Regional Medical Center Inpatient		4. SEX Female	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 83	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS
8. DATE OF BIRTH (Mo/Day/Yr) January 10, 1933		9a. STATE OF BIRTH (if not US/CA, name country) Kansas		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Loren VOELKER	
13. SOCIAL SECURITY NUMBER ██████████-6826		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Administrative)		14b. KIND OF BUSINESS OR INDUSTRY National Laboratory	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Minden	15d. STREET AND NUMBER 1775 Birch Ct	15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First Middle Last Suffix) Wallace PETERS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Grace BOTT		
18a. INFORMANT- NAME (Type or Print) Loren VOELKER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1775 Birch Ct Minden, Nevada 89423			
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 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER		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 - 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) CRAIG RAU M.D.			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 22, 2016		21c. HOUR OF DEATH 09:12	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)
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Craig Rau M.D. 1600 Medical Parkway Carson City, NV 89703					23b. LICENSE NUMBER 10991
24a. REGISTRAR (Signature) SHERRIE A CONNELL		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 26, 2016		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) 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) Chronic Obstructive Pulmonary Disease					
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 1. Unknown Etiology					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

000644994



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**

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

Cody D. Phinney
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

