

APN# : 1320-29-213-004

Recording Requested By:

Western Title Company

When Recorded Mail To:

Western Title Company

2310 S. Carson Street, Suite 5A

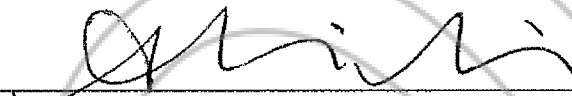
Carson City, NV 89701

Mail Tax Statements to: (deeds only)

(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



Kayla Jacobsen

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

Katie Leisek, of legal age, being first duly sworn, deposes and says:

1. Tage S. Tovlum and Birthe Tovlum, the decedent mentioned in the attached certified copies of Certificate of Death, is the same persons as Tage S. Tovlum and Birthe Tovlum named as Trustee in the Declaration of Trust dated 8/8/1991 and executed by Tage S. Tovlum and Birthe Tovlum as Trustor(s).
2. At the time of the decedent's death, decedents was the record owner, as Trustees, of certain real property commonly known as 1078 Wisteria Drive, Minden, NV 89423, which property is described in a Deed which was executed by Ian J. Allan, an unmarried man as Grantor(s) on June 03, 2005 and recorded as Instrument No. 0645963, in Book 0605, Page 1152, 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 58 in Block D as shown on the Official Plat of WINHAVEN UNIT NO. 2, PHASE A, filed for record in the office of the County Recorder on September 14, 1990, in Book 990 of Official Records, at Page 1934, Douglas County, Nevada, as Document No. 234654.

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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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 9-24-18 Katie Leisek
Katie Leisek, Successor Trustee

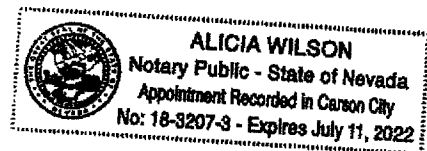
STATE OF NEVADA }SS

COUNTY OF New Carson City

This instrument was acknowledged before me on

9/24/18
By Katie Leisek.

Alicia
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. 4016482

CERTIFICATE OF DEATH

2018008268
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) Birthe TOVLUM		2. DATE OF DEATH (Mo/Day/Year) April 21, 2018		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and no.) 1078 Wisteria Dr		3d. If Hosp. or inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 95		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 21, 1922		9a. STATE OF BIRTH (If not US/CA, name country) Denmark		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER 1863		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Homemaker	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1078 Wisteria Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Hilbert JELHOF			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ebba LARSEN		
18a. INFORMANT- NAME (Type or Print) Katie LEISEK		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1492 Buckingham Ct Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMAR R BEAULAC		20b. FUNERAL DIRECTOR LICENSE NUMBER FD870		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502	
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) DENVER J MILLER MD			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) April 27, 2018		21c. HOUR OF DEATH 02:00		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. PRONOUNCED DEAD AT (Hour)		22e. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Denver J Miller MD 5070 Ion Dr Sparks, NV 89436					23b. LICENSE NUMBER 7330
24a. REGISTRAR (Signature) MELISSA KNIGHT			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 30, 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).)					Interval between onset and death
PART I (a) Breast Cancer					Months
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(b) DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(c) DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(d)					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. SURFIDE, 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		28h. CITY OR TOWN STATE	

STATE REGISTRAR

VRS-Rev-20120523a



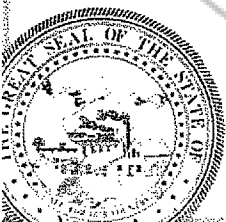
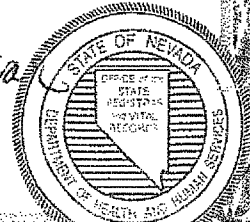
CERTIFIED COPY OF VITAL RECORDS

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

DATE ISSUED:

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

Julie Kotcheva
STATE REGISTRAR



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3986032

CERTIFICATE OF DEATH

2017020031
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Tage Sorensen TOVLUM		2. DATE OF DEATH (Mo/Day/Year) October 20, 2017		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not other, give street ad 1078 Wisteria Dr		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 96	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. UNDER 1 HOUR HOURS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8a. STATE OF BIRTH (If not US/CA, name country) Denmark		8b. CITIZEN OF WHAT COUNTRY United States		8. DATE OF BIRTH (Mo/Day/Yr) March 30, 1921	
	9a. SOCIAL SECURITY NUMBER ██████████-4711		10. EDUCATION 12		11. MARITAL STATUS (Specify) Married	
PARENTS	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Birthe JELHOF		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Mechanical Engineer		14b. KIND OF BUSINESS OR INDUSTRY Space	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
DISPOSITION	15d. STREET AND NUMBER 1078 Wisteria Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
	15. FATHER/PARENT - NAME (First Middle Last Suffix) Christian TOVLUM			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Kristine LARSEN		
TRADE CALL	18a. INFORMANT - NAME (Type or Print) Katie LEISEK		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1492 Buckingham Court Gardnerville, Nevada 89410			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMAR R ROBINSON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD870		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St Suite 4-E Reno NV 89502	
	TRADE CALL - NAME AND ADDRESS					
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title) DENVER J MILLER 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) October 30, 2017		21c. HOUR OF DEATH 06:40		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Denver J Miller MD 5538 Longley Lane Reno, NV 89511				23b. LICENSE NUMBER 7330	
CAUSE OF DEATH	24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 30, 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).)					
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART I				Interval between onset and death	
	(a) Metastatic Colon Cancer				Months	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(d) DUE TO, OR AS A CONSEQUENCE OF:				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.					25. AUTOPSY (Specify Yes or No) No	
26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY		
26d. DESCRIBE HOW INJURY OCCURRED		26e. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		26f. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		
26g. INJURY AT WORK (Specify Yes or No)		26h. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		26i. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		

STATE REGISTRAR

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: 11/7/2017

[Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

