

APN# 1420-33-213-004

DOUGLAS COUNTY, NV **2018-910323**
Rec:\$35.00
\$35.00 Pgs=11 02/12/2018 04:07 PM
RELIANT TITLE - RENO
KAREN ELLISON, RECORDER

Recording Requested by:

Name: Reliant Title
Address: 6490 S. McCarran Blvd Bldg B #10
City/State/Zip: Reno, NV 89509.

When Recorded Mail to:

Name: Pamela L Puls, Trustee
Address: 5818 NE 46th Ave
City/State/Zip: Portland, OR 97218

Mail Tax Statement to:

Name: Pamela L Puls, Trustee
Address: 5818 NE 46th Ave
City/State/Zip: Portland, OR 97218

(for Recorder's use only)

Affidavit Death of Trustee
(Title of Document)

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons.
(Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law: NRS. 440.380
(State specific law)

Danny E Montes
Signature

Escrow Assistant
Title

Danny E Montes
Printed Name

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

WHEN RECORDED MAIL TO:

Douglas L. Veltum and Lora A. Veltum,
Trustees, or Successor Trustee(s) of The
Veltum Family Trust dated May 13, 2004

MAIL TAX STATEMENTS TO:

Pamela L Puls, Trustee
Michael L Godbout, Trustee
5818 NE 46th Ave
Portland, OR 97218

The undersigned hereby affirms that this document
submitted for recording does not contain the social security
number of any person or persons.
(Pursuant to NRS 239b.030)

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No.: 202-1800139 FF
APN No.: 1420-33-213-004

AFFIDAVIT DEATH OF TRUSTEE

STATE OF NEVADA

} ss:

COUNTY OF Douglas

Successor Trustee, **Pamela L. Puls** and **Michael L. Godbout** of legal age and competent, to be a witness as to the matters stated herein, being duly sworn, deposes and says

That Deceased the decedent mentioned in the attached copy of the Certificate of Death, is the same person as name on title named as one of the Grantees in that certain Deed from grantor on deed to grantee on deed recorded in Book number 0504PG06190 as Instrument Number 0613090, on date May 14, 2004 recorded of Official Records of Douglas County, Nevada, covering the following described property.

Lot 15 in Block B, of WILDHORSE UNIT 1, A Planned Unit development, according to the map thereof, filed in the office of the County Recorder of Washoe County, State of Nevada on August 3, 1989, in Book 889, Page 450, as Document No. 207982.

APN: 1420-33-213-004

**SIGNED IN
COUNTERPART**

Dated: 02/06/2018

Douglas L. Veltum and Lora A. Veltum, Trustees, or Successor Trustee(s) of The Veltum Family Trust dated May 13, 2004

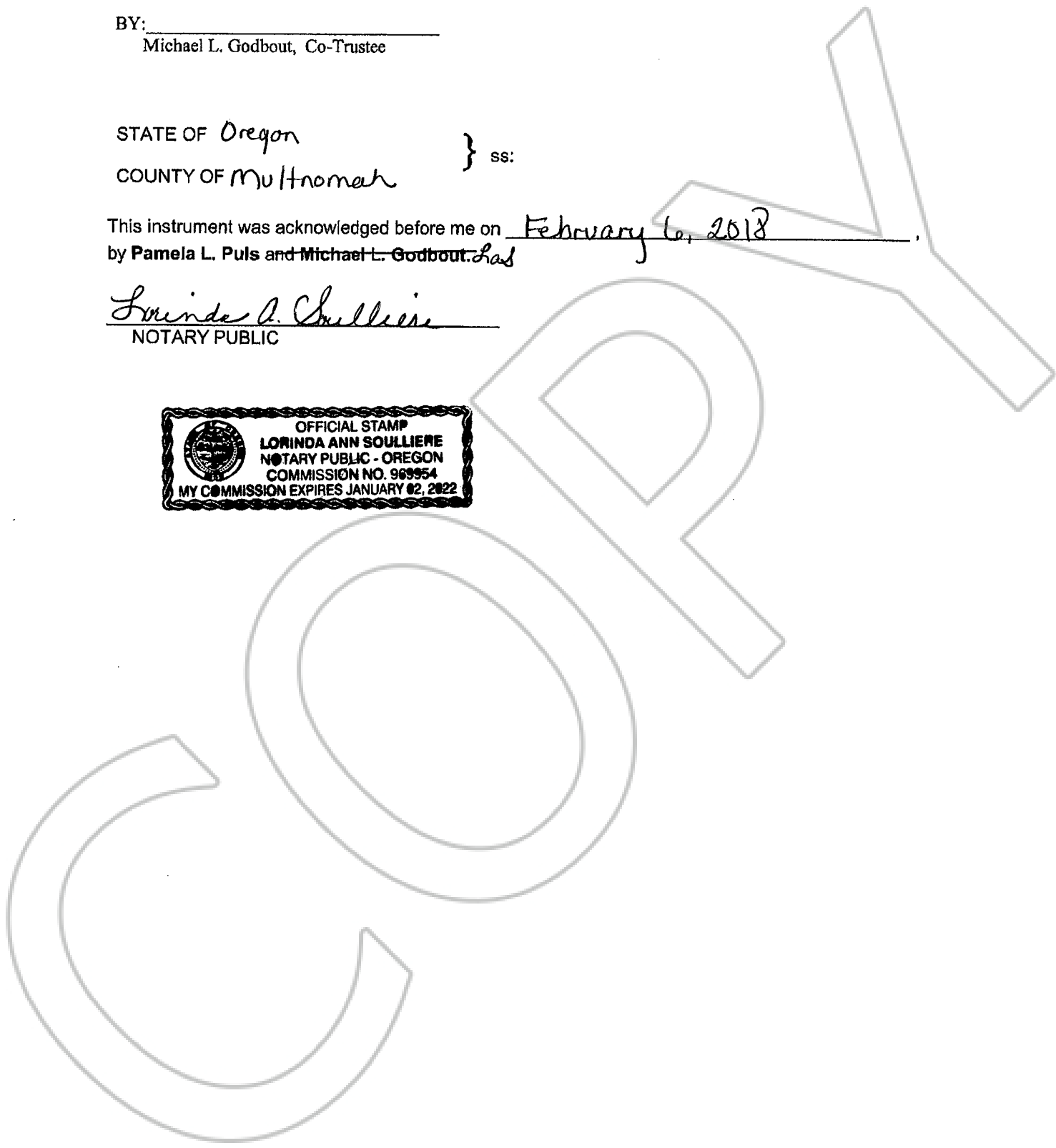
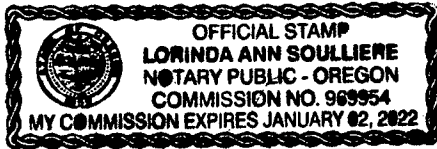
BY: Pamela L Puls Co-Trustee
Pamela L. Puls, Co-Trustee

BY: _____
Michael L. Godbout, Co-Trustee

STATE OF Oregon }
COUNTY OF Multnomah } ss:

This instrument was acknowledged before me on February 6, 2018,
by Pamela L. Puls and Michael L. Godbout.

Lorinda A. Soulliere
NOTARY PUBLIC



INDIVIDUAL ACKNOWLEDGMENT

State/Commonwealth of Oregon }
County of Multnomah } ss.

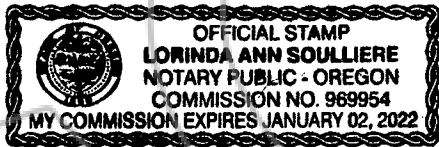
On this the 6th day of February, 2018, before me,
Lorinda A. Soulliere, the undersigned Notary Public,
Name of Notary Public

personally appeared Pamela L. Puls - Co-Trustee,
Name(s) of Signer(s)

- personally known to me - OR -
- proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same for the purposes therein stated.

WITNESS my hand and official seal.



Place Notary Seal/Stamp Above

Lorinda A. Soulliere
Signature of Notary Public

Lorinda A. Soulliere

01/02/2022

Any Other Required Information
(Printed Name of Notary, Expiration Date, etc.)

OPTIONAL

This section is required for notarizations performed in Arizona but is optional in other states. Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Aff. Re. Death of Initial Trustee & Assumption of Trusteeship

Title or Type of Document: by Co-successor Trustees

Document Date: 02/06/2018 Number of Pages: 2

Signer(s) Other Than Named Above: NONE

**AFFIDAVIT REGARDING DEATH OF INITIAL TRUSTEE
AND ASSUMPTION OF TRUSTEESHIP BY CO-SUCCESSOR TRUSTEES**

The undersigned, PAMELA L. PULS and MICHAEL L. GODBOUT, hereby declares that, DOUGLAS L. VELTUM, died on October 24, 2017, is the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as DOUGLAS L. VELTUM, named as one of the initial Trustee in that certain Declaration of Trust titled VELTUM FAMILY TRUST DATED MAY 13, 2004.

Declarant further declares that they are the Co-Successor Trustees named in the Declaration of trust and that they hereby assumes the position of Co-Trustees.

The undersigned declares under penalty of perjury that the foregoing is true and correct, and that this declaration is executed on the date and place indicated below.

Executed on this 06 rd day of February, 2018, in the City
of ~~Reno, County of Washoe, State of Nevada~~ Port Gresham, Multnomah County
PLP CT PLP CT State of OREGON

VERIFICATION

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Pamela L. Puls Co-Trustee
PAMELA L. PULS,
Co-Trustee of the VELTUM FAMILY
TRUST DATED MAY 13, 2004

STATE OF _____)

See loose certificate

COUNTY OF _____)

) SS:

Personally came before me this _____ day of _____, 2018, the above named PAMELA L. PULS, to me known to be the person who executed the foregoing instrument and acknowledged the same.

_____, Notary Public

_____, County, _____
My Commission Expires: _____

MICHAEL L. GODBOUT,
Co-Trustee of the VELTUM FAMILY
TRUST DATED MAY 13, 2004

STATE OF _____)

COUNTY OF _____)

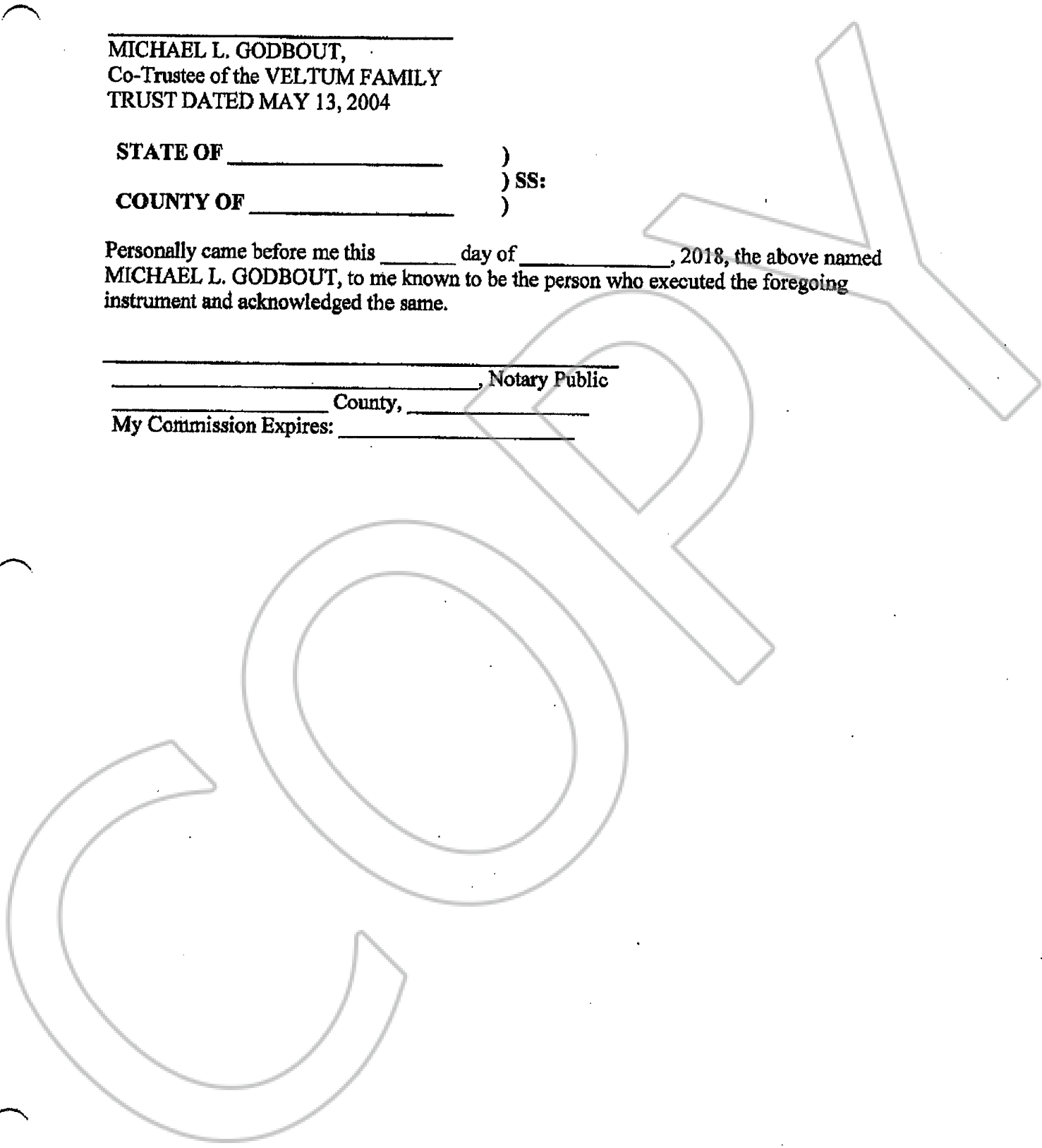
) SS:

Personally came before me this _____ day of _____, 2018, the above named
MICHAEL L. GODBOUT, to me known to be the person who executed the foregoing
instrument and acknowledged the same.

_____, Notary Public

_____ County, _____

My Commission Expires: _____



WHEN RECORDED MAIL TO:

Douglas L. Vetum and Lora A. Veltum,
Trustees, or Successor Trustee(s) of The
Veltum Family Trust dated May 13, 2004

MAIL TAX STATEMENTS TO:

The undersigned hereby affirms that this document
submitted for recording does not contain the social security
number of any person or persons.
(Pursuant to NRS 239b.030)

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No.: 202-1800139 FF
APN No.: 1420-33-213-004

AFFIDAVIT DEATH OF TRUSTEE

STATE OF NEVADA

) ss:

COUNTY OF Douglas

Successor Trustee, **Pamela L. Puls** and **Michael L. Godbout** of legal age and competent, to be a witness as to the matters stated herein, being duly sworn, deposes and says

That Deceased the decedent mentioned in the attached copy of the Certificate of Death, is the same person as name on title named as one of the Grantees in that certain Deed from grantor on deed to grantee on deed recorded in Book number 0504PG06190 as Instrument Number 0613090, on date May 14, 2004 recorded of Official Records of Douglas County, Nevada, covering the following described property.

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APN: 1420-33-213-004

**SIGNED IN
COUNTERPART**

Dated: _____

Douglas L. Vetum and Lora A. Veltum, Trustees, or Successor Trustee(s) of The Veltum Family Trust dated May 13, 2004

BY: _____
Pamela L. Puls, Co-Trustee

**AFFIDAVIT REGARDING DEATH OF INITIAL TRUSTEE
AND ASSUMPTION OF TRUSTEESHIP BY CO-SUCCESSOR TRUSTEES**

The undersigned, PAMELA L. PULS and MICHAEL L. GODBOUT, hereby declares that, DOUGLAS L. VELTUM, died on October 24, 2017, is the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as DOUGLAS L. VELTUM, named as one of the initial Trustee in that certain Declaration of Trust titled VELTUM FAMILY TRUST DATED MAY 13, 2004.

Declarant further declares that they are the Co-Successor Trustees named in the Declaration of trust and that they hereby assumes the position of Co-Trustees.

The undersigned declares under penalty of perjury that the foregoing is true and correct, and that this declaration is executed on the date and place indicated below.

Executed on this _____ rd day of _____, 20_____, in the City of Reno, County of Washoe, State of Nevada.

VERIFICATION

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

PAMELA L. PULS,
Co-Trustee of the VELTUM FAMILY
TRUST DATED MAY 13, 2004

STATE OF _____)
) SS:
COUNTY OF _____)

Personally came before me this _____ day of _____, 2018, the above named PAMELA L. PULS, to me known to be the person who executed the foregoing instrument and acknowledged the same.

_____, Notary Public
_____, County, _____
My Commission Expires: _____

BY: *[Signature]*
Michael L. Godbout, Co-Trustee

STATE OF IDAHO }
COUNTY OF KOOTENAI } ss:

This instrument was acknowledged before me on 2/6/18
by Pamela L. Puls and Michael L. Godbout.

[Signature]
NOTARY PUBLIC

2/10/21

COPIES

**Cindy Lee Tyner
NOTARY PUBLIC
STATE OF IDAHO
66249**

COPIES

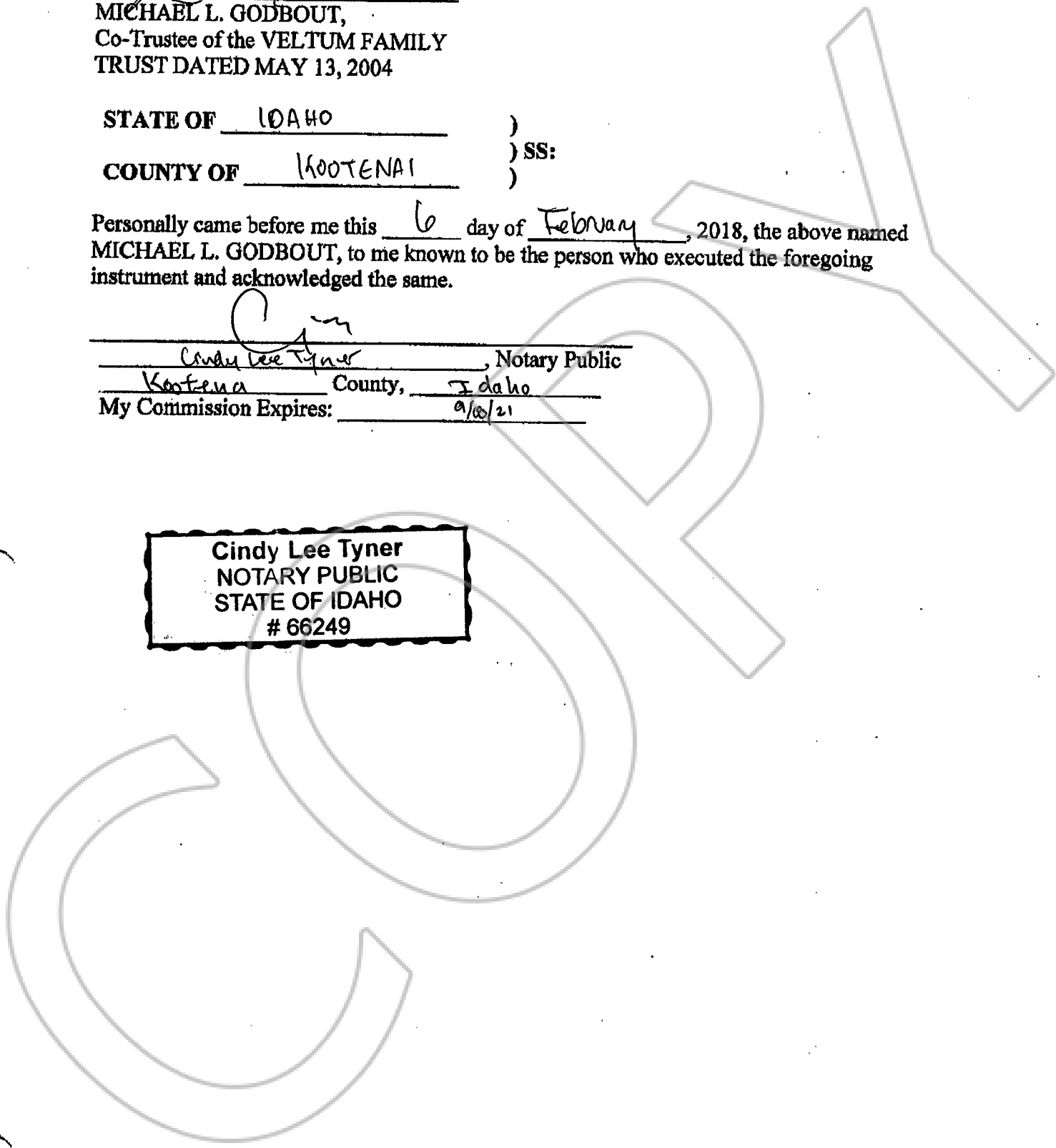
Michael L. Godbout
 MICHAEL L. GODBOUT,
 Co-Trustee of the VELTUM FAMILY
 TRUST DATED MAY 13, 2004

STATE OF IDAHO)
) SS:
 COUNTY OF KOOTENAI)

Personally came before me this 6 day of February, 2018, the above named
 MICHAEL L. GODBOUT, to me known to be the person who executed the foregoing
 instrument and acknowledged the same.

Cindy Lee Tyner, Notary Public
Kootenai County, Idaho
 My Commission Expires: 9/30/21

**Cindy Lee Tyner
 NOTARY PUBLIC
 STATE OF IDAHO
 # 66249**



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

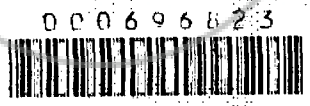
CASE FILE NO. 3984726

CERTIFICATE OF DEATH

2017020033
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) / Douglas Lloyd VELTUM		2. DATE OF DEATH (Mo/Day/Year) October 24, 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) 2720 Wildhorse Lane Home		4. SEX Male	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 93	
	7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY		8. DATE OF BIRTH (Mo/Day/Yr) August 05, 1924	
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) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13. SOCIAL SECURITY NUMBER 9007		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY County Government	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
DISPOSITION	15d. STREET AND NUMBER 2720 Wildhorse Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Raymond VELTUM	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Viola Girlie FARRIS		18a. INFORMANT - NAME (Type or Print) Pamela PULS			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 5818 NE 46th Ave Portland, Oregon 97218		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Canyon Hill Cemetery	
	19c. LOCATION City or Town State Caldwell Idaho		20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such): JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD304	
CERTIFIER	20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701		21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED REED DOPF MD			
	21b. DATE SIGNED (Mo/Day/Yr) October 26, 2017		21c. HOUR OF DEATH 19:50		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
REGISTRAR	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)			
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Reed Dopf MD 907 Mountain Street Carson City, NV 89703		23b. LICENSE NUMBER 13920			
	24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 30, 2017		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Terminal Complications Of Chronic Systolic Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Atherosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d)		Interval between onset and death Interval between onset and death Years Interval between onset and death Interval between onset and death			
	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Chronic Kidney Disease Stage III		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
STATE REGISTRAR	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



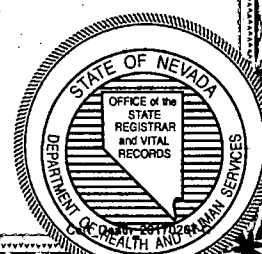
CERTIFIED COPY OF VITAL RECORDS

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: 11/7/2017

Blaise Satariano
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