

APN# : 1022-29-201-023



00100722201909372250040046

KAREN ELLISON, RECORDER

**Recording Requested By:**

---

**When Recorded Mail To:**

Mark Hussman  
1208 Gilman Ave.  
Gardnerville, NV 89410

---

**Mail Tax Statements to: (deeds only)**

same as above

---

---

---

---

(space above for Recorder's use only)

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)(5) & 40.525 (5))

Signature

*Mark Hussman*  
Mark Hussman

---

---

**Affidavit Death of Trustee**

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

# AFFIDAVIT – DEATH OF TRUSTEE

Mark Hussman, of legal age, being first duly sworn, deposes and says:

1. Helen Elizabeth Hussman, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Helen Elizabeth Hussman named as Trustee in the Declaration of Trust dated August 30, 1982 and executed by William Louis Hussman and Helen Elizabeth Hussman as Trustor(s).
2. At the time of the decedent's death, decedent was the Beneficiary, as Trustee, of a Note and Deed of Trust secured by certain real property commonly known as 1895 Genoa St., which property is described in a Deed of Trust which was executed by Mark Hussman, an unmarried man as to an undivided one-half (1/2) interest and Duane E. Hillabush and Marilyn Hillabush, husband and wife as joint tenants with rights of survivorship, as to an undivided one-half (1/2) interest on December 29, 2010 and recorded as Instrument No. 776196, in Book 1210, Page 6743, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:
3. The legal description of said property is as follows:  
  
See Exhibit "A" Attached hereto and made a part hereof
4. 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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
5. 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

9-19-19

Mark Hussman  
Mark Hussman,

STATE OF NEVADA

}SS

COUNTY OF Douglas

This instrument was acknowledged before me on 9.19.19  
By Mark Hussman.

Wendy Dunbar  
Notary Public



WENDY DUNBAR  
Notary Public - State of Nevada  
Appointment Recorded in Douglas County  
No: 02-79065-5 - Expires Dec. 16, 2022

EXHIBIT "A"

LEGAL DESCRIPTION

A PARCEL OF LAND LOCATED WITHIN A PORTION OF THE SOUTHWEST ONE-QUARTER (SW 1/4) SOUTHEAST ONE-QUARTER (SE 1/4) NORTHWEST ONE-QUARTER (NW 1/4) OF SECTION 29, TOWNSHIP 10 NORTH, RANGE 22 EAST, MOUNT DIABLO MERIDIAN, DOUGLAS COUNTY, NEVADA, DESCRIBED AS FOLLOWS:

CONSOLIDATED FORMER ASSESSORS PARCEL NUMBERS 1022-29-201-013 AND 1022-29-201-014 AS SHOWN ON THAT RECORD OF SURVEY FOR DUANE E. & MARILYN HILLABUSH AND MARK HUSSMAN AS RECORDED IN BOOK 0902 AT PAGE 4138 AS DOCUMENT NO. 552088, DOUGLAS COUNTY, NEVADA, RECORDERS OFFICE, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE WEST ONE-QUARTER CORNER OF SECTION 29, TOWNSHIP 10 NORTH, RANGE 22 EAST, M.D.M. AS SHOWN ON SAID RECORD OF SURVEY, DOCUMENT NO. 552088;  
THENCE PER SAID RECORD OF SURVEY THE FOLLOWING COURSES:  
NORTH 00°15'24" EAST, 329.74 FEET;  
SOUTH 89°06'13" EAST, 110.00 FEET;  
SOUTH 00°15'24" WEST, 329.74 FEET;  
AND NORTH 89°06'23" WEST, 110.00 FEET TO THE POINT OF BEGINNING.

NOTE : THE ABOVE METES AND BOUND DESCRIPTION APPEARED PREVIOUSLY IN THAT CERTAIN DOCUMENT RECORDED MARCH 10, 2004, IN BOOK 304, PAGE 4865, AS INSTRUMENT NO. 606861

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

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

CASE FILE NO. 4053381

**CERTIFICATE OF DEATH**

2018022933  
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>Helen Elizabeth HUSSMAN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 29, 2018</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and city) <b>Carson Valley Medical Center</b>		3e.If Hosp. or inst. indicate DOA,OP/Emer Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6 Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>96</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>September 25, 1922</b>		9a STATE OF BIRTH (If not US/CA, name country) <b>Washington</b>		9b CITIZEN OF WHAT COUNTRY <b>United States</b>	
10 EDUCATION <b>16</b>		11 MARITAL STATUS (Specify) <b>Widowed</b>		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER <b>██████-5102</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Flight Attendant</b>		14b KIND OF BUSINESS OR INDUSTRY <b>Airlines</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>1587 8th Street</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>Howard PORTER</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Laura WHEAT</b>		
18a. INFORMANT- NAME (Type or Print) <b>Mark HUSSMAN</b>		18b MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) <b>1208 Gilman Ave Gardnerville, Nevada 89410</b>			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b CEMETERY OR CREMATORY - NAME <b>Autumn Cremation Services</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD304</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations</b> <b>1575 N Lompa Ln Carson City NV 89701</b>	
TRADE CALL - NAME AND ADDRESS					
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>ROBERT J FLIEGLER 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>December 03, 2018</b>		21c HOUR OF DEATH <b>18:35</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>Robert J Fliegler MD 206 North Curry Street Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>9310</b>	
24a REGISTRAR (Signature) <b>CATHERINE E SIMPSON</b> <b>SIGNATURE AUTHENTICATED</b>		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 04, 2018</b>		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))				Interval between onset and death	
PART I (a) <b>Septic Shock</b> DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) <b>Gastric Strangulation</b> DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c) <b>Hiatal Hernia</b> DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(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)		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	

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.

12/4/2018

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

