

APN # 1318-23-310-068

Escrow # 00243665-DR

Recording Requested By:
First Centennial Title Company
896 Nye Lane, Suite 104
Carson City, NV 89703

When Recorded Return to:
Kurt M. Clemens, Trustee
1846 Lake Street
Huntington Beach, CA 92648

Mail Tax Statements to:
Kenneth Watson and Kimberly Watson
P.O. Box 3082
Incline Village, NV 89450

DOUGLAS COUNTY, NV **2019-929740**
Rec:\$35.00
\$35.00 Pgs=5 **05/31/2019 10:52 AM**
FIRST CENTENNIAL - RENO (MAIN OFFICE)
KAREN ELLISON, RECORDER

SPACE ABOVE FOR RECORDERS USE

Affidavit – Death of Trustee

(Title of Document)

Please complete Affirmation Statement below:

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

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 as required by law: NRS 440.380 (1) (state specific law).

Jeannie Nabicht
SIGNATURE

Escrow Assistant
TITLE

Jeannie Nabicht
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

SPACE BELOW FOR RECORDER

APN: 1318-23-310-068
Escrow No. 00243665 - 016 -DR

When Recorded Return to:
Kurt M. Clemens, Trustee
1846 Lake Street
Huntington Beach, CA 92648

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AFFIDAVIT - DEATH OF TRUSTEE

STATE OF CA CALIFORNIA } ss:
COUNTY OF DORRANCE SONOMA

Kurt M. Clemens, Surviving Co-Trustee of the Kurt M. Clemens and Patty A. Gordon Revocable Trust dated July 1, 1998, of legal age, being duly sworn, deposes and says

That Patty Ann Gordon the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Patty A. Gordon named as one of the parties in that certain Grant, Bargain & Sale Deed dated May 27, 2005 executed by Nancy E. Beaulieu, a single woman executed to Kurt M. Clemens and Patty A. Gordon, Co-Trustees of the Kurt M. Clemens and Patty A. Gordon Revocable Trust dated July 1, 1998, recorded as Instrument No. 0645601, on May 31, 2005 in Book 0505 Page 13373 of Official Records of Douglas County, Nevada, covering the following described property.

Lot 8, in Block C, as shown on the Map of LAKE VILLAGE UNIT NO. 1, filed in the Office of the County Recorder of Douglas County, Nevada, on June 29, 1970, as File No. 48573, and by Amended Map filed on December 28, 1971 in Book 95 of Maps, Page 76, as File No. 56077.

Dated: 5/30/19

The Kurt M. Clemens and Patty A Gordon Revocable Trust dated July 1, 1998

Kurt M. Clemens
Kurt M. Clemens, Surviving Co-Trustee

SPACE BELOW FOR RECORDER

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the documents to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

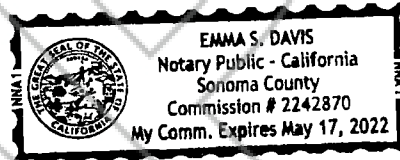
STATE OF CALIFORNIA
COUNTY OF SONOMA

On 30 May, 2019, before me, EMMA S. DAVIS (Notary Name), personally appeared Kurt M. Clemens, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument, the person or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of the California that the foregoing paragraph is true and correct.

Witness my hand and official seal.

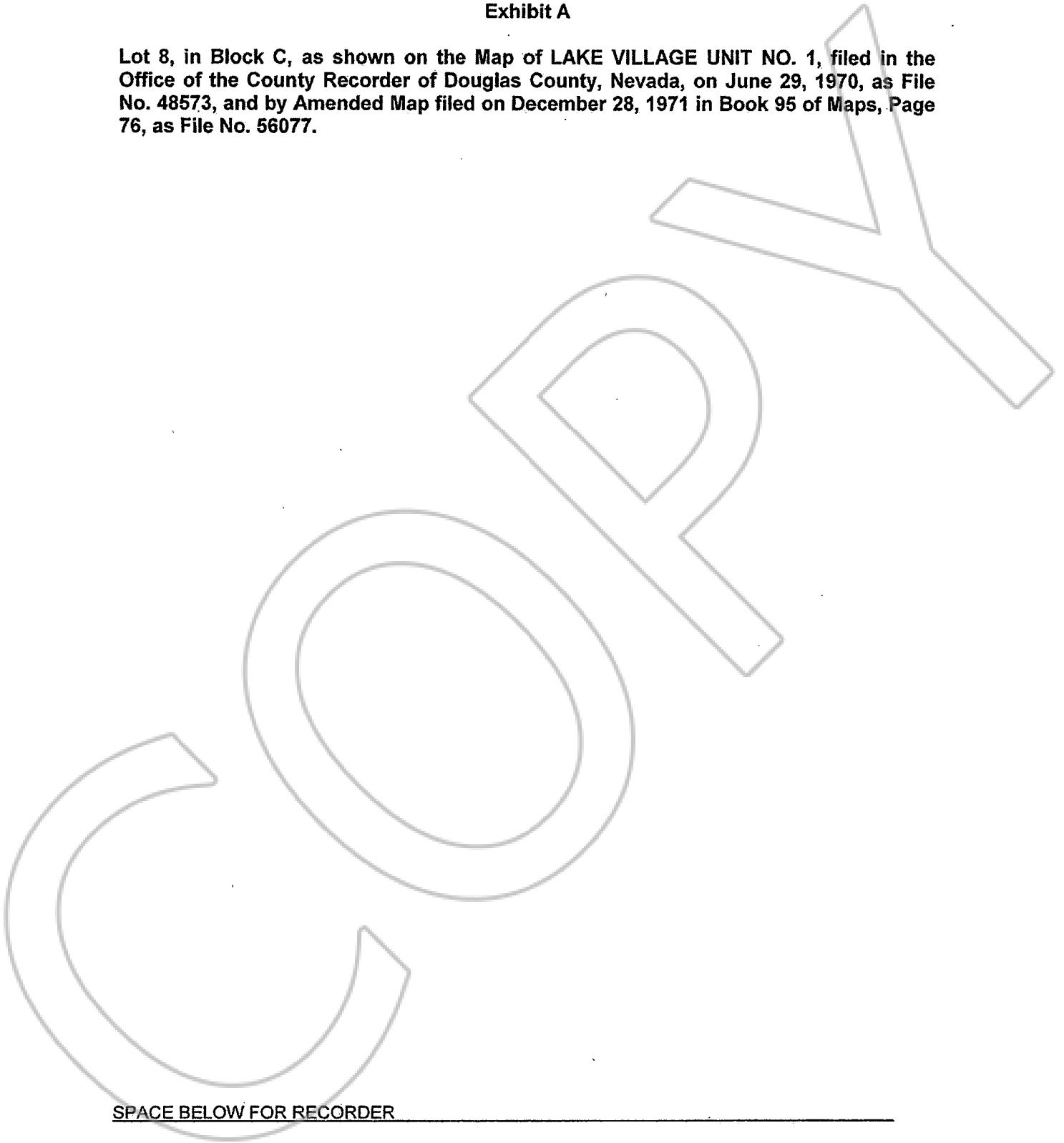

NOTARY PUBLIC



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Exhibit A

Lot 8, in Block C, as shown on the Map of LAKE VILLAGE UNIT NO. 1, filed in the Office of the County Recorder of Douglas County, Nevada, on June 29, 1970, as File No. 48573, and by Amended Map filed on December 28, 1971 in Book 95 of Maps, Page 76, as File No. 56077.



SPACE BELOW FOR RECORDER

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
HEALTH CARE AGENCY
 1200 N. MAIN STREET, SUITE 100-A
 SANTA ANA, CA 92701

3052012121650

CERTIFICATE OF DEATH

3201230009488

1. NAME OF DECEDENT—FIRST (Given) PATTY		2. MIDDLE ANN		3. LAST (Family) GORDON	
4. DATE OF BIRTH—mm/dd/yyyy 04/07/1945		5. AGE Yrs. 67		6. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 1196		11. EVER IN U.S. ARMED FORCES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LINK	
12. EDUCATION—Highest Level/Degree ASSOCIATE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED. DIRECTOR OF OPERATIONS		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) BANKING		19. YEARS IN OCCUPATION 27	
20. DECEDENT'S RESIDENCE (Street and number, or location) 1846 LAKE STREET					
21. CITY HUNTINGTON BEACH		22. COUNTY/PROVINCE ORANGE		23. ZIP CODE 92648	
24. YEARS IN COUNTY 39		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP KURT CLEMENS, HUSBAND			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1846 LAKE STREET, HUNTINGTON BEACH, CA 92648		
28. NAME OF SURVIVING SPOUSE/SRDP—FIRST KURT		29. MIDDLE MARKUS		30. LAST (BIRTH NAME) CLEMENS	
31. NAME OF FATHER/PARENT—FIRST FRANK		32. MIDDLE ROY		33. LAST RICHARDS	
34. BIRTH STATE CA		35. NAME OF MOTHER/PARENT—FIRST ELAINE		36. MIDDLE -	
37. LAST (BIRTH NAME) BLANKESHIP		38. BIRTH STATE CO			
39. DISPOSITION DATE—mm/dd/yyyy 07/05/2012		40. PLACE OF FINAL DISPOSITION BELLEVEU MEMORIAL PARK 1240 WEST G STREET, ONTARIO, CA 91762			
41. TYPE OF DISPOSITION CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT ACCU-CARE CREMATION CENTER		45. LICENSE NUMBER FD1650		46. SIGNATURE OF LOCAL REGISTRAR ERIC G. HANDLER, M.D.	
47. DATE—mm/dd/yyyy 07/05/2012		48. SIGNATURE OF LOCAL REGISTRAR			
101. PLACE OF DEATH RESIDENCE-HOSPICE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> GYNP <input type="checkbox"/> DCA <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY ORANGE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1846 LAKE STREET		106. CITY HUNTINGTON BEACH	
107. CAUSE OF DEATH CARDIORESPIRATORY ARREST		108. TIME ELAPSED BETWEEN ONSET AND DEATH MIN		109. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. IMMEDIATE CAUSE (Final disease or condition resulting in death) CEREBRAL VASCULAR ACCIDENT		111. TIME ELAPSED BETWEEN ONSET AND DEATH MOS		110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107. NONE		113. TIME ELAPSED BETWEEN ONSET AND DEATH YRS		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO		114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE PLACE AND DATE AND PLACE SPOURED FOR THE CAUSES SPOURED 06/09/2012 06/22/2012		115. LICENSE NUMBER A53804	
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE PLACE AND DATE AND PLACE SPOURED FOR THE CAUSES SPOURED 06/09/2012 06/22/2012		115. SIGNATURE AND TITLE OF CERTIFIER ANA IVANOVA IVANOVA M.D.		116. LICENSE NUMBER A53804	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ANA IVANOVA IVANOVA M.D. 4300 ROSE DRIVE, YORBA LINDA, CA 92886		117. DATE—mm/dd/yyyy 07/03/2012			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ANA IVANOVA IVANOVA M.D. 4300 ROSE DRIVE, YORBA LINDA, CA 92886		119. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE SPOURED FROM THE CAUSES SPOURED <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> LINK	
121. INJURY DATE—mm/dd/yyyy		122. HOUR (24 Hours)			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE—mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH# CENSUS TRACT	

JUL 10 2012



CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
 COUNTY OF ORANGE } SS

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

Eric G. Handler M.D.
 ERIC G. HANDLER, M.D.
 HEALTH OFFICER
 ORANGE COUNTY, CALIFORNIA



This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.
 FNCO (Rev) 03/12

