

APN# 1220-21-510-139



KAREN ELLISON, RECORDER

**Recording Requested by/Mail to:**

Name: \_\_\_\_\_  
Address: Mark Hussman  
1200 Gilman Ave.  
City/State/Zip: Gardnerville, NV 89410

**Mall Tax Statements to:**

Name: \_\_\_\_\_  
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 1347 Kimmerling Rd., 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. 815209, in Book 1212, Page 7268, 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 187, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record in the Office of the County Recorder of Douglas County, Nevada, on May 29, 1973, in Book 573, Page 1026, as File No. 66512.
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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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

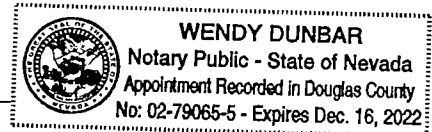
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COUNTY OF DOUGLAS

This instrument was acknowledged before me on 10-29-20 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	1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Helen Elizabeth <b>HUSSMAN</b>		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 or Carson Valley Medical Center		3e If Hosp or Inst indicate DOA,OP/Emer Rm Inpatient(Specify) Inpatient	
DECEDENT	4 SEX Female		7a AGE-Last birthday (Years) 96		8 DATE OF BIRTH (Mo/Day/Yr) September 25, 1922	
	5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic		7b UNDER 1 YEAR MOS DAYS HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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 [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	
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) <b>JOHN LAWRENCE</b> 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) <b>ROBERT J FLIEGLER MD</b> SIGNATURE AUTHENTICATED		21b DATE SIGNED (Mo/Day/Yr) December 03, 2018		21c HOUR OF DEATH 18:35	
	21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	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) Robert J Fliegler MD 206 North Curry Street Carson City, NV 89703		23b LICENSE NUMBER 9310			
CAUSE OF DEATH	24a REGISTRAR (Signature) <b>CATHERINE E SIMPSON</b> 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)) PART I (a) Septic Shock DUE TO, OR AS A CONSEQUENCE OF (b) Gastric Strangulation DUE TO, OR AS A CONSEQUENCE OF (c) Hiatal Hernia DUE TO, OR AS A CONSEQUENCE OF (d)		Interval between onset and death			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	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	
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

