

DOUGLAS COUNTY, NV

2017-900141

Rec:\$18.00

\$18.00 Pgs=5

06/16/2017 09:23 AM

WFG LENDERS SERVICES-RESWARE

KAREN ELLISON, RECORDER

**RECORDING COVER PAGE**

(Must be typed or printed clearly in BLACK ink only and avoid printing in the 1" margins of document)

**APN#** 132132001006

(11 digit Assessor's Parcel Number may be obtained at:  
<http://redrock.co.clark.nv.us/assrealprop/ownr.aspx>)

**TITLE OF DOCUMENT**

(DO NOT Abbreviate)

AFFIDAVIT OF DEATH OF TRUSTEE

Document Title on cover page must appear EXACTLY as the first page of the document to be recorded.

**RECORDING REQUESTED BY:**

WFG LENDER SERVICES - CA

**RETURN TO: Name** VISIONET SYSTEMS - KEN VELTRI

**Address** 183 INDUSTRY DRIVE

**City/State/Zip** PITTSBURGH, PA 15275

**MAIL TAX STATEMENT TO: (Applicable to documents transferring real property)**

**Name** NA

**Address**

**City/State/Zip**

This page provides additional information required by NRS 111.312 Sections 1-2.

An additional recording fee of \$1.00 will apply.

To print this document properly, do not use page scaling.

Using this cover page does not exclude the document from assessing a noncompliance fee.

P:\Common\Forms & Notices\Cover Page Template Feb2014

Recording requested by:  
WFG Lender Services - CA  
And when recorded, mail to:  
2625 Townsgate Rd, Suite 101  
Westlake Village, CA 91361

APN: 132132001006

**AFFIDAVIT OF DEATH OF TRUSTEE**

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State of NV )

) ss.

County of Douglas )

**Kathie Mary Hudson**, of legal age, being first duly sworn, deposes and says:

1. **W.W. Hudson**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **W.W. Hudson** named as Trustee in the Declaration of Trustee dated 4/1/1997 and executed by W.W. Hudson and Kathie M. Hudson, as Trustor(s).
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 2351 Juniper Road, Gardnerville, NV 89410, which property is described in a Deed which was executed by Kathie Mary Hudson and Warren W. Hudson, wife and husband as joint tenants as Grantor(s) on 6/5/2007 and recorded as Instrument No. 0702786, of Official Records of Douglas County, Nevada.
3. The legal description of said property is as follows:  
**See Attached Exhibit "A"**
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.
5. 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: June 1, 2017

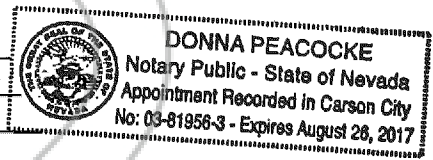
Kathie Mary Hudson  
Kathie Mary Hudson

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 Nevada  
County of Douglas

This instrument was acknowledged before me on this 1 day of June, 2017 by Kathie Mary Hudson.

Signature Donna Peacocke  
Printed Name: Donna Peacocke  
My Commission Expires: 8-26-17



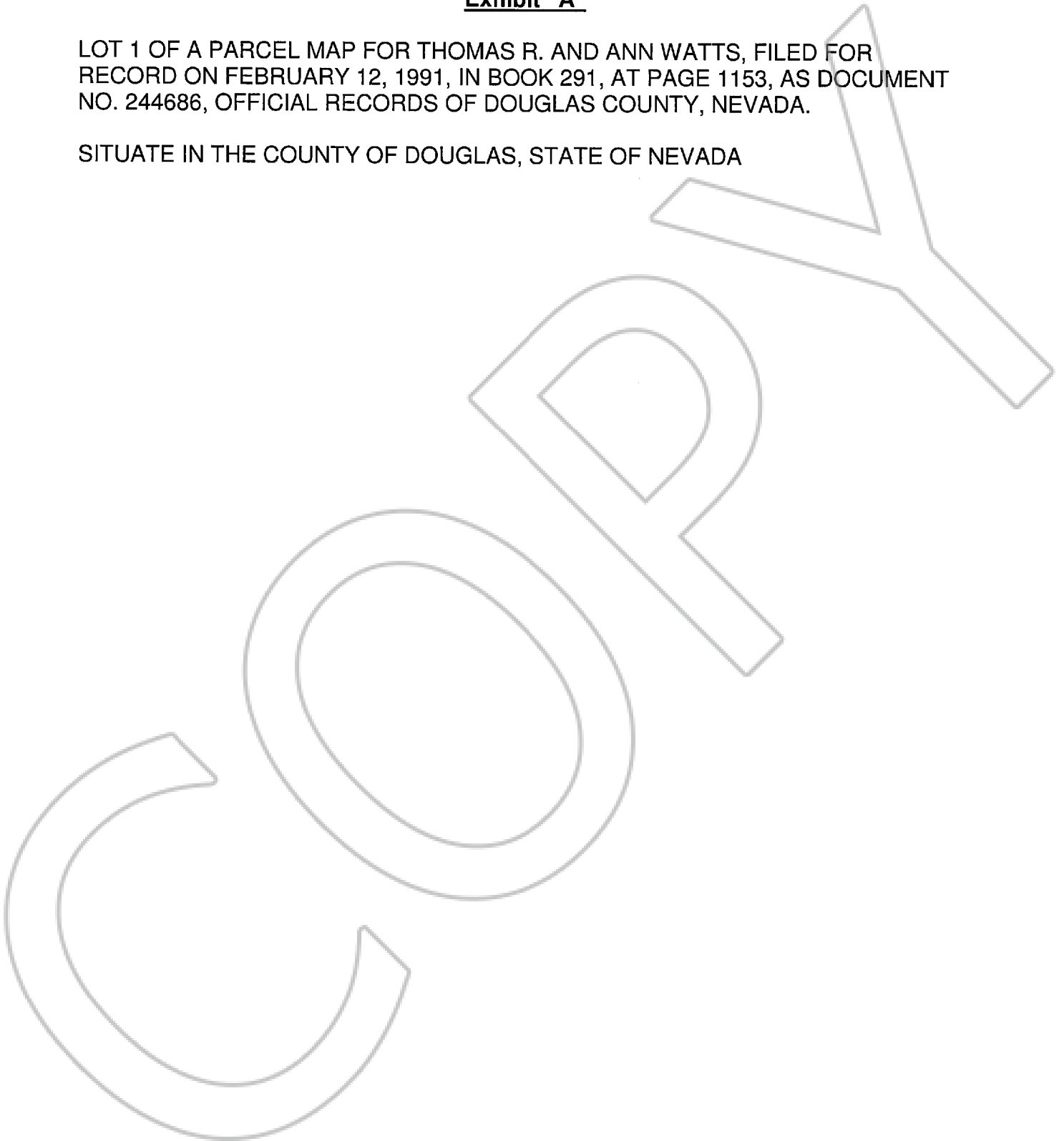
No title search was performed on the subject property by the preparer. The preparer of this deed makes neither representation as to the status of the title nor property use or any zoning regulations concerning described property herein conveyed nor any matter except the validity of the form of this instrument. Information herein was provided to preparer by Grantor/Grantee and /or their agents; no boundary survey was made at the time of this conveyance.

Prepared By:  
Certified Document Solutions  
17345 Civic Drive, Unit 1961  
Brookfield, WI 53045

**Exhibit "A"**

LOT 1 OF A PARCEL MAP FOR THOMAS R. AND ANN WATTS, FILED FOR RECORD ON FEBRUARY 12, 1991, IN BOOK 291, AT PAGE 1153, AS DOCUMENT NO. 244686, OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA.

SITUATE IN THE COUNTY OF DOUGLAS, STATE OF NEVADA



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

2015013212
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

Form containing fields for: 1a. DECEASED-NAME (FIRST,MIDDLE, LAST, SUFFIX) HUDSON; 2. DATE OF DEATH (Mo/Day/Year) July 29, 2015; 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 inpatient) (Specify) 2351 Juniper Road Home; 4. SEX Male; 5. RACE White; 6. Hispanic Origin? (Specify No - Non-Hispanic); 7a. AGE - Last birthday (Years) 86; 7b. UNDER 1 YEAR MOS; 7c. UNDER 1 DAY HOURS; 8. DATE OF BIRTH (Mo/Day/Yr) June 22, 1929; 9a. STATE OF BIRTH (If not U.S.A., Wisconsin); 9b. CITIZEN OF WHAT COUNTRY United States; 10. EDUCATION 14; 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married; 12. SURVIVING SPOUSE (Maiden name) Kathie RUCK; 13. SOCIAL SECURITY NUMBER [REDACTED] 2763; 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Owner-operator; 14b. KIND OF BUSINESS OR INDUSTRY Office Supply; Ever in US Armed Forces? Yes; 15a. RESIDENCE - STATE Nevada; 15b. COUNTY Douglas; 15c. CITY, TOWN OR LOCATION Gardnerville; 15d. STREET AND NUMBER 2351 Juniper Road; 15e. INSIDE CITY LIMITS (Specify Yes or No) No; 16. FATHER/PARENT - NAME (First Middle Last Suffix) Clarence HUDSON; 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Cleora SCHICK; 18a. INFORMANT - NAME (Type or Print) Kathie HUDSON; 18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 2351 Juniper Road Gardnerville, Nevada 89410; 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 - SIGNATURE (Or Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED; 20b. FUNERAL DIRECTOR LICENSE NUMBER 823; 20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703; 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) REED DOPF M.D. SIGNATURE AUTHENTICATED; 21b. DATE SIGNED (Mo/Day/Yr) August 04, 2015; 21c. HOUR OF DEATH 20:00; 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER; 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); 22b. DATE SIGNED (Mo/Day/Yr); 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) Reed Dopf M.D. 18653 Wedge Pkwy Reno, NV 89511; 23b. LICENSE NUMBER 13920; 24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED; 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 05, 2015; 24c. DEATH DUE TO COMMUNICABLE DISEASE YES [ ] NO [X]; 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Terminal Complications Of Malignant Metastatic Spinal Adenocarcinoma Interval between onset and death Months; (b) DUE TO, OR AS A CONSEQUENCE OF; Interval between onset and death; (c) DUE TO, OR AS A CONSEQUENCE OF; Interval between onset and death; (d) DUE TO, OR AS A CONSEQUENCE OF; 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. Diabetes; 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

3845087



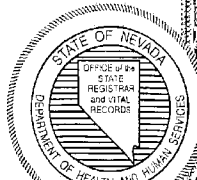
CERTIFIED COPY OF VITAL RECORDS

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: 8/14/2015

Signature of Registrar: Reed White, SIGNATURE AUTHENTICATED

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



VRS-Rov-20120523a