

17

APN# 1420-07-612-008

Recording Requested by/Mail to:

Name: Steven Richard Fellhauer

Address: 1155 Agua Caliente Ct.

City/State/Zip: Minden, NV 89423

Mail Tax Statements to:

Name: Steven Richard Fellhauer, Trustee

Address: 1155 Agua Caliente Ct.

City/State/Zip: Minden, NV 89423



KAREN ELLISON, RECORDER

Affidavit of Death of Co-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)

Lynne Fellhauer
Signature

Lynne Fellhauer

Steven Richard Fellhauer
Printed Name

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

AFFIDAVIT OF DEATH OF CO-TRUSTEE

STATE OF NEVADA)
) SS.
COUNTY OF WASHOE)

I, STEVEN RICHARD FELLHAUER, do hereby affirm under penalty of perjury that the assertions of this Affidavit are true.

1. I am a resident of the County of Douglas, State of Nevada, over the age of eighteen (18) years, and make this Affidavit upon my own personal knowledge, except as to those matters stated herein upon information and belief, and as to those matters, I believe them to be true.

2. I am a son of Marion Wanda Fellhauer, the deceased Co-Trustee and Settlor of The Marion Wanda Fellhauer Living Trust U/A dated November 6, 2015.

3. Marion Wanda Fellhauer, the decedent mentioned in the attached certified copy of *Certificate of Death*, is the same person as Marion Wanda Fellhauer, named as a Co-Trustee and the Settlor of The Marion Wanda Fellhauer Living Trust U/A dated November 6, 2015, executed by Marion Wanda Fellhauer as Settlor and Co-Trustee, and affecting all that real property situate in the County of Douglas, State of Nevada, commonly known as 3528 Haystack Drive, Carson City, Nevada 89705, and more particularly described as follows:

Lot 4, Block A., as set forth on that Subdivision Map entitled SUNRIDGE UNIT NO. 1-A, recorded April 15, 1988, in Book 488, Page 1638, Document No. 176220, Official Records of Douglas County, Nevada

4. The above described real property was conveyed to Marion Wanda Fellhauer and Steven Richard Fellhauer, as Co-Trustees of The Marion Wanda Fellhauer Living Trust U/A dated November 6, 2015, by Marion W. Fellhauer in that *Grant, Bargain and Sale Deed* dated November 6, 2015, which *Grant, Bargain and Sale Deed* was recorded as Document No. 2015-872974 on November 19, 2015, of Official Records in the Office of the County Recorder, Douglas County, State of Nevada.

5. Marion Wanda Fellhauer, the deceased Co-Trustee and Settlor, died on May 14, 2017, at Carson City, Nevada.


6. Paragraph 2.C of The Marion Wanda Fellhauer Living Trust U/A dated November 6, 2015, provides that at the death of Marion Wanda Fellhauer, the surviving Co-Trustee, Steven Richard Fellhauer, shall act as the sole Trustee.

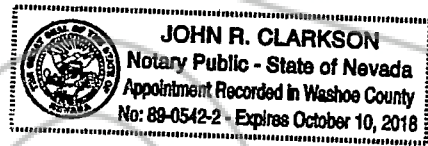
DATED this 6th day of June, 2017.


Steven Richard Fellhauer

SUBSCRIBED and SWORN to before me

on the 6th day of June, 2017.


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. 3956225

CERTIFICATE OF DEATH

2017009156

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) Marion Wanda FELLHAUER		2. DATE OF DEATH (Mo/Day/Year) May 14, 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 an Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Emergency Room / Outpatient	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 89		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MIN	
8. DATE OF BIRTH (Mo/Day/Yr) July 14, 1927		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 2698		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 3528 Haystack Street		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) John Harry FLEMING			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Barbara Wanda BAUER		
18a. INFORMANT- NAME (Type or Print) Steven FELLHAUER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1155 Agua Caliente Minden, Nevada 89423			
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 SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD304		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
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) SIGNATURE AUTHENTICATED JOSE AGUIRRE MD			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) May 16, 2017		21c. HOUR OF DEATH 02:00		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) Jose Aguirre MD 1600 Medical Parkway Carson City, NV 89703			
23b. LICENSE NUMBER 11479		24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 17, 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) Cardiopulmonary Arrest Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Myocardial Infarction Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Hypertension Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) T12 Compression Fracture 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. 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) March 15, 2017		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED History Of Repeated Falls With Ground Level Fall Resulting In T12 Compression Fracture	
28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Home		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 3528 Haystack Drive Carson City Nevada	

STATE REGISTRAR

000675390



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: **6/1/2017**

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

Cody J. Phinney
SIGNATURE AUTHENTICATED

