

APN# 1318-26-101-069

Recording Requested by/Mail to:

Name: Douglas Anton Hellman

Address: 1714 Upshur Street NW

City/State/Zip: Washington DC, 20011

Mail Tax Statements to:

Name: Douglas Anton Hellman

Address: 1714 Upshur Street NW

City/State/Zip: Washington DC, 20011

Affidavit - Death of Trustee

Title of Document (required)

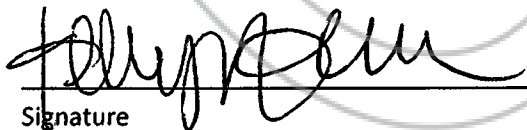
------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)



Signature

KELLY O'CONNOR, E.O.

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:
Douglas Anton Hellman
1714 Upshur Street NW
Washington DC 20011**

Space Above This Line for
Recorder's Use Only

A.P.N. 1318-26-101-069

File No.: 121-2568032 (TK)

Affidavit - Death of Trustee

State of Virginia)
County of Orange)ss.
)

("Declarant") Douglas Anton Hellman is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. ("Decedent") Patricia Jeanne Hellman (aka Patricia Jeanne Woody) is the person referenced in the attached certified copy of the Certificate of Death who died on October 31, 2018 at Stateline, Nevada (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated June 18th, 2002 executed by Patricia Jeanne Hellman as trustor(s) of the 1999 Patricia Jeanne Hellman Trust (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain Grant Bargain and Sale Deed dated April 7, 2013 which was recorded as Instrument No. 0573595 in Book 0403 , Page 06976, of Official Records of Douglas County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: 8-1-19

DECLARANT:

Douglas Anton Hellman
Douglas Anton Hellman

State of Virginia)
County of Orange)ss

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County ORANGE and State VIRGINIA, this 1 day of August, 20 19 by Douglas Anton Hellman, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

This area for official notarial seal

Signature [Signature]

My Commission Expires: 4/30/2021

**LINDA DAVIS
NOTARY PUBLIC
REG. #7750183
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES APRIL 30, 2021**

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
HEALTH AND HUMAN SERVICES AGENCY
PLACERVILLE, CALIFORNIA

3052018224910		CERTIFICATE OF DEATH <small>STATE OF CALIFORNIA USE BLACK INK ONLY - NO ERASURES, WHITEOUTS OR ALTERATIONS (S-1 (REV. 5/02))</small>	3201809001117		
STATE FILE NUMBER		LOCAL REGISTRATION NUMBER			
1. NAME OF DECEDENT - FIRST (Given) PATRICIA	2. MIDDLE JEANNE		3. LAST (Family) WOODY		
AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) PATRICIA JEANNE HELLMAN			4. DATE OF BIRTH m/m/dd/yyyy 03/11/1951	5. AGE Yrs. 67	6. SEX F
9. BIRTH STATE/FOREIGN COUNTRY CA	10. SOCIAL SECURITY NUMBER 0574	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/GRDP (at time of death) MARRIED	7. DATE OF DEATH m/m/dd/yyyy 10/31/2018	8. HOUR (24 Hour) 1815
13. EDUCATION - Highest Level (Degree) SOME COLLEGE	14. WAS DECEDENT HISPANIC/LATINO/SPANISH? <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 DEALER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) CASINO		19. YEARS IN OCCUPATION 19	
20. DECEDENT'S RESIDENCE (Street and number, or location) 144 ROSEWOOD CIR.					
21. CITY STATELINE		22. COUNTY/PROVINCE DOUGLAS	23. ZIP CODE 89449	24. YEARS IN COUNTY 42	25. STATE/FOREIGN COUNTRY NV
26. INFORMANT'S NAME, RELATIONSHIP JO ANNE HUDSON, SISTER			27. INFORMANT'S MAILING ADDRESS (Street and number, or real estate number, city or town, state and zip) PO BOX 1224, ZEPHYR COVE, NV 89448		
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST THOMAS		29. MIDDLE DALE	30. LAST (BIRTH NAME) WOODY		
31. NAME OF FATHER/PARENT - FIRST NATHANIEL		32. MIDDLE -	33. LAST HELLMAN	34. BIRTH STATE CA	
35. NAME OF MOTHER/PARENT - FIRST ZELDA		36. MIDDLE L.	37. LAST (BIRTH NAME) HASSINGER	38. BIRTH STATE SD	
39. DISPOSITION DATE m/m/dd/yyyy 11/12/2018		40. PLACE OF FINAL DISPOSITION RESIDENCE OF HUSBAND, THOMAS WOODY 144 ROSEWOOD CIR., STATELINE, NV 89449			
41. TYPE OF DISPOSITION(S) CR/TR		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT MC FARLANE MORTUARY INC		45. LICENSE NUMBER FD1180	46. SIGNATURE OF LOCAL REGISTRAR NANCY J WILLIAMS, MD, MPH		47. DATE m/m/dd/yyyy 11/08/2018
101. PLACE OF DEATH BARTON MEMORIAL HOSPITAL		102. <input checked="" type="checkbox"/> HOSPITAL SPECIFY ONE <input type="checkbox"/> HOME <input type="checkbox"/> OTHER	103. <input type="checkbox"/> OTHER THAN HOSPITAL. SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Hospice <input type="checkbox"/> Other		
104. COUNTY EL DORADO	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or local or) 2170 SOUTH AVE.		106. CITY SOUTH LAKE TAHOE		
107. CAUSE OF DEATH Enter the direct cause - disease, injury, or trauma. Do not list cause of death. DO NOT write "see physician's report" as cause of death. Respiratory arrest, or heart failure, or "see physician's report" are not causes of death. Do NOT abbreviate.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) METASTATIC THYROID CANCER		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	109. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <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. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NONE					113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK
114. IDENTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: 08/31/2015 Decedent Last Seen Alive: 10/04/2018		115. SIGNATURE AND TITLE OF CERTIFIER NICHOLE DELAPLANTE D.O.		116. LICENSE NUMBER 20A13406	117. DATE m/m/dd/yyyy 11/07/2018
118. TYPE, ADDRESS AND PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE NICHOLE DELAPLANTE, D.O. 1090 THIRD STREET, STE. 1, SOUTH LAKE TAHOE, CA 96150					
119. IDENTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	121. INJURY DATE m/m/dd/yyyy	122. HOUR (24 Hour)	
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 m/m/dd/yyyy	128. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER		
STATE REGISTRAR	A	B	C	D	E
FAX AUTH.#		CENSUS TRACT			

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF EL DORADO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health and Human Services Agency.

DATE ISSUED **NOV 29 2018**

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.



Nancy Williams
NANCY J WILLIAMS MD, MPH
COUNTY HEALTH OFFICER



CAELDORADJ

EXHIBIT 'A'

ALL THAT CERTAIN LOT, PIECE OR PARCEL OF LAND SITUATE IN THE COUNTY OF DOUGLAS, STATE OF NEVADA MORE PARTICULARLY DESCRIBED AS FOLLOWS:

A PORTION OF THE NORTHEAST 1/4 OF THE NORTHWEST 1/4 OF SECTION 26, TOWNSHIP 13 NORTH, RANGE 18 EAST, M.D.B.& M., MORE PARTICULARLY DESCRIBED AS FOLLOWS:

PARCEL 7 AS SET FORTH ON THAT CERTAIN PARCEL MAP FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MARCH 15, 1978, AS DOCUMENT NO. 18562.