

APN# 1320-36-001-015



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Carole A. Voge, Trustee

Address: P.O. Box 833

City/State/Zip: Gardnerville, NV 89410

Mail Tax Statements to:

Name: Carole A. Voge, Trustee

Address: P.O. Box 833

City/State/Zip: Gardnerville, NV 89410

Affidavit of Death of 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)

Carole A. Voge

Signature

Carole A. Voge

Printed Name

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

Recording requested by:

Carole A. Voge

And when recorded, mail to:

Carole A. Voge
P.O. Box 833
Gardnerville, NV 89410

APN: 1320-36-001-015

For Recorder's use

AFFIDAVIT OF DEATH OF TRUSTEE

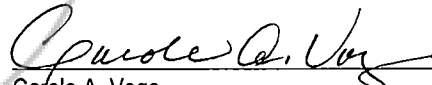
State of Nevada)
County of Douglas) ss.

Carole A. Voge, of legal age, being first duly sworn, deposes and says:

1. Andrew Voge, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Andrew Voge named as Trustee in the Declaration of Trust dated June 15, 2011, and executed by Andrew Voge and Carole A. Voge as Settlor and Trustees.
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 1525 Saltbush Court, Gardnerville, NV 89410, which property is described in a Deed which was executed by Andrew Voge and Carole A. Voge, husband and wife, as Grantors on February 1, 2013, and recorded as Instrument No. 0818906, of Official Records of Douglas County, Nevada.
3. The legal description of said property is as follows:
Lot 2, in Block K, as shown on the map of WILDFLOWER RIDGE UNIT 3A, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on February 5, 1991, in Book 291, Page 312, as Document No. 244240.
4. I am the surviving 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.

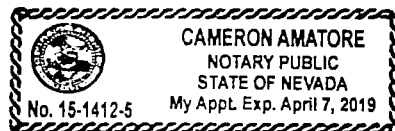
Dated 7-21-17


Carole A. Voge

State of Nevada
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 21st day of July, 2017, by Carole A. Voge, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature 



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3954754

CERTIFICATE OF DEATH

2017008494
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) Andrew VOGE		2 DATE OF DEATH (Mo/Day/Year) May 03, 2017		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not other, give street address) Renown Regional Medical Center		3d. If Hosp or Inst, indicate DOA,OP, Emer Rm Inpatient(Specify) Inpatient	
4 SEX Male		5. RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 84		7b. UNDER 1 YEAR MOS. DAYS HOURS MINS		7c. UNDER 1 DAY	
8 DATE OF BIRTH (Mo/Day/Yr) January 18, 1933		9a. STATE OF BIRTH (If not US/CA, name country) New York		9b. CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 15		11 MARITAL STATUS (Specify) Married		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Carole SIMON	
13 SOCIAL SECURITY NUMBER 9644		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
Mechanical Engineer		Various Industries		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1525 Saltbush Court		15e. UNSAFE CITY LIMITS (Specify Yes or No) No			
16 FATHER/PARENT - NAME (First Middle Last Suffix) Alfred VOGE			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Emma TRONDSEN		
18a. INFORMANT- NAME (Type or Print) Carole VOGE		18b. MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) P.O. Box 833 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) CRAIG R COLEMAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD921		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1814 N Curry Street Carson City NV 89703	
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) ERICKSON U LIWANAG MD 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) May 05, 2017		21c. HOUR OF DEATH 16:40		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Sean T Linstedt MD		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) Erickson U Liwanag MD 1155 Mill St Reno, NV 89502				23b. LICENSE NUMBER 12872	
24a. REGISTRAR (Signature) CARMEN M MENDOZA SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 08, 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) Acute Respiratory Failure Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF					
(b) Healthcare Associated Pneumonia Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF					
(c) Unknown Etiology Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF					
(d)					
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, HOMICIDE, 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



CERTIFIED COPY OF VITAL RECORDS

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

DATE ISSUED:

5/10/2017

Cody D. King
SIGNATURE AUTHENTICATED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

