

APN 1420-08-212-005

**RECORDING REQUESTED BY
AND WHEN RECORDED RETURN TO:**

Steven E. Tackes, Esq.
Kaempfer Crowell
510 West Fourth Street
Carson City, NV 89703

MAIL TAX STATEMENTS TO:

Bob E. Petten, Co-Trustee
Steven E. Tackes, Co-Trustee
Petten Living Trust Agreement
1030 Haystack Drive
Carson City, NV 89705

I affirm that this document submitted for recording **does** contain the social security number of any person or persons. (Per NRS 440.380(1) and 40.525(5))

Bob E Petten
Bob E. Petten

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA)
)ss:
COUNTY OF WASHOE)

BOB E. PETTEN and STEVEN E. TACKES, being first duly sworn, upon oath and under penalty of perjury, depose and say as follows:

1. That we are both over the age of twenty-one (21) years of age and competent to testify to the matters hereinafter stated.
2. That BARBARA PETTEN, the decedent mentioned in the attached certified copy of Certificate of Death who died on June 9, 2016, is the same person as BARBARA PETTEN,

named as a Co-Trustee of the PETTEN LIVING TRUST AGREEMENT dated January 28, 1998, in that certain Grant Bargain and Sale Deed recorded as Document No. 0475426 on August 27, 1999, covering the following described property.

3. That the real property described herein is real property situated in the County of Douglas, State of Nevada, and more particularly described as follows:

The land referred to herein is situated in the State of Nevada, County of Douglas, described as follows:

Lot 6, in Block I, as shown on the Amended map of SUNRIDGE HEIGHTS, PHASE 5B, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on February 22, 1995, in Book 295, Page 3219, as Document No. 356642.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

Also known as 1030 Haystack Drive, Carson City, NV 89705; APN 1420-08-212-005.

Legal description from Grant Bargain Sale Deed recorded August 27, 1999, as Document No. 0475426.

4. That I, BOB E. PETTEN, am named within the aforementioned Trust, am the spouse of the decedent, and am the surviving Grantor, Trustor, Settlor, and Trustee. Pursuant to the terms of the Trust, I retain the power to amend or revoke the Trust.

5. That I, STEVEN E. TACKES, am named as a Co-Trustee within the aforementioned Trust.

6. That BOB E. PETTEN and STEVEN E. TACKES confirm, and we consent to serve as Co-Trustees of the aforementioned Trust and hereby assume the powers and duties as Co-Trustees of such Trust, and further, that the signature of either Trustee shall be sufficient as an act of the Trust.

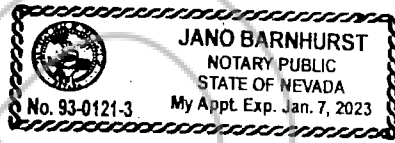
7. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

DATED this 10th day of September, 2019.

Bob E. Petten
BOB E. PETTEN, Trustor and Trustee

SUBSCRIBED AND SWORN to before me by BOB E. PETTEN this 11 day of September, 2019.

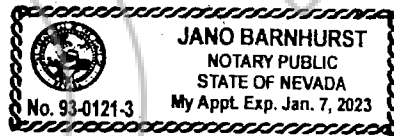
Jano Barnhurst
Notary Public (Seal)



Steven E. Tackes
STEVEN E. TACKES, Trustee

SUBSCRIBED AND SWORN to before me by STEVEN E. TACKES this 11 day of September, 2019.

Jano Barnhurst
Notary Public (Seal)



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. 3898373

2016010446
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Barbara PETTEN		2. DATE OF DEATH (Mo/Day/Year) June 09, 2016		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 Inpatient)(Specify) Carson Tahoe Regional Medical Center Inpatient		4. SEX Female	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No. - Non-Hispanic		7a. AGE-Last birthday (Years) 78	
	7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY		8. DATE OF BIRTH (Mo/Day/Yr) July 18, 1937	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Oregon		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Robert PETTEN			
PARENTS	13. SOCIAL SECURITY NUMBER 9831		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
DISPOSITION	15d. STREET AND NUMBER 1030 Haystack Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Charles HUMMEL			17. MOTHER/PARENT - NAME (First Middle Last Suffix)		
TRADE CALL	18a. INFORMANT - NAME (Type or Print) Robert PETTEN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1030 HAystack Drive Carson City, Nevada 89705			
	19a. BURIAL, CREMATION, REMOVAL OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Reno		19c. LOCATION City or Town State Reno Nevada	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE MEYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 854		20c. NAME AND ADDRESS OF FACILITY Nevada Funeral Services 3094 Research Way #63 Carson City NV 89706	
	TRADE CALL - NAME AND ADDRESS					
REGISTERAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JOSE AGUIRRE M.D. 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) June 10, 2016		21c. HOUR OF DEATH 12:40		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	22a. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jose Aguirre M.D. 1600 Medical Parkway Carson City, NV 89703			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER 11479		24a. REGISTRAR (Signature): SHERRIE A CONNELL SIGNATURE AUTHENTICATED			
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 10, 2016		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
STATE REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I				Interval between onset and death	
	(a) Cardiopulmonary Arrest				Interval between onset and death	
CAUSE OF DEATH	(b) Respiratory Failure				Interval between onset and death	
	(c) Metastatic Lung Cancer With Matastasis To The Brain				Interval between onset and death	
CAUSE OF DEATH	(d) Chronic Kidney Disease, Stage III				Interval between onset and death	
	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Unknown Etiology				26. AUTOPSY (Specify Yes or No) No	
CAUSE OF DEATH	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		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	
CAUSE OF DEATH	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



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: **JUL 18 2016**

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

Cody Phinney
STATE REGISTRAR

VR9-Rev-20120523a

