DOUGLAS COUNTY, NV

Total:\$16.00

2017-896978 04/10/2017 10:31 AM

\$1.00 Additional Recording Fee for Use of This Page

This document is being (re-)recorded to correct document # _____, and is correcting

Recording requested by: Vickie Lynn Blue

And when recorded, mail to: Vickie Lynn Blue 4283 Coldwater Canyon Ave., #1 Studio City, CA 91604

APN: 1320-33-818-007

For recorder's use

AFFIDAVIT OF DEATH OF TRUSTEE

State of California)
County of Los Angeles) ss.)

Vickie Lynn Blue, of legal age, being first duly sworn, deposes and says:

- Hazel Norine Blue, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as
 Hazel Blue named as Trustee in the Declaration of Trust dated October 16, 2001, and executed by Hazel Blue as Settlor
 and Trustee.
- At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known 1383 Cardiff Court, Gardnerville, NV 89410, which property is described in a Deed which was executed by Classic Homes, LLC, a Nevada Limited Liability Company as Grantor on July 18, 2005, and recorded as Document No. 0651921, in Book 0805, Page 4852, of Official Records of Douglas County, Nevada.
- 3. The legal description of said property is as follows:

Lot 7 in Block A of CHICHESTER ESTATES PHASE 13, Final Subdivision Map #1006-13 according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on October 4, 2004 in Book 1004, Page 1052 as Document No. 625784

- 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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
- 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 4-8-17

Vickie Lynn Blue

State of California County of Los Angeles

Signature Stella Kalach'





DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF FUBLIC AND BEHAVIORAL HEALT
VITAL STATISTICS

CASE FIL	LE NO. 3946823	CER	CERTIFICATE OF DEATH					2017004689						
TYPE OR	1a. DECEASED-NAME (FIRST,N	γ\		-	12	0.0475.00	STATE FILE NUMBER							
PRINT IN PERMANENT	Hazel	^1	2. DATE								COUNTY OF DEATH			
			SPITAL OR OTH			either cive	street eri3	March 11, 2017 Douglas set or 3e if Hosp, or Inst. indicate DOA,OP/Emer. Rm. 4, SEX						
	Gardnerville	Or BEATH Sailte	5, 11,12 61, 611	1383 Cardiff		cialor, givo	Inpatient(Specify)				COPILII O I.	1311 J		
DECEDENT	AT L.					ast hithdral	75 LINDS	4 VEAD	Zc LINDS	Home	D DATE C	S DIOTH A	Female (a)	
	White,C		8. Hispanic Origin? Specify 7a. AGE-Last britida No - Non-Hispanic (Years) 85			MOS	DAYS	HOURS	MINS	1	nuary 12.			
IF DEATH	9a. STATE OF BIRTH (If not USA	OF WHAT COU	OF WHAT COUNTRY 10 EDUCATION 11. MARITAL STATUS (Widowed				JS (Specify) 12. SURVIVING SPOUSE'S N				VAME (Last name prior to first marriage)			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK	TION SEE (Marie County) California Unit			nited States 12				L		The second name of the second				
REGARDING	13. SOCIAL SECURITY NUMBER	R 14a USUAL	OCCUPATION	OCCUPATION (Give Kind of Work Done During Most of				-	Witness	R INDUST	STRY Ever in US Armed Forces? No			
COMPLETION OF RESIDENCE ITEMS	6583	ISB, COUNTY	lasa	Real Estate				Office Manager Force					140	
1	í I		15c. CITY, TOWN OR LOCATION 15d, STREET						-	The second second	UMITS (9	pecity Yes Yes		
>	Nevada 18 FATHER/PARENT - NAME (Douglas		Gardnerville 1383 Card									Yes	
PAKENTS	TATREMPARENT - NAME (Gerald SHEL	•	/	11/2	MOTHERIP	WENI - NA	-NAME (First Middle Last Suffix) Reva ZINN					75	
	18a. INFORMANT- NAME (Type		.101	186 MAILING AD	DRESS (Street or R F	D No City					-	-	
	18a. INFORMANT- NAME (Type or Print) 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) Vickie BLUE 4283 Coldwater Canyon Avenue #1 Studio City, California 91604										\ J			
	19a. BURIAL, CREMATION, REA	OVAL, OTHER (Sp	cify) 19b. CEME								City or To		• \	
DISPOSITION	Cremati	on	İ	Walton's Sierra Crematory				Carson Cit				City Nevada 89706		
	20a. FUNERAL DIRECTOR - SIG		Acting as Such)		AL DIRECTO						<u> </u>			
		R COLEMAN		LICENSE NU		1 v					Chapeto y NV 89	of the Val	liey	
TRADE CALL	TRADE CALL - NAME AND ADD	URE AUTHENTIC RESS	AIEU		_	15	1	IZGI IV	toop C	arson City	y 144 de	77 00	-	
HOUDE ONLE			red at the time, d	ate and place and	due	22a, On the b	esis of coar	ination and	d'or Investi	gation. In n	nvoginian d	eeth occurre	×d	
	2 0 m as carrae(a) aramor(2)	rature & Title)		The state of the s	2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	et the time, d	ate and plac	e and due t		e(s) stated.	(Signature	& Title)		
CERTIFIER	A 245 DATE SIGNED WAS	Day/Yr) 2	1c. HOUR OF D	OF DEATH 22b. DATE SIGNE					1		HOUR OF I		ENTICATED	
52	50.5						March 15, 2017				09:12			
	DE - 210, NAME OF ALLEND	THER THAN CE	R THAN CERTIFIER 22d. PRONOUNC				UNCED DEAD (Mo/Day/Yr) 226. PROI				NOUNCED DEAD AT (Hour)			
	은뜐 (Type or Print)						March 1	1, 2017		Щ.,		09:12		
	23a. NAME AND ADDRESS OF			P O Box 218				(Type or	Print)]23	3b. LICENS	E NUMBER 477	₹	
REGISTRAR	24a. REGISTRAR (Signature)		NN A BOY			E RECEIVED		STRAR	24c. I	DEATH DU	JE TO COM		E DISEASE	
REGISTRAK			AUTHENTICA		(Mo/Day/)	^(r) Ma	irch 15, 2	2017		YES		ио 🛚		
CAUSE OF	25. IMMEDIATE CAUSE	(ENTER ONLY ON	E CAUSE PER I	JNE FOR (a), (b),	AND (c).)					:	interval be	stween ons	et and death	
DEATH	1 19 - 1	sive Atheros		ırdiovascula	ar Disea	se				. !				
		S A CONSEQUENCE				- 1					Interval be	stween onse	et and death	
CONDITIONS IF	F 19	ic Lupus Ery		18 										
GAVE RISE TO	DUE TO, OR A	S A CONSEQUENC	EOF:		_/	_/				Ì	interval be	stween onse	et and death	
CAUSE STATING THE-> UNDERLYING	DUE TO, OR A	S A CONSEQUENCE	OF:		/						interval h	etween ons	et and death	
CAUSE LAST	(d)		The state of the s	-	er e	/				į	III(OIVE D	DIRECTI CASE	0.4.00	
- / /	PART II OTHER SIGNIFICANT	CONDITIONS-Cond	hons contributing	to death but not n	esulting in the	underlying	cause give	n in Part 1		8. AUTOF	SY (Specif	27. WAS CA	SE	
/ /	PART II OTHER SIGNIFICANT COMDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 28. AUTOPSY (Specifiz7. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes													
1 1	28s. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	285 DATE OF INJURY	(Mo/Day/Yr)	28c. HOUR OF IN.	JURY 26d	DESCRIBE H	OW INJURY	OCCURRE			140	L	res	
	On FERDING INVEST. (Specify)		n.											
1 1	28e. INJURY AT WORK (Specify	281, PLACE OF IN.	IIDV At home 4	form elmot foet	office 20	- 1004770	N 07	DEET OF	050 11		V OR TOU		STATE	
1 \	Yes or No)	building, etc. (Spec	окт-испоть, т fy)	ann, sueet, ractory	, unice (2B)	J. LOCATIOI	M 211	REET OR	K.F.D. NO	J. CITY	Y OR TOW	iN.	SIMIE	

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.

3/20/2017

DATE ISSUED:

Codyd Phingy SIGNATURE AND HENDINATED This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar