

APN# : 1320-32-114-007



00100725201909372280040047

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 Trustees**

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

# AFFIDAVIT – DEATH OF TRUSTEES

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

1. William Louis Hussman and Helen Elizabeth Hussman, the decedents mentioned in the attached certified copies of Certificates of Death, are the same persons as William Louis Hussman and Helen Elizabeth Hussman named as Trustees in the Declaration of Trust dated 8/30/1982 and executed by William Louis Hussman and Helen Elizabeth Hussman as Trustor(s).
2. At the time of the decedent's deaths, decedents was the record owners, as Trustees, of certain real property commonly known as 1587 Eighth St., Minden, NV 89423, which property is described in a Deed which was executed by William L. Hussman and Betty Hussman, his wife, as joint tenants, with right of survivorship as Grantor(s) on June 7, 1983 and recorded as Instrument No. 081615, in Book 683, Page 1293, 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:  
  
Lot 2, Block "B" of the South Addition to the Town of Minden, Douglas County, Nevada, according to the official map thereof, filed in the office of the County Recorder of Douglas County, Nevada on April 9, 1957.
4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedents mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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.

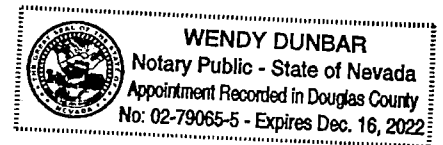
Dated 10-28-19 Mark Hussman  
Mark Hussman,

STATE OF NEVADA }SS

COUNTY OF Douglas

This instrument was acknowledged before me on 10.28.2019  
By Mark Hussman.

Wendy Dunbar  
Notary Public



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

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

**2010002408**  
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>William Louis HUSSMAN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 04, 2010</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 and number) <b>1587 Eighth St</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>88</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>July 07, 1921</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>14</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE OR DOMESTIC PARTNER <b>Helen Elizabeth PORTER</b>	
13. SOCIAL SECURITY NUMBER <b>██████████-1295</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Pilot</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Airline</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 Eighth St</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER - NAME (First Middle Last Suffix) <b>Otto Louis HUSSMAN</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Mathilda JEPSEN</b>		
18a. INFORMANT - NAME (Type or Print) <b>Helen E HUSSMAN</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1587 Eighth St Minden, Nevada 89423</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>RICK NOEL</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>620</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					
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>SIGNATURE AUTHENTICATED</b> <b>KELLE LYNN BROGAN M.D.</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>February 11, 2010</b>		21c. HOUR OF DEATH <b>16:00</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)		23a. LICENSE NUMBER <b>6000</b>	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Kelle Lynn Brogan M.D. 18653 Wedge Pkwy Reno, NV 89511</b>				23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 23, 2010</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))					
PART I (a) <b>Cerebrovascular Disease</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				Interval between onset and death	
PART II				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

352233

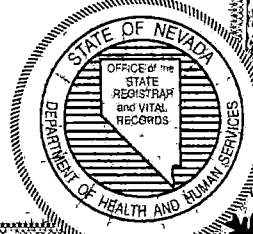
**316577** CERTIFIED COPY OF VITAL RECORDS

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: **02/23/2010**

*R. D. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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



PNCR01R 1106

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20090602

**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   HOURS   MINS		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>		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; Creations</b> <b>1575 N Lompa Ln Carson City NV 89701</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>ROBERT J FLIEGLER MD</b> <b>SIGNATURE AUTHENTICATED</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>December 03, 2018</b>		21c. HOUR OF DEATH <b>18:35</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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
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>		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
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))					
PART I (a) <b>Septic Shock</b>				Interval between onset and death	
(b) <b>Gastric Strangulation</b>				Interval between onset and death	
(c) <b>Hiatal Hernia</b>				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:

*Julie Katchewar*  
**SIGNATURE AUTHENTICATED**  
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

