

APN# : 1220-17-512-013

Recording Requested By:

Western Title Company

When Recorded Mail To:

Julie J. Hines

937 Wintergreen Drive

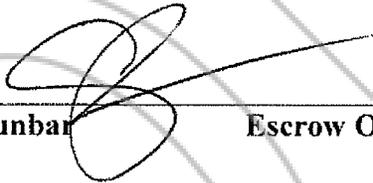
Gardnerville, NV 89460

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 contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature



Wendy Dunbar

Escrow Officer

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT – DEATH OF TRUSTEE

Julie J. Hines, of legal age, being first duly sworn, deposes and says:

1. Marjorie Lois Brunson, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Marjorie L. Brunson named as Trustee in the Declaration of Trust dated 6/9/1990 and executed by Marjorie L. Brunson 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 940 Wintergreen Drive Gardnerville, NV 89460, which property is described in a Deed which was executed by Marjorie L. Brunson, Trustee, The Clyde M. Brunson and Marjorie L. Brunson Trust, Dated June 9, 1990 as Grantor(s) on November 24, 2010 and recorded as Instrument No. 0778867, in Book 0211, Page 3999, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:
3. The legal description of said property is as follows:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows

Lot 76 in Block A as shown on the Final Map of PLEASANTVIEW PHASE 4, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 7, 1993, in Book 1293, Page 1194, as Document No. 324312.

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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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.

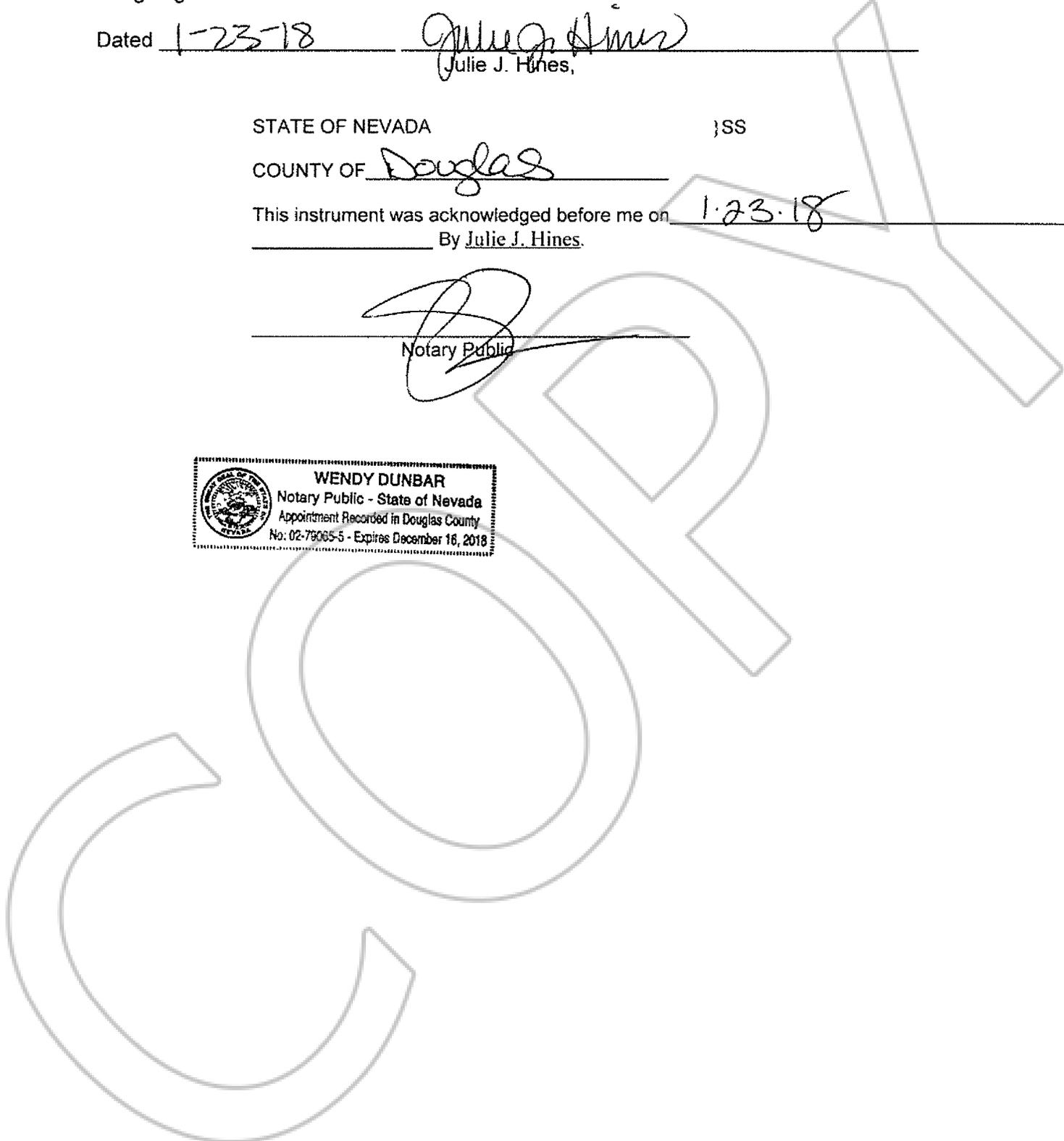
Dated 1-23-18 Julie J. Hines
Julie J. Hines,

STATE OF NEVADA }SS

COUNTY OF Douglas

This instrument was acknowledged before me on 1-23-18
By Julie J. Hines.

[Signature]
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. 3986073

CERTIFICATE OF DEATH

2017020429
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) Marjorie Lois BRUNSON		2. DATE OF DEATH (Mo/Day/Year) November 01, 2017		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) 940 Winter Green Drive		3e. HOME OR INST. INDICATE DOA,OP/Emer. Rm. (Specify) Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 91	
7b. UNDER 1 YEAR (MOS)		7c. UNDER 1 DAY (HOURS)		7d. UNDER 1 DAY (MINS)	
8. DATE OF BIRTH (Mo/Day/Yr) March 05, 1926		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER 5288		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
Homemaker		Own Home		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 940 Winter Green Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Foster Junius BARRUS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lois Rebecca SANDERS		
18a. INFORMANT - NAME (Type or Print) Julie HINES		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 937 Winter Green Drive Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Garden Cemetery		19c. LOCATION City or Town State Gardnerville Nevada 89410	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CRAIG R COLEMAN		20b. FUNERAL DIRECTOR LICENSE NUMBER FD921		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
20a. SIGNATURE AUTHENTICATED					
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) NITA SCHWARTZ 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) November 02, 2017			22b. DATE SIGNED (Mo/Day/Yr)		
21c. HOUR OF DEATH 16:55			22c. HOUR OF DEATH		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22e. PRONOUNCED DEAD AT (Hour)		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703				23b. LICENSE NUMBER 9114	
24a. REGISTRAR (Signature) BLAISE SATARIANO		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 03, 2017		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a. SIGNATURE AUTHENTICATED					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I (a) Secondary Malignant Neoplasm Of Genital Organs				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(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.				28. AUTOPSY (Specify Yes or No) No	
28a. ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
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

000697375



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: 11/22/2017

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

[Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED

