

DOUGLAS COUNTY, NV

2018-919981

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\$35.00 Pgs=3

09/24/2018 02:50 PM

TICOR TITLE - GARDNERVILLE

KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:

Doris M. Bennett

1351 Northhoughton Circle
Gardnerville, NV 89440

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;
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: 9/22/2018

Doris M. Bennett 9/22/18

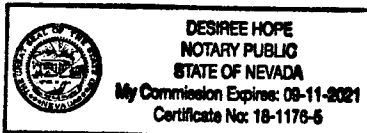
Doris M. Bennett

STATE OF NEVADA
COUNTY OF DOUGLAS

} SS:

This instrument was acknowledged before me on September 22, 2018
by Doris M. Bennett

Desiree Hope
NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3998966

2018000877
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) Delbert Leon BENNETT		2. DATE OF DEATH (Mo/Day/Year) January 14, 2018		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 or Carson Tahoe Regional Medical Center Inpatient(Specify) Inpatient		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 82	
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 18	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Doris DROST		8. DATE OF BIRTH (Mo/Day/Yr) May 31, 1935	
13. SOCIAL SECURITY NUMBER -1680		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Contracting Administrator		14b. KIND OF BUSINESS OR INDUSTRY Microwave Electronics	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Genoa	
15d. STREET AND NUMBER 264 Genoa Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. EVER IN US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Ben BENNETT			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Hazel YODER		
18a. INFORMANT- NAME (Type or Print) Doris Drost BENNETT		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 151 Genoa, Nevada 89411			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/State		19b. CEMETERY OR CREMATORY - NAME Selma Cemetery District		19c. LOCATION City or Town State Selma California 93662	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTIE D WILDE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1360 Highway 395 N Gardnerville NV 89410	
21. TRADE CALL - NAME AND ADDRESS: Page Funeral Home 2014 Arrants Street Selma CA 93662					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title) TODD CHAPMAN MD SIGNATURE AUTHENTICATED		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) January 17, 2018		21c. HOUR OF DEATH 12:02		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH			
21e. PRONOUNCED DEAD (Mo/Day/Yr)		22d. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Todd Chapman MD 1470 Medical Pkwy Carson City, NV 89703				23b. LICENSE NUMBER 5933	
24a. REGISTRAR (Signature) MELISSA KNIGHT SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 18, 2018		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) Respiratory Failure Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Aortic And Mitral Valve Replacement Surgery Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Aortic Stenosis Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Unknown Etiology Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				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

VRS-Rev-20120523a



CERTIFIED COPY OF VITAL RECORDS

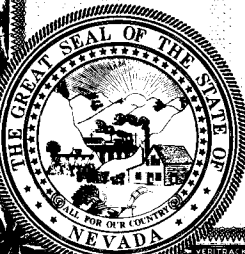
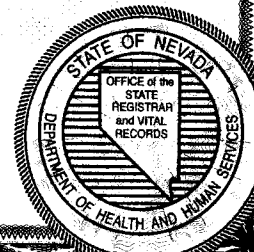
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **JAN 23 2018**

STATE REGISTRAR

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

Knatz
STATE 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

