DOUGLAS COUNTY, NV

Rec:\$35.00

\$35.00 Pgs=4

2018-920116

09/27/2018 01:00 PM

\$35.00 ETRCO

KAREN ELLISON, RECORDER

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

APN#: 1320-29-213-004

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:

- Tage S. Tovlum and Birthe Tovlum, the decedent mentioned in the attached 1. certified copies of Certificate of Death, is the same persons as Tage S. Tovlum and Birthe Toylum 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 umarried 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:
- The legal description of said property is as follows: 3.

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.

- I am the named successor Trustee under the above-referenced Trust, which was in 4. effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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.

Katie Leisek, Successor Trustee

STATE OF NEVADA

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COUNTY OF DE CONSON

This instrument, was acknowledged before me on

By Katie Leisek

Notary Public





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

CASE FI	LE NO. 4016482	CERTIFICATE OF DEATH						2018008268 STATE FILE NUMBER						
TYPE OR PRINT IN	1a DECEASED-NAME (FIRST.)	SUFFIX)	2 DATE											
PERMANENT	Birthe				TOVLU		- 1					1 1 1.		
BLACK INK			3c. HOSPITAL OF	OTHER	STITUTION -	Name(If not	either, give				ate DOA,O			ĒΧ
	Minden		٠.		078 Wister					cecify)		- \	- B .	emale
DECEDENT	S. RACE (Specify)		6. Hiso:	nic Origin?			STATE FILE NUMBER 2. DATE OF DEATH (MorDay/Year) April 21, 2018 April 21, 2018 Douglas ama(if not either, give street at 3e.if Hosp. or inst. indicate DOA, OP/Emer. Rm. i Dr April 21, 2018 April 21, 2018 Douglas ama(if not either, give street at 3e.if Hosp. or inst. indicate DOA, OP/Emer. Rm. i Dr April 21, 2018 April 21, 2018 Douglas ama(if not either, give street at 3e.if Hosp. or inst. indicate DOA, OP/Emer. Rm. i A, SEX Inpatient(Specify) Home Female Female							
	W	iite	No - Non-Hispanic (Years)					MOS	DAYS	HOURS	MINS	1.	- 1	
IF DEATH	9a. STATE OF BIRTH (If not US/	A 96 C	ITIZEN OF WHAT	COUNTRY	10.EDUCAT	ON III. MAF		S (Specify)	12. SUA	VIVING SPOUS	E'S NAME (
OCCURRED IN INSTITUTION SEE	name country) Denmark		United S		12	STATE FILE NUMBER								
HANDBOOK REGARDING	13. SOCIAL SECURITY NUMBER	₹ 14a.	USUAL OCCUPA	TION (Give	Kind of Work i	Dona During	Most of	146, KIN	ID OF BU	SINESS OR	NDUSTRY			EX Female (Day/Yr) 22 Fispe) S Armed No GITY (Hour) F (Hour) DISEASE and death and death and death and death corroner (No) No
COMPLETION OF RESIDENCE	-1863				Homem					Homemak	er			
ITEMS	15a. RESIDENCE - STATE	5b. COUNTY		15c. CiTY,	TOWN OR LO	CATION	15d. STR	EET AND	NUMBER				LIMITS (Spe	CITY
ــــــ	Nevada	Do	uglas		Minden		1078	Wister	ia Dr				or No)	Yes
PARENTS	16. FATHER/PARENT - NAME (RPARENT - NAME (First Middle Last Suffix)							
PARCHIS		Hilbert	JELHOF				-			andreador de la Contraction de	RSEN			
	18a. INFORMANT- NAME (Type			18b.	MAILING ADD		400							- 1
	L	LEISEK						igham C	t Gardr					W
DISPOSITION	198. BURIAL, CREMATION, REM		R (Specify) [195.	CEMETERY								-	PIRTH (MorDay/Yr) y 21, 1922 or to first marriage) Ever in US Armed orcae? No 115e, Hispe cit? Limits (Specify Yes or No) Yes State da 89701 89502 n occurred ide) ATH D DEAD AT (Hour) RUMBER 330 UNICABLE DISEASE D X eon criset and death pen onset and death	
JISPOSITION	Cremati				- N	• 1	<u> </u>			_1	arson C	aty Neva	108 9810	·
	20a FUNERAL DIRECTOR - SIG	NATURE (OI 報 部題為以			ICENSE NUM		20C FAM	E AND AD			riety of F	Reno		
	1		INTICATED	ſ		796	744	589	- 48				89502	
TRADE CALL		A THE LANGE THREE PARTY.			· · · · · · · · · · · · · · · · · · ·						MORINE PROPERTY NAMED IN COLUMN 2 IN COLUM			
	21a. To the best of my kno	nature & Title) SIGNAT	URE AUT	d place and di HENTICATE	n 1 = -								
CERTIFIER	R 21b. DATE SIGNED (Mo/Day/Yr) 21c. HOUR OF DEATH 22b. DATE SIGNED (Mo/Day/Yr) 22c. HOUR OF DEATH 27c. 2018 02:00 25b. DATE SIGNED (Mo/Day/Yr) 22c. HOUR OF DEATH 27c. 2018									ATH				
	April 27, 2018 02:00 3 2 22d, PRONOUNCED DEAD (Mo/Day/Yr) 22e, PRONOUNCED DE 2 (Type or Print) 22d, PRONOUNCED DEAD (Mo/Day/Yr) 22e, PRONOUNCED DE								D DEAD A	(Hour)				
	23a, NAME AND ADDRESS OF C	CERTIFIER (F	HYSICIAN, ATTE	NOING PH	YSICIAN, MED	CAL EXA	MINER, OR	CORONER	(Type o	r Print)	Inst. Indicate DOA, OP/Emer, Rm. 4. SEX Ify) Home Female UNDER 1 DAY B. DATE OF BIRTH (MorDay/Yr) May 21, 1922 NG SPOUSES NUME (Lest nemo prior to Entimerisge) ESS OR INDUSTRY Ever in US Armed Forces? No 15s. INSUB CITY LIMITS (Specify Yes or No.) Yes Middle Last Suffix) At LARSEN at LARSEN at LARSEN at LARSEN at LARSEN St. LOCATION City or Town State Carson City Nevada 89701 ACILITY The Society of Reno St. Suite 4-E Reno NV 89502 Investigation, in my opinion death occurred to cause(s) stated (Signature & Tide) 22c. HOUR OF DEATH 22c. HOUR OF DEATH 23b. LICENSE NUMBER 7330 24c. DEATH DUE TO COMMUNICABLE DISEASE YES NO X Interval between onset and death Months Interval between onset and death			
		Den	ver J Miller M	D 5070	Ion Dr Spa									Nocioe I
REGISTRAR	24e. REGISTRAR (Signature)		elissa ka							24C. UE	40			MOEAGE
	 		TURE AUTHEN	مساف مسمون مسوور		DRESS (Street or R.F.D. No, City or Town, State, Zip) 1492 Buckingham Ct Gardnerville, Nevada 89410 TORY - NAME 19c. LOCATION City or Town State Carson City Nevada 89701 L DIRECTOR 20c. NAME AND ADDRESS OF FACILITY MBER Neptune Society of Reno S890 S Virigina St. Suite 4-E Reno NV 89502 State 20c. Name 22a Chithe basis of evarrination and/or investigation, in my opinion death occurred ED 22b DATE SIGNED (MorDay/Yr) 22c. HOUR OF DEATH 22c DATE SIGNED (MorDay/Yr) 22c. HOUR OF DEATH 22d PRONOUNCED DEAD (MorDay/Yr) 22e. PRONOUNCED DEAD AT (Hous) 22d PRONOUNCED DEAD (MorDay/Yr) 23b. LICENSE NUMBER 24d DATE RECEIVED BY REGISTRAR 24c. DEATH DUE TO COMMUNICABLE DISEASE (MorDay/Yr) April 30, 2018 YES NO NO Interval between onset and death Int								
CAUSE OF	25. IMMEDIATE CAUSE PART : Breast Ca		ILY ONE CAUSE	EK UNE F	OK (B), (D), A	4L3 (C).)	١.	1		-			COURT OF SOCIAL	nici Caratai
DEATH	DUE TO, OR AS		IENCE OF										oon ooset s	and danth
CONDITIONS IF	DOE 10, ON A	S A CONSEC	DENCE OF.								1	ICH A DA DASAA	eners corner e	HILL LICASI
ANYWHICH	(b) DUE TO, OR A	A CONSEC	LIENCE OF		• • • • • • • • • • • • • • • • • • • •						1 10	dan al kabu	ann nord r	met realth
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STATING THE	(c) DUE TO, OR AS	A CONSEQ	IENCE OF					-/	• • • • • • • • • • • • • • • • • • • •		1 11	iterval betw	reen coset	and death
CAUSE LAST		1	V	L.			/	/			;			State 89701 502 CUTTED STORM STATE CONTROL CO
	(d) PART II OTHER SIGNIFICANT	CONDITIONS	-Conditions contri	outing to de	eth but not res	ulting in the	underlying (cause give	n in Part 1	. 26.	AUTOPSY	(Specifi27	WAS CASE	
/			The same of the sa	And in concession, where		AND DESCRIPTION OF THE PERSON				Yes	or No)	No Sp	FERRED TO recity Yeser	CORONER
-/ /	28a, ACC., SURCIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	286. DATE OF	(HJURY (Mc/DayYr)	Z8c	HOUR OF INJU	RY 28d.	DESCRUBE H	OWHUURY	OCCURRE	6		. 13	······································	NO
/ /	OR PENDING INVEST. (Specify)			To the Owner, where the Party of the Party o		-								
	28e, (NJURY AT WORK (Specify Yes or No)	28f. PLACE building, etc		me. fam, s	treet, factory,	office 28g	LOCATION	N ST	REET OR	R.F.D No	CITY C	R TOWN		STATE
1 \		<u> </u>		i.					····	· · · · · · · · · · · · · · · · · · ·				

STATE REGISTRAR

VHS-Rev-201205234



CERTIFIED COPY OF VITAL RECORDS

This is a line process of the process of the document officially registered and piaced on tile in the diffice of the State Registrar and Vital Records.

DATE ISSUED:

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

	LE NO. 3985032		CER	TIFICATE	ATH	2017020031 STATE FILE NUMBER						
TYPE OR PRINT IN	18. DECEASED-NAME (FIRST	MIDDLE, LAST, S	UFFIX)	······································		12.1	2. DATE OF DEATH (MO/DayYesr) 3a. COUNTY OF DEATH					
PERMANENT	Tage S		TOVLU	V	1	October 2		Douglas				
BLACK INK	36. CITY, TOWN, OR LOCATIO	HOSPITAL OR OTH	ER INSTITUTION	-Name(If not	oimer, give st	reet an 3e.l! Hosp.	or Inst. indicate DO	OA, OP/Emer. I	₹m. 4. SEX			
DECEDENT	Minden		1078 Wiste			Inpatient(Specify) Home Male						
DEGLEDENT	5. RACE (Specify) W	6. Hispanic O No - N	rigin? Specify on-Hispanic	7a. AGE-Li (Years)	isl binhda 7b 96	75. UNDER 1 YEAR 7c. UNDER 1 DAY 8. DATE OF BIRTH (Mo/Day) MOS DAYS FOURS MINS March 30, 1921						
IF DEATH OCCURRED IN	9a. STATE OF BIRTH (If not US	ICA, 96. CIT	IZEN OF WHAT COU	NTRY 10.EDUCA	TION III, MAR	ITAL STATUS (S	Specify) 12. SUR	VIVING SPOUSES N				
HANDBOOK	name country) Denmar 13. SOCIAL SECURITY NUMBE	K	United States	12	l				re JELH			
regarding Completion of	4711	K 148. U.	SUAL OCCUPATION	Mechanica	_		145. KIND OF BUS	Space	The state of the s	Ever in US Arm Forces? No		
residence Items		156, COUNTY	150.	CITY, TOWN OR I			T AND NUMBER	Срасс		1154. INSIDE CITY		
ـــــا	Nevada	Douc	alas	Minde	n a	1078 W	Visteria Dr	N		cr No) Yes		
PARENTS	15. FATHER/PARENT - NAME	First Middle La Christian	•				ENT-NAME (FIN	stine LARS				
	18a, INFORMANT- NAME (Type Katie	or Print) LEISEK		18b. MAILING AD	Siste, Zip) nerville, Neva							
DISPOSITION		(Specify) 19b. CEME	Eij) 196. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory				19c. LOCATION	N City or Town State				
	20a. FUNERAL DIRECTOR - SIG				L DIRECTOR	76.	Carson City Nevada 89701 E AND ADDRESS OF FACILITY Neptune Society of Reno					
		URE AUTHEN	TICATED	FD6	370		5890 S Virigina St. Suite 4-E Reno NV 89502					
TRADE CALL	TRADE CALL - NAME AND ADD											
	전 21a. To the best of my kn pps to the cause(s) stated.(Si	pnature & Tide) DEMVER J		ate and place and a AUTHENTICAT			is of examination and and place and due t					
CERTIFIER	27 October 3 signed with signed space of the s											
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 22d PRONOUNCED DEAD (MorDay/Yr) 220. PRONOUNCED DEAD AT (Hour)											
	23a. NAME AND ADDRESS OF		YSICIAN, ATTENDING Miller MD 5538		e Reno, N	V 89511			***************************************	7330		
REGISTRAR	24a REGISTRAR (Signature)		SE SATARIA IRE AUTHENTICA		24b. DATE (Mo/Day/Yr	s - 1	y:REGISTRAR er 30, 2017	24c DEATH C		IUNICABLE DISEA		
CAUSE OF	25. IMMEDIATE CAUSE PART! (a) Metastati	ENTER ONLY C Colon Ca	ONE CAUSE PER LI ANCEL	INE FOR (a), (b), A	NO (c).)			AND AND DESCRIPTION OF PERSONS ASSESSED.	Interval beh	veen onset and dea		
DEATH		S A CONSEQUE	NCE OF:						erval behveen onset and death			
CONDITIONS IF ANY WHICH OAVE RISE TO HAMEDIATE	DUE TO, OR AS A CONSEQUENCE OF:							interval between onset and deat				
CAUSE STATING THE - > UNDERLYING	(c) DUE TO, OR A	S A CONSEQUE	NCE OF:		······································	/	/	· · · · · · · · · · · · · · · · · · ·	Interval bet	ween onset and de		
CAUSE LAST	(d)		/	la. "	1				,			
	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 25, AUTOPSY (Special 27, WAS CASE REFERRED TO CORONER NO NO (Special 27, WAS CASE REFER											
	28s. ACC., SUICIDE, HOM., UNDET. OR PENCING INVEST. (Specify)	28b. DATE OF IN.	JURY (MezDayAYr)	28 c. HOUR OF INU	URY 28d. (ESCRIBE HOW	INJURY OCCURRED		 			
	28e. INJURY AT WORK (Specify Yes or No)	28f. PLACE OF cuilding, etc. (S	INJURY- At home, fe pecify)	rm, street. factory,	office 28g.	LOCATION	STREET OR	R,F D, No. CIT	IY OR TOWN	STATE		
				STAT	E REGIST	RAR						
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DATE ISSUED:

11/7/2017

SIGNATURE AUTHENTICATED



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