

DOUGLAS COUNTY, NV

2021-961158

Rec:\$40.00

\$40.00 Pgs=5

02/02/2021 12:30 PM

ETRCO

KAREN ELLISON, RECORDER

APN# : 1320-29-119-016

Recording Requested By:

eTRCo, LLC.

When Recorded Mail To:

Cherie L. Stevens

Regis S. McFarland

11509 NE 33rd Avenue

Vancouver, WA 98686

Mail Tax Statements to: (deeds only)

(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



Sherry Ackermann

Escrow Officer

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

THIS DOCUMENT IS EXECUTED IN COUNTERPART

AFFIDAVIT – DEATH OF TRUSTEE

Cheri L. Stevens and Regie S. McFarland, of legal age, being first duly sworn, deposes and says:

1. Vernon Charles Indermuhle, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Vernon Charles Indermuhle named as Trustee in the Declaration of Trust dated 3/20/2012 and executed by Vernon C. Indermuhle, an unmarried man 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 1067 Cedar Crest DriveMinden, NV 89423, which property is described in a Deed which was executed by Vernon C. Indermuhle, an unmarried man as Grantor(s) on April 25, 2006 and recorded as Instrument No. 0677498, in Book 0606, Page 5950, 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:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Parcel 1:

Unit 380 as shown on the Final Map No. 1008-9 for WINHAVEN, UNIT NO. 9, A PLANNED UNIT DEVELOPMENT, filed for record in the office of the County Recorder of Douglas County, Nevada on July 8, 1999, in Book 799 of Official Records at Page 1253, as Document No. 472099.

Parcel 2:

A non-exclusive easement for use, enjoyment, ingress and egress over the common area as set forth in Declaration of Covenants, Conditions and Restrictions recorded September 28, 1990, in Book 990, Page 4348, as Document No. 235644, Official Records.

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 1/26/2021

Cheri L. Stevens
Cheri L. Stevens

Regie S. McFarland,

STATE OF WASHINGTON
COUNTY OF CLARK

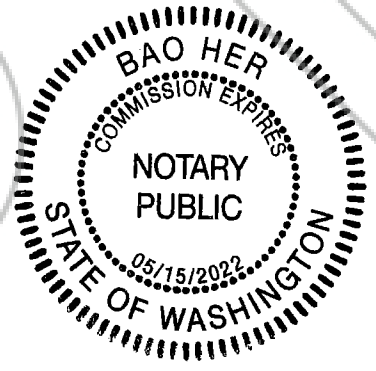
}SS

This instrument was acknowledged before me on 1/26/2021

By Cheri L. Stevens and

Regie S. McFarland.

[Signature]
Notary Public



Dated _____

Cheri L. Stevens

Regie S McFarland
Regie S. McFarland,

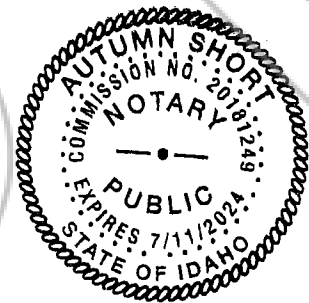
STATE OF _____
COUNTY OF Idaho, Ada county

}SS

This instrument was acknowledged before me on 1/20/21

By Cheri L. Stevens and
Regie S. McFarland.

[Signature]
Notary Public



STATE OF COLORADO

CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

STATE FILE NUMBER 1052020003955

DECEDENT'S LEGAL NAME VERNON CHARLES INDERMUHLE					DATE OF DEATH FEBRUARY 02, 2020		
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED] 8063	AGE-Last Birthday (Years) 91	UNDER 1 YEAR Months: _____ Days: _____	UNDER 1 DAY Hours: _____ Minutes: _____	DATE OF BIRTH (Mo/Day/Yr) MAY 15, 1928	BIRTHPLACE (State or Foreign Country) IDAHO	
IF DEATH OCCURRED IN HOSPITAL INPATIENT			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL				
Facility Name (If not institution, give street & number) GOOD SAMARITAN MEDICAL CENTER LLC - SCL			CITY, TOWN OR LOCATION OF DEATH LAFAYETTE		COUNTY OF DEATH BOULDER		
RESIDENCE - STREET AND NUMBER 13743 LEGEND WAY					APT. NO. #102	ZIP CODE 80020	INSIDE CITY LIMITS YES
RESIDENCE STATE COLORADO			COUNTY BROOMFIELD		CITY OR TOWN BROOMFIELD		
DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) CIVIL ENGINEER				KIND OF BUSINESS/INDUSTRY USGS GOVERNMENT		DECEDENT'S EDUCATION BACHELOR'S DEGREE	
DECEDENT OF HISPANIC ORIGIN NO				DECEDENT'S RACE White			
EVER IN US ARMED FORCES YES	MARITAL STATUS AT TIME OF DEATH WIDOWED		SPOUSE/PARTNER NAME (If wife give name prior to first marriage) CHARLENE JACOBS				
FATHER'S NAME CHARLES INDERMUHLE				MOTHER'S NAME PRIOR TO FIRST MARRIAGE LENA RACHEL TUELLER			
INFORMANT'S NAME CHERIE STEVENS				INFORMANT'S RELATIONSHIP TO DECEASED NIECE			
NAME OF FUNERAL HOME RUNDUS FUNERAL HOME				CITY AND STATE OF FUNERAL HOME BROOMFIELD COLORADO		WAS CORONER NOTIFIED YES	
METHOD OF DISPOSITION BURIAL - CEMETERY		PLACE OF DISPOSITION BIG BEND LUTHERAN			LOCATION - CITY, COUNTY, STATE MILAN CHIPPEWA MINNESOTA		
INJURY AT WORK	IF TRANSPORTATION RELATED, SPECIFY			DATE OF INJURY	TIME OF INJURY		
PLACE OF INJURY							
LOCATION OF INJURY (Street & Number, Apt. No., City or Town, County, State, Zip Code)							
DESCRIBE HOW INJURY OCCURRED							
WAS DECEDENT UNDER HOSPICE CARE		ACTUAL OR PRESUMED TIME OF DEATH 02:45 AM		DATE PRONOUNCED DEAD (MO/DAY/YR) FEBRUARY 02, 2020		TIME PRONOUNCED DEAD 02:45 AM	
MANNER OF DEATH NATURAL				WAS AN AUTOPSY PERFORMED NO		WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH?	
CAUSE OF DEATH							
PART I		Enter the chain of events, diseases, injuries, or complications that directly caused the death.					Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a HEMORRHAGIC STROKE					3 DAYS
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death)		b _____					_____
		c _____					_____
		d _____					_____
PART II Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I							
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF PHYSICIAN DAVID S HAUKENESS MD 280 EXEMPLA CIRCLE LAFAYETTE CO 80026					DATE SIGNED FEBRUARY 07, 2020		
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF CORONER					DATE SIGNED		
DATE FILED BY REGISTRAR FEBRUARY 07, 2020							

DATE ISSUED FEBRUARY 07, 2020

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

A. Alex Quintana
A. ALEX QUINTANA
STATE REGISTRAR



REV 01/19

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

