

DOUGLAS COUNTY, NV

2019-937965

Rec:\$35.00

\$35.00

Pgs=4

11/12/2019 09:13 AM

FIRST CENTENNIAL - RENO (MAIN OFFICE)

KAREN ELLISON, RECORDER

APN # 1319-10-212-003

Escrow # 00249426 -016-

Recording Requested By:
First Centennial Title Company
1450 Ridgeview Dr. #100
Reno, NV 89509

When Recorded Return to:
Burton Charles Diephuis
PO Box 760
Genoa, NV 89411

Mail Tax Statements to:
B.R.C. Diephuis
PO Box 760
Genoa, NV 89411

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT OF DEATH OF TRUSTEE

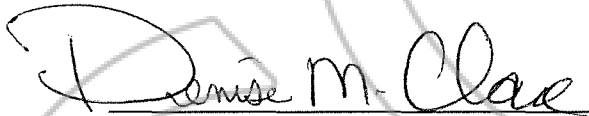
(Title of Document)

Please complete Affirmation Statement below:

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

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 as required by law: NRS440.380(I) (state specific law).



SIGNATURE

ESCROW OFFICER

TITLE

DENISE M. CLARK

Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

SPACE BELOW FOR RECORDER

APN: 1319-10-212-003
Escrow No. 00249426 - 016 -

When Recorded Return to:
Burton Charles Diephuis
PO Box 760
Genoa, NV 89411

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA
COUNTY OF DOUGLAS

} ss:

Burton Charles Diephuis, of legal age, being duly sworn, deposes and says

That Jane Lynn Diephuis the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Jane L. Diephuis, Co-Trustee of the Diephuis Family Revocable Trust dated 6/6/1995 named as one of the parties in that certain Grant, Bargain, Sale Deed dated April 15, 2013 executed by Burton C. Diephuis and Jane L. Diephuis, husband and wife as joint tenants to B.R.C. Diephuis and Jane L. Diephuis, Co-Trustees of the Diephuis Family Revocable Trust dated 6/6/1995, recorded as Instrument No. 822018, on April 19, 2013 of Official Records of Douglas County, Nevada, covering the following described property.

Lot 11, Block A, as shown on the Official Map of Sierra Shadows Subdivision, filed in the Office of the County Recorder of Douglas County, State of Nevada, on June 30, 1980, as Document No. 45811.

SPACE BELOW FOR RECORDER

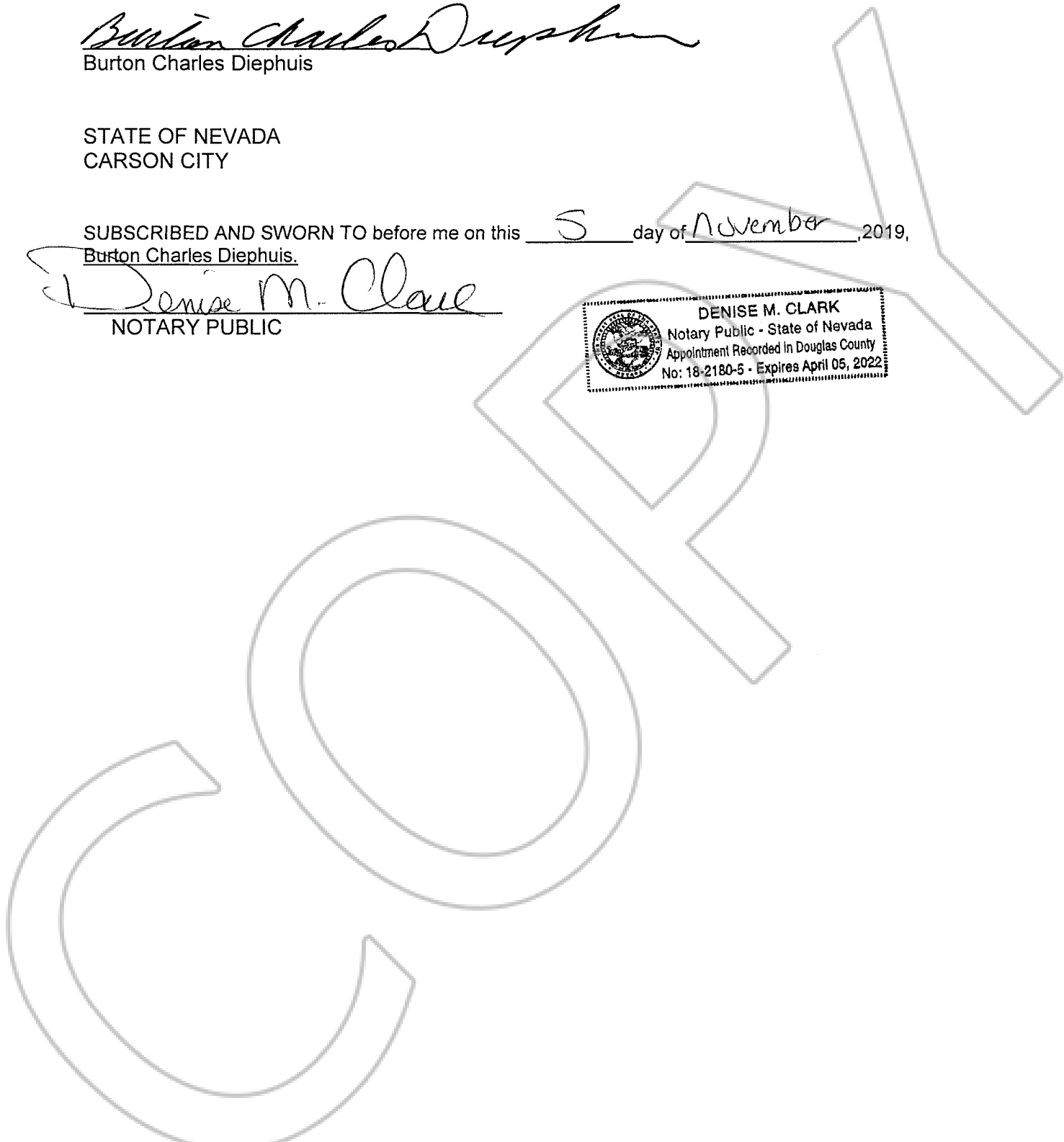
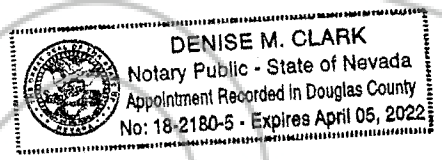
Dated: 11/5/2019

Burton Charles Diephuis
Burton Charles Diephuis

STATE OF NEVADA
CARSON CITY

SUBSCRIBED AND SWORN TO before me on this 5 day of November, 2019,
Burton Charles Diephuis.

Denise M. Clark
NOTARY PUBLIC



SPACE BELOW FOR RECORDER _____

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3928916

CERTIFICATE OF DEATH

2016022184
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) Jane Lynn DIEPHUIS		2. DATE OF DEATH (Mo/Day/Year) December 06, 2016		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Genoa		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or 212 Kinsey Way		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 73		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) November 20, 1943		9a. STATE OF BIRTH (if not US/CA, name country) Michigan		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 18		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Burton Charles DIEPHUIS	
13. SOCIAL SECURITY NUMBER ██████████-1232		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of C E O Senior Housing		14b. KIND OF BUSINESS OR INDUSTRY Housing	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Genoa	
15d. STREET AND NUMBER 212 Kinsey Way		15e. INSIDE CITY LIMITS (Specify Yes or No) No		15f. INSIDE CITY LIMITS (Specify Yes or No) No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Lynn Henry BENACKER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Helen Virginia WHITLOW		
18a. INFORMANT - NAME (Type or Print) Burton Charles DIEPHUIS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO BOX 760 Genoa, Nevada 89411			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE		20b. FUNERAL DIRECTOR LICENSE NUMBER 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
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) REED DOFF 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) December 07, 2016		21c. HOUR OF DEATH 06:30		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)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Reed Doff M.D. 18653 Wedge Pkwy Reno, NV 89511			
23b. LICENSE NUMBER 13920		24a. REGISTRAR (Signature) SHANNON JANE MCGUINNESS SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 09, 2016	
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) Terminal Complications Of Malignant, Metastatic Ovarian Carcinoma DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death Months			
(b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death		(c) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death			
(d) DUE TO, OR AS A CONSEQUENCE OF: 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			
26. AUTOPSY (Specify Yes or No) No		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					
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

000652003



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: 12/12/2016

Shannon Jane McGuinness
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

VRS-Rev-20120523a

