

This document includes a certified copy of the death certificate as required by NRS 40.525(5) which contains a social security number required by NRS 440.380(1)(a).



KAREN ELLISON, RECORDER

Audrey Hayward

**WHEN RECORDED MAIL TO:**

Audrey Hayward  
12253 NE 133rd Place  
Kirkland, WA. 98034

**Affidavit – Death of Trustee**

**APN# 1220-04-210-022**

I, Audrey Hayward, of legal age, being first duly sworn, depose and say: That Aaron Kane, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Aaron Kane named in that certain Quitclaim Deed dated April 11, 2013, executed by Aaron L. Kane and Violet D. Kane to Aaron Kane and Violet Kane as Trustees of The Aaron Kane and Violet Kane Revocable Living Trust. At the time of the decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a Quitclaim Deed recorded as Instrument No. 821519 on 4/11/2013, in the Official Records of Douglas County, Nevada, described as follows: Lot 32, Block D, as set forth on the map of SUNSET PARK SUBDIVISION, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on June 5, 1987 in Book 687, Page 763, as Document No. 155926, and by Certificate of Amendment recorded December 23, 1987, in Book 1287, Page 3314, as Document No. 169385. Commonly Known As: 1328 Northampton Circle, Gardnerville, NV. 89410 I am the successor trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Dated this 27th day of February, 2018

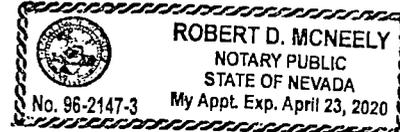
Audrey Hayward successor Trustee  
Audrey Hayward, Successor Trustee

STATE OF Nevada  
COUNTY OF Douglas

On this day personally appeared, Audrey Hayward, Successor Trustee, before me Robert D. McNeely, known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal on this date February 27, 2018.

Robert D McNeely  
My Commission Expires: April 23, 2020



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-041046

DATE ISSUED: 10/03/2017

FEE NUMBER: 71830682

FIRST AND MIDDLE NAME(S): AARON LENZ

LAST NAME(S): KANE

COUNTY OF DEATH: KING

DATE OF DEATH: SEPTEMBER 18, 2017

HOUR OF DEATH: 12:05 PM

SEX: MALE

AGE: 85 YEARS

SOCIAL SECURITY NUMBER: ██████████-6304

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: JULY 04, 1932

BIRTHPLACE: TEXARKANA, AR

MARITAL STATUS: WIDOWED

SPOUSE: NOT APPLICABLE

OCCUPATION: MACHINIST

INDUSTRY: DEPARTMENT OF DEFENSE

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

INFORMANT: AUDREY HAYWARD

RELATIONSHIP: DAUGHTER

ADDRESS: 12253 NE 133RD PL, KIRKLAND, WA 98034

CAUSE OF DEATH:

A: ASPIRATION PNEUMONIA

INTERVAL: ONE WEEK

B: PERITONITIS

INTERVAL: ONE WEEK

C: END STAGE RENAL DISEASE WITH PERITONEAL DIALYSIS

INTERVAL: YEARS

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ATRIAL FIBRILLATION,  
AUTONOMIC DYSREGULATION

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: OVERLAKE HOSPITAL MEDICAL CENTER

CITY, STATE, ZIP: BELLEVUE, WASHINGTON 98004

RESIDENCE STREET: 1328 NORTHAMPTON CIRCLE

CITY, STATE, ZIP: GARDNERVILLE, NV 89410

INSIDE CITY LIMITS: YES

COUNTY: DOUGLAS

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 29 YEARS

FATHER/PARENT: LLOYD KANE

MOTHER/PARENT: ALICE CONNALLY

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: WASHELLI CREMATORY

CITY, STATE: SEATTLE, WASHINGTON

DISPOSITION DATE: SEPTEMBER 26, 2017

FUNERAL FACILITY: CASCADE MEMORIAL BELLEVUE

ADDRESS: 13620 NE 20TH STREET

CITY, STATE, ZIP: BELLEVUE, WASHINGTON 98005

FUNERAL DIRECTOR: MADISON P. MUSCHAMP

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: NO

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: JAMES COPELAND, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1135 116TH AVE NE

CITY, STATE, ZIP: BELLEVUE, WA 98004

DATE SIGNED: SEPTEMBER 22, 2017

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: RUTH ROBERSON

DATE RECEIVED: SEPTEMBER 22, 2017