

DOUGLAS COUNTY, NV

2018-915906

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\$35.00

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06/22/2018 11:54 AM

TICOR TITLE - GARDNERVILLE

KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:
**Hansen Family 2005 Trust, Barbara A.
Hansen, Surviving Trustee
2505 Jackson Ave Space 159
Escalon, CA 95320**

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 01802681RLT

APN No.: 1220-22-410-148

AFFIDAVIT - DEATH OF TRUSTEE - SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of **Douglas** }

Barbara A. Hansen, being duly sworn, deposes and says:

1. Larry John Hansen, the decedent mentioned in attached copy of Certificate of Death, is the same person as Larry J. Hansen named as one of the trustee(s) in that certain Grant, Bargain and Sale Deed dated 8-4-05, executed by Larry J. Hansen and Barbara A. Hansen to Hansen Family 2005 Trust, Larry J. Hansen and Barbara A. Hansen, Trustees, recorded on 9-15-05 as instrument number 0655093, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

2. That I, Barbara A. Hansen, am named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

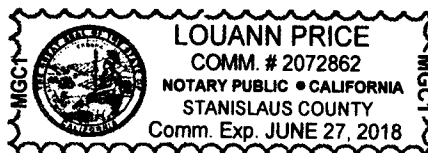
Dated: June 14, 2018

Barbara A. Hansen
Barbara A. Hansen

STATE OF NEVADA }
COUNTY OF ~~DOUGLAS~~ } SS:
California San Joaquin

This instrument was acknowledged before me on June 15, 2018
by Barbara A. Hansen

Louann Price
NOTARY PUBLIC



Order No.: 01802681-RLT

EXHIBIT A

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

Lot 960 as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 27, 1974, in Book 374 at Page 676 as Document No. 72456.

APN: 1220-22-410-148



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2010003545

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) Larry John HANSEN			2. DATE OF DEATH (Mo/Day/Year) March 09, 2010		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Continuicare Hospital of Carson Tahoe, Inc.		3e. If Hosp. or Inst. indicate DOA OP/Emer. Rm. (Inpatient)(Specify) Inpatient		4. SEX Male
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 72	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) January 16, 1938
9a. STATE OF BIRTH (If not U.S.A., name country) Utah		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 12	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE OR DOMESTIC PARTNER Barbara A WOOLLEY
13. SOCIAL SECURITY NUMBER ██████████-3867		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Program Manager		14b. KIND OF BUSINESS OR INDUSTRY Aerospace		Ever in US Armed Forces? No
15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1502 Mary Jo Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER - NAME (First Middle Last Suffix) Raymond HANSEN			17. MOTHER - NAME (First Middle Last Suffix) Juanita Anne MOON			
18a. INFORMANT- NAME (Type or Print) Barbara A HANSEN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1502 Mary Jo Dr Gardnerville, Nevada 89460				
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) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620	20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410			
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) SIGNATURE AUTHENTICATED VIJAY MAIYA			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) March 14, 2010		21c. HOUR OF DEATH 18:45		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)	
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) Dr. Vijay Maiya 1600 Medical Parkway Carson City, NV 89703					23b. LICENSE NUMBER 11909	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 15, 2010		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					Interval between onset and death	
(a) Cardiac Arrest					Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(b) Septic Shock					Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(c) Infected Left Hip					Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(d)					Interval between onset and death	
PART II					26. AUTOPSY (Specify Yes or No) No	
					27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
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

3527154

VRS-Rev-20080602

320673 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: 03/16/2010

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

Rand White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

