

APN# : 1420-28-311-003

087546-TEA

Recording Requested By:

Western Title Company

When Recorded Mail To:

Kathy Ann Kiser

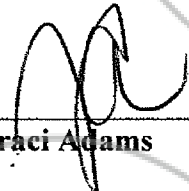
Steven Wesley Colburn

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

THIS DOCUMENT HAS BEEN EXECUTED IN COUNTERPART

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 Robert G. Colburn, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Robert G. 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 Book0802, 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 04/19/2017

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

EXECUTED IN COUNTERPART

Kathy Ann Kiser, Successor Co-Trustee



Steven Wesley Colburn, Successor Co-Trustee

AKA Steve Wesley Colburn

STATE OF _____ } ss

COUNTY OF _____

This instrument was acknowledged before me on

By Kathy Ann Kiser

Notary Public

STATE OF California } ss

COUNTY OF Alameda

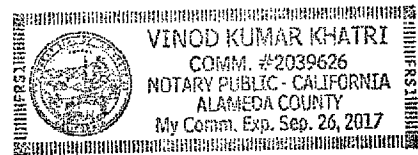
This instrument was acknowledged before me on

04/24/2017

By Steven Wesley Colburn



Notary Public



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

Kathy Ann Kiser
Kathy Ann Kiser, Successor Co-Trustee

EXECUTED IN COUNTERPART
Steven Wesley Colburn, Successor Co-Trustee

STATE OF California }ss

COUNTY OF Contra Costa

This instrument was acknowledged before me on

April 19, 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)

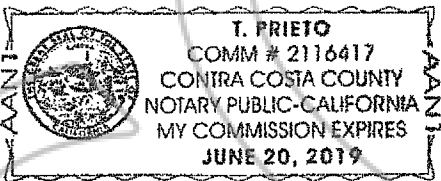
Signature of Document Signer No. 1 *Signature of Document Signer No. 2 (if any)*

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 19th 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.

T. Prieto
 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. 3945335

CERTIFICATE OF DEATH

2017004523
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Robert Gerald COLBURN		2. DATE OF DEATH (Mo/Day/Year) March 09, 2017		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 address) Evergreen Mountain View Health & Rehab Ctr		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Nursing Home	
DECEDENT	4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 85		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) September 13, 1931		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)	
PARENTS	13. SOCIAL SECURITY NUMBER 3233		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
DISPOSITION	15d. STREET AND NUMBER 1222 Jackie Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Gerald COLBURN	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Catherine BAUMGARTNER		18a. INFORMANT - NAME (Type or Print) Mike COLBURN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1222 Jackie Lane Minden, Nevada 89423	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c. LOCATION City or Town State Carson City Nevada 89701	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE		20b. FUNERAL DIRECTOR LICENSE NUMBER 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JOSE AGUIRRE MD		21b. DATE SIGNED (Mo/Day/Yr) March 13, 2017		21c. HOUR OF DEATH 00:25	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. DATE SIGNED (Mo/Day/Yr)		22b. HOUR OF DEATH	
REGISTRAR	21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jose Aguirre MD 1600 Medical Parkway Carson City, NV 89703		21f. LICENSE NUMBER 11479		23a. REGISTRAR (Signature) BLAISE SATARIANO	
	23b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 13, 2017		23c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		24. REGISTRAR (Signature) BLAISE SATARIANO	
CAUSE OF DEATH	24a. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 13, 2017		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	(a) Cardiopulmonary Arrest		24d. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 13, 2017		24e. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(b) Myocardial Infarction		24f. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 13, 2017		24g. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	(c) Complete Atrioventricular Block		24h. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 13, 2017		24i. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Lung Cancer, Unknown Etiology		24j. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 13, 2017		24k. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
24l. ACC. SUICIDE, HON., UNDET. OR PENDING INVEST. (Specify)		24m. DATE OF INJURY (Mo/Day/Yr)		24n. HOUR OF INJURY		
24o. INJURY AT WORK (Specify Yes or No)		24p. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)		24q. DESCRIBE HOW INJURY OCCURRED		
24r. LOCATION		24s. STREET OR R.F.D. No.		24t. CITY OR TOWN		
24u. STATE		24v. STREET OR R.F.D. No.		24w. CITY OR TOWN		

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.

DATE ISSUED: **MAR 24 2017**

Cody P. Hiney
STATE REGISTRAR

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

VRS-Rev-20120523a

