

APN# : 1320-29-117-013

DOUGLAS COUNTY, NV

2018-913405

Rec:\$35.00

\$35.00

Pgs=3

04/24/2018 02:07 PM

ETRCO

KAREN ELLISON, RECORDER

Recording Requested By:

Western Title Company

When Recorded Mail To:

Mark S. Voelker

105 Albert Ct.

Tracy, CA 95376

Mail Tax Statements to: (deeds only)

same as above

(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

Mark S. Voelker, of legal age, being first duly sworn, deposes and says:

1. Loren James Voelker, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Loren J. Voelker named as Trustee in the Declaration of Trust dated 11/22/1996 and executed by Loren J. Voelker 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 1775 Birch Court Minden, NV 89423, which property is described in a Deed which was executed by Loren J. Voelker, a widower as Grantor(s) on December 7, 2016 and recorded as Instrument No. 2017-893281, 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 199 on Official Map of WINHAVEN UNIT NO. 5, a Planned Unit Development, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on February 10, 1994, in Book 294, Page 1845, as Document No. 329790.

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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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

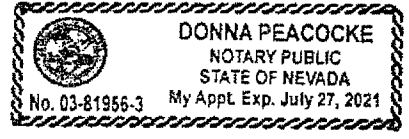
Dated 4/14/2018 [Signature]
Mark S. Voelker,

STATE OF NEVADA }SS

COUNTY OF Douglas

This instrument was acknowledged before me on 4-14-18
By Mark S. Voelker.

[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. 3989178

CERTIFICATE OF DEATH

2017022035

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) Loren James VOELKER		2. DATE OF DEATH (Mo/Day/Year) November 17, 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 or Carson Valley Medical Center Inpatient(Specify) Emergency Room / Outpatient		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 84	
7b. UNDER 1 YEAR MOSES		7c. UNDER 1 DAY DAYS		8. DATE OF BIRTH (Mo/Day/Yr) October 24, 1933	
9a. STATE OF BIRTH (If not US/CA, name country) Kansas		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 15	
11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER 2896		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Coordinator		14b. KIND OF BUSINESS OR INDUSTRY Scientific	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1775 Birch Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Theodore VOELKER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Vanita INSKEEP		
18a. INFORMANT - NAME (Type or Print) Mat VOELKER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 530 Woodmont Place Oakley, California 94561			
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 Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title) DOUGLAS M MIDKIFF SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) November 28, 2017		21c. HOUR OF DEATH 17:32		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) November 17, 2017	
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) DOUGLAS M MIDKIFF SIGNATURE AUTHENTICATED		22b. DATE SIGNED (Mo/Day/Yr) November 28, 2017		22c. HOUR OF DEATH 17:32	
22d. PRONOUNCED DEAD (Mo/Day/Yr) November 17, 2017		22e. PRONOUNCED DEAD AT (Hour) 17:32			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Douglas M Midkiff P O Box 218 Minden, NV: 89423					23b. LICENSE NUMBER
24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 28, 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) Arteriosclerotic Hypertensive Cardiovascular Disease					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c) DUE TO, OR AS A CONSEQUENCE OF:					
(d) DUE TO, OR AS A CONSEQUENCE OF:					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Chronic Anemia, Aortic Stenosis					26. AUTOPSY (Specify Yes or No) No
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC. SURCIDE, 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

000698760



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:

12/4/2017

[Signature]
SIGNATURE AUTHENTICATED

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

