

DOUGLAS COUNTY, NV

2017-907707

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\$35.00

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12/06/2017 10:35 AM

ETRCO

KAREN ELLISON, RECORDER

APN# : 1420-28-801-013

Recording Requested By:

Western Title Company, LLC

Escrow No.: 093051-DVS

When Recorded Mail To:

Ernest E. Adler, Esq.

Kilpatrick, Adler & Bullentini

412 N. Division Street

Carson City, NV. 89703

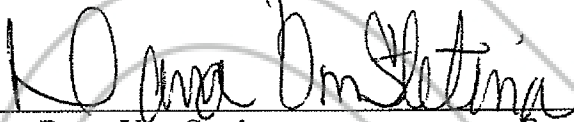
Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons.

(Per NRS 239B.030)

Signature



Dana Von Stetina

Escrow Officer

Affidavit of Death of Co-Trustee

This page added to provide additional information required by NRS 111.312
(additional recording fee applies)

A.P.N. 1420-28-801-013

WHEN RECORDED MAIL TO:

Ernest E. Adler, Esq.
KILPATRICK, ADLER & BULLENTINI
412 N. Division Street
Carson City, NV 89703

AFFIDAVIT OF DEATH OF CO-TRUSTEE

STATE OF NEVADA)
 ss.
CARSON CITY)

SHARON M. STEVENS, as surviving Trustor, does hereby swear under perjury that the assertions of this affidavit are true and declares the following:

1. SHARON M. STEVENS of legal age, being first duly sworn, deposes and says:
2. That COLE STEVENS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as COLE STEVENS, named as one of the parties in that certain Quitclaim Deed, dated March 23, 2009, executed by COLE STEVENS and SHARON M. STEVENS, husband and wife as joint tenants, to COLE STEVENS and SHARON M. STEVENS as Trustee or Successors Trustees of the STEVENS FAMILY TRUST, dated March 23, 2009, recorded as Document No. 741709, on April 21, 2009, of Official Records of Douglas County Recorder's Office, 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:

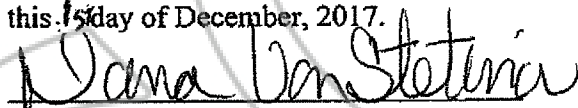
Parcel 5, as set forth on that certain Parcel Map LDA #00-063, for West Ridge Homes Inc., filed for record in the office of the County Recorder of Douglas County, State of Nevada, on June 28, 2001, as Document No. 517344.

3. At the time of death of COLE STEVENS, title to the real property described in paragraph 2 above continued to be held by COLE STEVENS and SHARON M. STEVENS, as Trustees for the STEVENS FAMILY TRUST, dated March 23, 2009. As a result of the death of COLE STEVENS, the real property described in paragraph 3 above is now owned by SHARON M. STEVENS, Trustee of the STEVENS FAMILY TRUST, dated March 23, 2009.

Dated this 5th day of December, 2017.

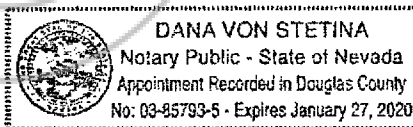

SHARON M. STEVENS, Trustee

SUBSCRIBED and SWORN (or affirmed) to
before me by SHARON M. STEVENS
this 5th day of December, 2017.


NOTARY PUBLIC

Mail Tax Statements to:

Sharon M. Stevens
1316 Stephanie Way
Minden, NV 89423



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

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

CASE FILE NO. 3973772

CERTIFICATE OF DEATH

2017015791
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Cole STEVENS		2. DATE OF DEATH (Mo/Day/Year) August 20, 2017		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or Inpatient)(Specify) 1316 Stephanie Way Home		4. SEX Male	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 61	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) April 28, 1956	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Sharon TALLEY			
PARENTS	13. SOCIAL SECURITY NUMBER 4850		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Truck Driver		14b. KIND OF BUSINESS OR INDUSTRY Trucking		Ever in US Armed Forces? Yes	
DISPOSITION	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
	15d. CITY, TOWN OR LOCATION Minden		15e. STREET AND NUMBER 1316 Stephanie Way		15f. INSIDE CITY LIMITS (Specify Yes or No) Yes	
TRADE CALL	16. FATHER/PARENT - NAME (First Middle Last Suffix) Bobby KETCHERSIDE		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Vida STAGGS			
	18a. INFORMANT - NAME (Type or Print) Sharon STEVENS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1316 Stephanie Way Minden, Nevada 89423			
CERTIFIER	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Northern Nevada Veterans Cemetery		19c. LOCATION City or Town State Fernley Nevada 89408	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTIE D WILDE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
REGISTRAR	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) MARK T BRUNE 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)			
CAUSE OF DEATH	21b. DATE SIGNED (Mo/Day/Yr) August 23, 2017		21c. HOUR OF DEATH 23:30		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)	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Mark T Brune MD 925 Ironwood Drive #2102 Minden, NV 89423		23b. LICENSE NUMBER 7134		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 24, 2017		24c. DEATH DUE TO COMMUNICABLE DISEASE	
STATE REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death	
	PART I				One Week	
CAUSE OF DEATH	(a) Septic Shock				Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF: Subacute Bacterial Peritonitis				2 Weeks	
	(b) DUE TO, OR AS A CONSEQUENCE OF: Cirrhosis/end-stage Liver Disease				Interval between onset and death	
	(c) DUE TO, OR AS A CONSEQUENCE OF: Alcoholism				10 Years	
CAUSE OF DEATH	(d) DUE TO, OR AS A CONSEQUENCE OF: Alcoholism				Interval between onset and death	
	(d) DUE TO, OR AS A CONSEQUENCE OF: Alcoholism				30 Years	
CAUSE OF DEATH	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Hepatorenal Syndrome				26. AUTOPSY (Specify Yes or No) No	
	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
CAUSE OF DEATH	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)			
CAUSE OF DEATH	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	
	28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION			

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: **8/29/2017**

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

[Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED

