

APN# : 1420-28-311-003

087546-TEA

**Recording Requested By:**

Western Title Company

**When Recorded Mail To:**

Kathy Ann Kiser

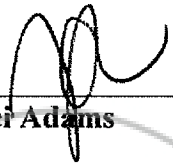
PO Box 5754

Concord, CA

94524

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 Trustee**

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

**AFFIDAVIT - DEATH OF TRUSTEE**

Kathy Ann Kiser and Steven Wesley Colburn, of legal age, being first duly sworn, deposes and says:

That Betty E. Colburn, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Betty E. Colburn named as one of the parties in that certain Grant, Bargain and Sale Deed dated 8/5/2002 executed by H & S Construction, Inc., a Nevada corporation to Robert G. Colburn and Betty E. Colburn, Trustees of The Robert and Betty Colburn Revocable Living Trust, Dated August 21, 1997, recorded as instrument No. 0548805, on 8/6/2002, in Book 0802, Page 01438, 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 135, Block H, as shown on the Final Map #PD99-02-05 for SARATOGA SPRINGS ESTATES UNIT 5, a Planned Development, recorded in the office of the County Recorder of Douglas County, Nevada on May 4, 2001 in Book 501, at Page 1402, as Document No. 513570, and further Certificate of Amendment recorded July 17, 2001 in Book 701, Page 3937 as Document No. 518483.

Dated \_\_\_\_\_

04/24/2017

The Robert and Betty Colburn Revocable Living Trust, Dated August 21, 1997

*Kathy Ann Kiser*  
Kathy Ann Kiser, Successor Co-Trustee

~~Steven Wesley Colburn, Successor Co-Trustee~~

STATE OF California }ss

COUNTY OF Contra Costa

This instrument was acknowledged before me on

April 24, 2017

**PLEASE SEE ATTACHED CALIFORNIA JURAT**

By Kathy Ann Kiser

\_\_\_\_\_  
Notary Public

STATE OF \_\_\_\_\_ }ss

COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on

~~By Steven Wesley Colburn~~

\_\_\_\_\_  
Notary Public

**CALIFORNIA JURAT WITH AFFIANT STATEMENT**

**GOVERNMENT CODE § 8202**

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

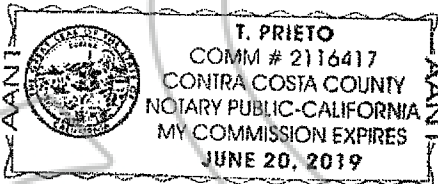
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California **Contra Costa**  
 County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me  
 on this 24<sup>th</sup> day of April, 2017  
Date Month Year

by Kathy Ann Kiser  
 (1) \_\_\_\_\_

(and (2) N/A),  
Name(s) of Signer(s)



proved to me on the basis of satisfactory evidence  
 to be the person(s) who appeared before me.

Signature [Handwritten Signature]  
Signature of Notary Public

*Seal*  
 Place Notary Seal Above

**OPTIONAL**

*Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.*

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_ Document Date: \_\_\_\_\_

Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 3833267

**CERTIFICATE OF DEATH**

**2015008795**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

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) <b>Betty Elaine COLBURN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>May 21, 2015</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>79</b>		7b. UNDER 1 YEAR MOS DAYS <b>79</b>		7c. UNDER 1 DAY HOURS MINS <b>79</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>August 30, 1935</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Illinois</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Robert COLBURN</b>	
13. SOCIAL SECURITY NUMBER <b>9182</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Real Estate Agent</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Real Estate</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>1222 Jackie Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>David Wesley HOLSAPPLE</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Catherine MASSA</b>		18a. INFORMANT - NAME (Type or Print) <b>Robert COLBURN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1222 Jackie Lane Minden, Nevada 89423</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Truckee Meadows Crematory</b>		19c. LOCATION City or Town State <b>Sparks Nevada 89431</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>304R</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations</b> <b>1575 N Lompa Ln Carson City NV 89701</b>	
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) <b>VIJAY MAIYA MD</b> 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) <b>May 26, 2015</b>		21c. HOUR OF DEATH <b>05:11</b>		22b. DATE SIGNED (Mo/Day/Yr)	
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) <b>Vijay Maiya MD 3050 Ormsby Blvd Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>11909</b>	
24a. REGISTRAR (Signature) <b>RHONDA PENA</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 27, 2015</b>		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				Interval between onset and death	
(a) <b>Cardiopulmonary Arrest</b>				Interval between onset and death	
(b) <b>Acute Hypoxic Respiratory Failure</b>				Interval between onset and death	
(c) <b>Leukemia, Myelodysplastic Syndrome</b>				Interval between onset and death	
(d) <b>Chronic Diastolic Heart Failure</b>				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. <b>Unknown Etiology</b>				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
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

000666093



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: **MAR 24 2017**

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

*Cody Phinney*  
STATE REGISTRAR

VR5-Rev-20120523a

