

APN# 1320-33-818-007



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

✓ Name: Vickie Lynn Blue

Address: 4283 Coldwater Canyon Ave., #1

City/State/Zip: Studio City, CA 91604

Mail Tax Statements to:

Name: Vickie Lynn Blue, Trustee

Address: 4283 Coldwater Canyon Ave., #1

City/State/Zip: Studio City, CA 91604

Affidavit of Death of Trustee

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

- Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)
- Judgment – NRS 17.150(4)
- Military Discharge – NRS 419.020(2)


Signature

Vickie Lynn Blue
Printed Name

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

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 3946823

CERTIFICATE OF DEATH

2017004689

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) Hazel Norine BLUE		2. DATE OF DEATH (Mo/Day/Year) March 11, 2017		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and 1383 Cardiff Court		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE (Specify) White,Cherokee		8. DATE OF BIRTH (Mo/Day/Yr) January 12, 1932	
6. HISPANIC ORIGIN? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 85		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER ██████████-6583		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Real Estate		14b. KIND OF BUSINESS OR INDUSTRY Office Manager	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1383 Cardiff Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Gerald SHELTON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Reva ZINN		
18a. INFORMANT- NAME (Type or Print) Vickie BLUE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 4283 Coldwater Canyon Avenue #1 Studio City, California 91604			
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 (Or Person Acting as Such) CRAIG R COLEMAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD921		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89708	
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) KEVIN KAROSICH 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) KEVIN KAROSICH SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) March 15, 2017	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22c. HOUR OF DEATH 09:12	
				22d. PRONOUNCED DEAD (Mo/Day/Yr) March 11, 2017	
				22e. PRONOUNCED DEAD AT (Hour) 09:12	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Kevin Karosich P O Box 218 Minden, NV 89423				23b. LICENSE NUMBER 477	
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 15, 2017		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) Hypertensive Atherosclerotic Cardiovascular Disease				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Systematic Lupus Erythematosus				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) _____				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) _____				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				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

000665441



CERTIFIED COPY OF VITAL RECORDS

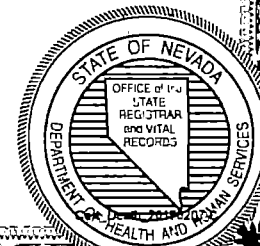
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

3/20/2017

DATE ISSUED:

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

Cody D. Piracy
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE