

APN#: 1420-18-113-073

DOUGLAS COUNTY, NV

2019-935750

Rec:\$35.00

\$35.00

Pgs=4

09/27/2019 09:04 AM

ETRCO

KAREN ELLISON, RECORDER

Recording Requested By:

Western Title Company

When Recorded Mail To:

Carolee E. Edling

3374 Ore Court

Carson City, NV 89705

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)(8) & 40.525 (5))

Signature

Traci Adams

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

Carolee E. Edling, Successor Trustee, of legal age, being first duly sworn, deposes and says:

1. Michael M. Edling, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Michael M. Edling named as Trustee in the Declaration of Trust dated _____ and executed by Michael M. Edling and Carolee E. Edling as Trustor(s).
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 3374 Ore Court Carson City, NV 89705, which property is described in a Deed which was executed by Michael M. Edling and Carolee E. Edling, Trustees of The Michael and Carolee Edling Family 2018 Trust as Grantor(s) on March 21, 2018 and recorded as Instrument No. 2018-911868, in Book , Page , 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:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 251 of Block D as shown on the plat of SILVERADO HEIGHTS NO. 2, filed for record in the office of the County Recorder of Douglas County, Nevada as Document No. 33717, on June 20, 1979.

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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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


Dated 9/12/19 Carolee E. Edling
Carolee E. Edling, Successor Trustee,

STATE OF NEVADA } SS
COUNTY OF Douglas

This instrument was acknowledged before me on
9/12/19

By Carolee E. Edling

[Signature]
Notary Public

 **TRACI ADAMS**
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 89-1881-5 - Expires Jan. 05, 2023

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4053022

CERTIFICATE OF DEATH

2018022990
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Michael Murray EDLING		2. DATE OF DEATH (Mo/Day/Year) November 29, 2018		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 address) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Emergency Room / Outpatient	
DECEDENT	4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 68		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) August 10, 1950		9a. STATE OF BIRTH (If not US/CA, name country) California		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) Carolee WILBUR	
PARENTS	13. SOCIAL SECURITY NUMBER [REDACTED]-0740		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 3374 Ore Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Richard F EDLING JR	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Evelyn Murray WINTER		18a. INFORMANT - NAME (Type or Print) Carolee EDLING		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3374 Ore Ct Carson City, Nevada 89705	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
	20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) CARLEN BLANSETT		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City, NV 89706	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) DAVID LEROY PROTHRO MD		21b. DATE SIGNED (Mo/Day/Yr) December 04, 2018		21c. HOUR OF DEATH 00:10	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	22c. HOUR OF DEATH		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) David Leroy Prothro MD P.O. Box 70248 Reno, NV 895700248		23b. LICENSE NUMBER 7123		24a. REGISTRAR (Signature) CATHERINE E SIMPSON	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 04, 2018		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)	
	25. IMMEDIATE CAUSE (PART I) (a) Cardiac Arrest		Interval between onset and death		26. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(b) Unknown Etiology		Interval between onset and death		27. DATE OF INJURY (Mo/Day/Yr)	
	(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		28c. HOUR OF INJURY	
(d) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		28d. DESCRIBE HOW INJURY OCCURRED		
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Atrial Fibrillation Permanent Pacemaker		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		
28a. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		
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

Q 010 7 4 6 8 5 3



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.

12/5/2018

DATE ISSUED:

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

Julie Katchear
SIGNATURE AUTHENTICATED
STATE REGISTRAR

