DOUGLAS COUNTY, NV

2018-919981

Rec:\$35.00

\$35.00

09/24/2018 02:50 PM

Pas=3 TICOR TITLE - GARDNERVILLE KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:

Doris M. Bennett

1351 Northhuston Cirle Spediewille, no sako

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. 01803964RLT APN No.: 1220-04-210-013

## AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada County of **Douglas** 

Doris M. Bennett, being duly sworn, deposes and says:

1. Delbert L. Bennett, the decedent mentioned in attached copy of Certificate of Death, is the same person as Delbert L. Bennett named as one of the trustee(s) in that certain Grant, Bargain and Sale Deed dated June 28, 2005, executed by Michael D Markle and Toni C Markle to Delbert L Bennett and Doris M Bennett, Trustees of the Bennett Family Revocable Trust of August 13, 1997, recorded on June 30, 2005 as instrument number 0648291, 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, Doris M. Bennett, 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;
- 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: 9/22/2018

Doris M. Ben

Doris M. Bennett

STATE OF NEVADA COUNTY OF DOUGLAS

Ss:

This instrument was acknowledged before me on semett

Deptember 22, 2018

DESIREE HOPE NOTARY PUBLIC STATE OF NEVADA mission Expires: 09-11-2021 Certificate No: 18-1176-5



## CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2018000877

Sec. CITY, TOWN, OR LOCATION OF DEATH   SE HOSPITAL OR OTHER RISTITUTION Hammed not either, give stread at \$2.8.E Hosp. or text, incloses DOA OP/Emer. Rm.   4. SE			V		STATE FILE NUMBER
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Ben BENNETT    Ba. INFORMANT-NAME (Type or Pirkt)   Ba. MAILING ADDRESS   (Street or RF.D. No. City or four state)   Doris Drost Brost BENNETT   PO Box 151 Genos, Nevada 89411     Ba. BURIAL, CREMATION, REMOVAL, OTHER (Specify)   195. CEMETERY OR CREMATORY - NAME   Removal/State   Selma California 93662     Dark Common   State   Selma California 93662   Selma California 93662     Dark Common   State   Selma California 93662   Selma California 93662     Dark Common   State   Selma California 93662   Selma California 93662     Dark Common   State   Selma California 93662   Selma California 93662     Dark Common   State   Selma California 93662   Selma California 93662     Dark Common   Selma California 93662   Selma Ca					19
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2 9 (Type or Print)  236. NAME AND ADDRESS OF CERTIFIER (FHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  236. LICENSE NUMBER  700d Chapman MD 1470 Medical Proxy Carson City, NV 89703  246. REGISTRAR (Signature)  246. DATE RECEIVED BY REGISTRAR  246. DEATH DUE TO COMMUNICABLE D  (MorDelyYY) January 18, 2018  257. IMMEDIATE CAUSE  (Enter Only One Cause PER LINE FOR (a), (b), AND (c))  258. IMMEDIATE CAUSE  (Enter Only One Cause PER LINE FOR (a), (b), AND (c))  259. Interval between onset are  169. Acric And Mitral Valve Replacement Surgery  DUE TO, OR AS A CONSEQUENCE OF:  (b) Acric Stenosis  DUE TO, OR AS A CONSEQUENCE OF:  (c) DUE TO, OR AS A CONSEQUENCE OF:  (d) Unknown Etiology  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing its death but not resulting in the underlying cause given in Part 1.  269. AUTOPSY (Specify 759 or No)  No  REPERIONS INJURY AT WORK (Specify 286, PLACE OF INJURY-At home, farm, street, factory, office 128g, LOCATION STREET OR REP. No. CITY OR TOWAN  588. INJURY AT WORK (Specify 286, PLACE OF INJURY-At home, farm, street, factory, office 128g, LOCATION STREET OR REP. No. CITY OR TOWAN  589. INJURY AT WORK (Specify 286, PLACE OF INJURY-At home, farm, street, factory, office 128g, LOCATION STREET OR REP. No. CITY OR TOWAN	21d. NAME OF ATTENDING PHYS			NOUNCED DEAD (Mo/Dav/Yr)	22a PRONOUNCED DEAD AT (
Todd Chapman MD: 1470 Medical Plowy Carson City, NV 89703  5933  44a. REGISTRAR (Signature)  MELISSA, KMIGHT  SHOMATURE AUTHENTICATED  SHOMATURE AUTHENTICATED  5933  24b. DATE RECEIVED BY REGISTRAR  (MorDel/Yr)  January 18, 2018  YES NO X  10 NO	្តិ ម្លី (Type or Print)				
MELISSA KNIGHT SHINATURE AUTHENTICATES  24b. DATE RECEIVED BY REGISTRAR  ALC DEATH DUE TO COMMUNICABLE D  SHINATURE AUTHENTICATES  25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)  Interval between onset as  PART I  DUE TO, OR AS A CONSEQUENCE OF:  A Ortic Stenosis  DUE TO, OR AS A CONSEQUENCE OF:  (b) AUTHOR SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the unidentying cause given in Part 1.  26. AUTOPSY (Special 27. WAS CASE  REFERRED TO C  (d) CONDITIONS-Conditions contributing to death but not resulting in the unidentying cause given in Part 1.  27. WAS CASE  REFERRED TO C  (d) CONDITIONS-Conditions contributing to death but not resulting in the unidentying cause given in Part 1.  28. AUTOPSY (Special 27. WAS CASE  REFERRED TO C  (d) CONDITIONS-CONDITION					23b. LICENSE NUMBER
SE. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)  Interval between onset are part if (a) Respiratory Failure:  DUE TO, OR AS A CONSEQUENCE OF:  (b) AOrtic And Mitral Valve Replacement Surgery  DUE TO, OR AS A CONSEQUENCE OF:  (c) AOrtic Stenosis  DUE TO, OR AS A CONSEQUENCE OF:  (d) Unknown Etiplogy  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the uniderlying cause given in Part 1.  28. AUTOPSY (Special 27. WAS CASE REPENDED TO C (Special))  Ba. ACC., SUICIDE, HOM, UNDET.  REPENDING INVEST. (Special)  28. DATE OF INJURY: At home, farm, street, factory, office 1280, LOCATION STREET OR REP. No. CITY OR TOWAN.		hapman MD 1470 Medical P			5933
St. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)  PART I (a) Respiratory Failure  DUE TO, OR AS A CONSEQUENCE OF:  (b) AOrtic And Mitral Valve Replacement Surgery  DUE TO, OR AS A CONSEQUENCE OF:  (c) AOrtic Stenosis  DUE TO, OR AS A CONSEQUENCE OF:  (d) Unknown Etiology  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  26. AUTOPSY (Special 27. WAS CASE REPERRED TO CASE OF NO.)  REPENDING INVEST. (Special)  28. DATE OF INJURY At home, farm, street, factory, office 1280, LOCATION STREET OR R.F.D. No. CITY OR TOWAN.	4a. REGISTRAR (Signature)	MELISSA KNIGHT		D BY REGISTRAR 24c. D	
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STATE REGISTRAR

VRS-Rev-2012062



**CASE FILE NO. 3998966** 



CERTIFIED COPY OF VITAL RECORDS

STATE REGISTRAR

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:

JAN 23 2018

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



Order No.: 01803964-RLT

## **EXHIBIT A**

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

Lot 5 in Block A, 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, Document No. 169385 of Official Records of Douglas County, Nevada.

APN: 1220-04-210-013

