

APN# 1320-33-310-018



Recording Requested by/Mail to:

KAREN ELLISON, RECORDER

Name: Mark Hussman
Address: 1208 Gilman Ave.
Gardnerville, NV 89410
City/State/Zip: _____

Mail Tax Statements to:

Name: Same as above
Address: _____
City/State/Zip: _____

Affidavit of Death

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)

Mark Hussman
Signature

Mark Hussman
Printed Name

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

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 8/30/1982 and executed by Helen Elizabeth Hussman 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 1296 Campbell Court, Gardnerville, NV 89410, which property is described in a Deed which was executed by Helen Elizabeth Hussman, sole surviving Trustee of the William Louis and Helen Elizabeth Hussman Family Trust Agreement dated August 30, 1982 as Grantor(s) on December 27, 2012 and recorded as Instrument No. 815214, in Book 1212, Page 7278, 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 27, Block O as set forth on Final Subdivision Map FSM-1006 of CHICHESTER ESTATES Phase 1, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 12, 1995, in Book 995 at Page 1407, as Document No. 370215.

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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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.

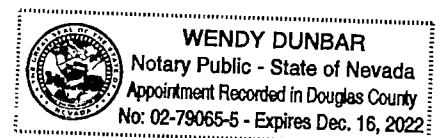
I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Dated 10-29-20 Mark Hussman
Mark Hussman

STATE OF NEVADA }SS
COUNTY OF DOUGLAS

This instrument was acknowledged before me on 10-29-20
By Mark Hussman.

Wendy Dunbar
Notary Public



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) Helen Elizabeth HUSSMAN		2 DATE OF DEATH (Mo/Day/Year) November 29, 2018		3a COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c HOSPITAL OR OTHER INSTITUTION -Name(If not ether, give street ar Carson Valley Medical Center		3e If Hosp or Inst indicate DOA,QP/Emmer Rm Inpatient(Specify) Inpatient	
4. SEX Female		5 RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) 96		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) September 25, 1922		9a STATE OF BIRTH (If not US/CA, name country) Washington		9b CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 16		11 MARITAL STATUS (Specify) Widowed		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13 SOCIAL SECURITY NUMBER [REDACTED]-5102		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Flight Attendant		14b KIND OF BUSINESS OR INDUSTRY Airlines	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Minden	
15d STREET AND NUMBER 1587 8th Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Howard PORTER			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Laura WHEAT		
18a. INFORMANT- NAME (Type or Print) Mark HUSSMAN		18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1208 Gilman Ave Gardnerville, Nevada 89410			
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 SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD304		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) ROBERT J FLIEGLER MD 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 03, 2018		21c HOUR OF DEATH 18:35		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) Robert J Fliegler MD 206 North Curry Street Carson City, NV 89703				23b LICENSE NUMBER 9310	
24a REGISTRAR (Signature) CATHERINE E SIMPSON SIGNATURE AUTHENTICATED		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))				Interval between onset and death	
PART I (a) Septic Shock				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF-				Interval between onset and death	
(b) Gastric Strangulation				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c) Hiatal Hernia				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 OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1				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	
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 Katchear
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

