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KAREN ELLISON, RECORDER

Natalia K. Vander Laan, Esq.

**A.P.N.: 1420-28-601-039**

**Recording Requested By:** )  
Vander Laan Law Firm, LLC )  
1624 10<sup>th</sup> St, Suite 3 )  
Minden, NV 89423 )

**When Recorded Mail to:** )  
Vander Laan Law Firm, LLC )  
1624 10<sup>th</sup> St, Suite 3 )  
Minden, NV 89423 )

**Mail Tax Statement to:** )  
Susan Hamarlund, Trustee )  
2906 Cielo Vista Court )  
Minden, NV 89423 )

## **AFFIDAVIT – DEATH OF CO-TRUSTEE**

I, SUSAN KAY HAMARLUND, of legal age, being first duly sworn, declare under penalty of perjury that:

RAYMOND W HAMARLUND, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as RAYMOND WALTER HAMARLUND named as Co-Trustee in the Declaration of Trust executed on January 19, 1999, by Raymond Walter Hamarlund and Susan Kay Hamarlund as Grantors.

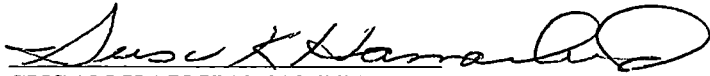
RAYMOND W HAMARLUND, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as RAYMOND WALTER HAMARLUND, Trustee of the RAYMOND WALTER HAMARLUND AND SUSAN KAY HAMARLUND REVOCABLE LIVING TRUST, dated January 19, 1999, and any amendments thereto, named as one of the parties (transferees) in that certain deed dated April 3, 2019, recorded on April 4, 2019, as Document No. 2019-927485, in the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:



The above-referenced Trust was in effect at the time of the death of the decedent mentioned herein, and has not been revoked.

Executed on this 10<sup>th</sup> day of September, 2019, in Douglas County, State of Nevada.

Trustee:

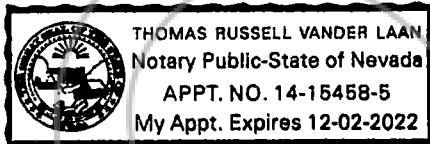


SUSAN KAY HAMARLUND, Trustee

Of RAYMOND WALTER HAMARLUND AND SUSAN KAY HAMARLUND REVOCABLE LIVING TRUST, dated January 19, 1999, and any amendments thereto

STATE OF NEVADA            )  
  ): ss  
COUNTY OF Douglas        )

Signed and sworn to (or affirmed) before me on this 10<sup>th</sup> day of September, 2019, by SUSAN KAY HAMARLUND.



NOTARY PUBLIC

This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiant. The preparer of this affidavit assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4086277 CERTIFICATE OF DEATH 2019011380  
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) <b>Raymond W HAMARLUND</b>		2. DATE OF DEATH (Mo/Day/Year) <b>June 09, 2019</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street ar number) <b>2906 Cielo Vista Ct</b>		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>75</b>		7b. UNDER 1 YEAR <b>MOS DAYS</b>		7c. UNDER 1 DAY <b>HOURS MINS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>August 03, 1943</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>New Jersey</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>16</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Susan BOUSFIELD</b>	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]-7402</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Electrical Engineer</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Power Company</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>2906 Cielo Vista Ct</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Walter HAMARLUND</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Marie FAUST</b>		
18a. INFORMANT- NAME (Type or Print) <b>Susan HAMARLUND</b>		18b. MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) <b>2906 Cielo Vista Ct Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Sacramento Valley National Cemetery</b>		19c. LOCATION City or Town State <b>Dixon California 95620</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CRAIG R COLEMAN</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD921</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> <b>1521 Church Street Gardnerville NV 89410</b>	
TRADE CALL - NAME AND ADDRESS <b>W.F. Gornley &amp; Sons 2015 Capitol Ave Sacramento CA 95813</b>					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) <b>NITA SCHWARTZ MD</b> <b>SIGNATURE AUTHENTICATED</b>		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) <b>June 10, 2019</b>		21c. HOUR OF DEATH <b>12:05</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>9114</b>	
24a. REGISTRAR (Signature) <b>ANGELICA RAMIREZ</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 11, 2019</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Malignant Neoplasm Of Brain With Metastasis</b> DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (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) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) <b></b>			
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	



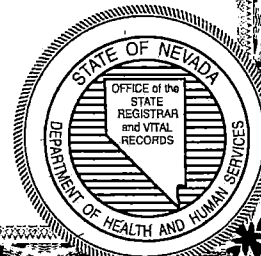
CERTIFIED COPY OF VITAL RECORDS

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: **6/14/2019**

*Ann Joseph*  
**Interim Administrator**  
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE