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KAREN ELLISON, RECORDER

Assessor's Parcel Numbers: 1221-05-001-071 and
1221-05-001-072

Recording Requested by:
Nancy Rey Jackson, Ltd.
1591 Mono Avenue
Minden, NV 89423

Grantee's Address is &
Mail Tax Statements to:
Gene E. Hammerlun
1350 Cal Court
Gardnerville, NV 89410

I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law. (Per NRS 239B.030(4))

(State specific law):

NRS 440.090 Requisites of certificates.

NRS 440.380(1)(a) Medical certificate of death: Signature; contents

NRS 40.525(5) Death certificate attached to affidavit

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA)
COUNTY OF DOUGLAS)

GENE E. HAMMERLUN, of legal age, being duly sworn, deposes and says:

1. That JOYCE M. HAMMERLUN, the decedent mentioned in the attached certificate of death, was, until her death, and is the same person as Joyce M. Hammerlun, a Trustee of the Hammerlun Family Trust dated June 13, 2002, named as one of the parties in that certain Transfer Deed executed by Grantees, Gene E. Hammerlun and Joyce M. Hammerlun, husband and wife as community property with right of survivorship to themselves as Trustees of the Hammerlun Family Trust, recorded on May 4, 2015, as Document Number 2015-861391, of Official Records, Douglas County Nevada, concerning the real property commonly known as 1350 Cal Court, Gardnerville, Nevada, more particularly described as follows:

Lot 42, as shown on the Official Map of Fish Springs Estates, filed in the office of the County Recorder on August 30, 1973, Document No. 68451, Official Records of Douglas County, State of Nevada.

Together with the tenements, hereditaments, and appurtenances thereunto belonging or in anywise appertaining or used in connection therewith, and the reversion and reversions, remainder and remainders, rents, issues, and profits thereof.

2. Tenancy of Grantors was established by way of that certain Grant, Bargain, Sale Deed recorded with the Douglas County Recorder as Document Number 0453648 on November 9, 1998.

3. That this affidavit is executed and recorded for the purposes of terminating the interest of JOYCE M. HAMMERLUN in and to the hereinabove-described real property and for the protection and benefit of all persons hereinafter acquiring an interest in or dealing with said Trust property.


4. That I am the sole Trustor/Trustee of the Hammerlun Family Trust dated June 13, 2002, which was in effect at the time of the death of the decedent, and which has not been revoked.

5. The subject property belongs to Hammerlun Family Trust dated June 13, 2002.

6. There is no federal estate tax as the result of the death of the decedent.

7. There was no probate proceeding relative to the estate of Joyce M. Hammerlun.

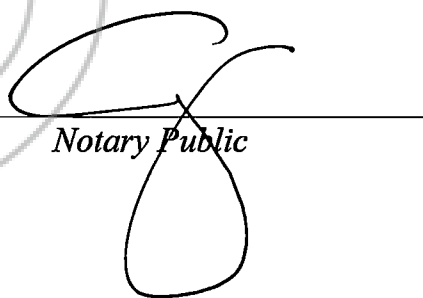
Dated: July 19, 2017.


GENE E. HAMMERLUN, Trustee

STATE OF NEVADA }
COUNTY OF DOUGLAS }

This instrument was acknowledged before me on July 19, 2017, by GENE E. HAMMERLUN.




Notary Public

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2015009837

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) Joyce Marty HAMMERLUN		2. DATE OF DEATH (Mo/Day/Year) June 06, 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 address) 1350 Cal Court		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify): Home	
5. RACE - White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 74	
9a. STATE OF BIRTH (If not U.S.A.) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) Gene HAMMERLUN		4. SEX Female	
13. SOCIAL SECURITY NUMBER ██████████-8005		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Accounting	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1350 Cal Court		15e. INSIDE CITY LIMITS (Specify Yes or No) No		11. Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Gene MARTY			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Thelma JOSEPH		
18a. INFORMANT - NAME (Type or Print) Gene HAMMERLUN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1350 Cal Court, Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SUE LINDA ONKEN SANCHEZ M.D. SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) June 09, 2015		21c. HOUR OF DEATH 13:40		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)	
21d. NAME OF ATTENDING PHYSICIAN, IF OTHER THAN CERTIFIER (Type or Print)		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) Sue Linda Onken Sanchez M.D. 1107 Hwy 395 Gardnerville, NV 89410				23b. LICENSE NUMBER 9360	
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 12, 2015		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) Lung Cancer					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c) DUE TO, OR AS A CONSEQUENCE OF:					
(d) DUE TO, OR AS A CONSEQUENCE OF:					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.					
26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No			
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

3836282



582931

CERTIFIED COPY OF VITAL RECORDS

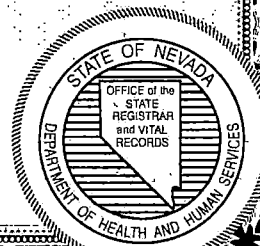
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

6/12/2015

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

STATE REGISTRAR
R. Whitt
SIGNATURE AUTHENTICATED



VRS-Rev-20120523a

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE