

APN# 1220-16-412-015



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: _____

Address: Mark Hussman
1200 Gilman Ave.

City/State/Zip: Gardnerville, NV 89410

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 817 Pollen Court, Gardnerville, NV 89460, 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. 815211, in Book 1212, Page 7272, 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 4, in Block A, as shown on the Official map of Rabbitbrush Corners, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on March 2, 1992, in Book 392, Page 001, as Socument No. 272299.
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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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.

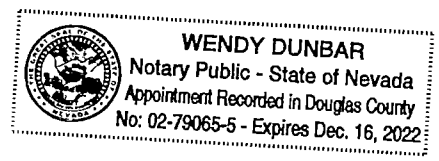
Dated 10-29-2020 Mark Hussman
Mark Hussman

STATE OF NEVADA }SS

COUNTY OF DOUGLAS

This instrument was acknowledged before me on 10-29-2020
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	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 either, give street and Inpatient)(Specify) Carson Valley Medical Center		3e If Hosp or Inst indicate DOA,OP/Emer Rm Inpatient	
DECEDENT	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		7c UNDER 1 DAY HOURS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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)	
PARENTS	13 SOCIAL SECURITY NUMBER ██████████-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	
DISPOSITION	15d STREET AND NUMBER 1587 8th Street		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		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	
TRADE CALL	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	
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) 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)		22c HOUR OF DEATH	
REGISTRAR	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	
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))	
	25a ACC, SUICIDE, HOM, UNDET OR PENDING INVEST (Specify)		25b DATE OF INJURY (Mo/Day/Yr)		25c HOUR OF INJURY	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25d DESCRIBE HOW INJURY OCCURRED		26 AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
	28a INJURY AT WORK (Specify Yes or No)		28b PLACE OF INJURY - At home, farm, street factory, office building, etc. (Specify)		28c LOCATION STREET OR R F D No CITY OR TOWN STATE	
28d INJURY AT WORK (Specify Yes or No)		28e PLACE OF INJURY - At home, farm, street factory, office building, etc. (Specify)		28f 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.

Julie Katchear
SIGNATURE AUTHENTICATED
STATE REGISTRAR

DATE ISSUED:

12/4/2018

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

