

DOUGLAS COUNTY, NV **2021-970999**
Rec:\$40.00
\$40.00 Pgs=4 07/16/2021 01:53 PM
STEWART TITLE COMPANY - NV
KAREN ELLISON, RECORDER

A.P.N. No.:	1220-22-310-115
File No.:	1299955 WLD
Recording Requested By:	
Stewart Title Company	
When Recorded Mail To:	
Deborah K. Hartline	
801 Cherry Lane	
Reno, NV 89509	

(for recorders use only)

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 contain the social security number of a person or persons as required by law: (Per NRS 440.380 (1)(5) & 40.525 (5))

MBawen, asst. Escrow Officer
Signature Title

Wendy Dunbar
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)

RECORDING REQUESTED BY:
Stewart Title Company

WHEN RECORDED MAIL TO:
Deborah K. Hartline, Trustee of The William & Deborah
Hartline Family Trust Dated September 9, 2011
801 Cherry Lane
Reno, NV 89509

ORDER NO. 1299955
A.P.N. No.: 1220-22-310-115

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of Douglas } ss.

Deborah K. Hartline of legal age, being first duly sworn, deposes and says:

1. That the decedent mentioned in the attached copy of Certificate of Death, is the same person as named as one of the parties in that certain Grant Deed dated January 24, 2012, executed by William J. Hartline and Deborah K. Hartline, husband and wife to William J. Hartline and Deborah K. Hartline, Trustees of The William & Deborah Hartline Family Trust dated September 9, 2011, recorded as Instrument No. 0798890 of the Official Records of Douglas County, Nevada, covering the following described property situated in the City of Gardnerville, County of Douglas, State of Nevada.

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

Lot 667, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 27, 1974, in Book 374, Page 676, as File No. 72456.

Together with a portion of Section 22, Township 12 North, Ranch 20 East MDB&M, in the County of Douglas, State of Nevada, being more particularly described as follows:

Beginning at the Southeast corner of Lot 669 of GARDNERVILLE RANCHOS UNIT NO. 7, as said lot is shown per Document No. 72456 of the Official Records of said County; thence North 1°17'42" West, 43.90 feet; thence North 11°40'40" East, 37.97 feet to the Northeast corner of said Lot 669; thence Southerly along the Easterly lie of said lot, South 4°43'11" West, 81.35 feet to the Point of Beginning, as shown in a document recorded February 10, 1993, in Book 293, Page 1512, as Document No. 299206.

NOTE: The above metes and bounds description appeared previously in that certain Grant Deed recorded in the office of the County Recorder of Douglas County, Nevada on March 15, 2012, as Document No. 798890 of Official Records

2. That I am named within the aforementioned trust as Successor Trustee;
3. That I hereby consent to act as Successor Trustee of the aforementioned trust and do hereby assume the powers and duties of Successor Trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the subject property.

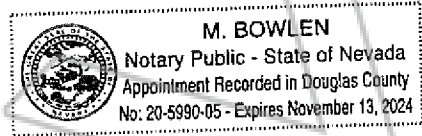
Dated: July 9, 2021

Deborah K Hartline
By: Deborah K. Hartline, as Successor Trustee

State of Nevada
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 13th day of July, 2021 by Deborah K. Hartline.

Signature M. Bowlen (Seal)



COPY

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

THE COUNTY OF YUBA

PUBLIC HEALTH
MARYSVILLE, CALIFORNIA 95901

CERTIFICATE OF DEATH

3201758000236

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY (NO CORRECTIONS, WRITINGS OR ALTERATIONS VS-100REV 3/06)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given)		2. MIDDLE		3. LAST (Family)	
WILLIAM		JOSEPH		HARTLINE	
4. AKA, ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)					
BILLY JOE HARTLINE					
5. DATE OF BIRTH mm/dd/yyyy		6. AGE Yrs.		7. SEX	
11/27/1944		72		M	
8. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
OR		[REDACTED] 0217		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION — Highest Level/Degree (See instructions on back)		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)	
HS GRADUATE <input type="checkbox"/> YES		<input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK		CAUCASIAN	
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION
CONSULTANT			LUMBER PRODUCTION		40
20. DECEDENT'S RESIDENCE (Street and number, or location)					
8045 INTANKO LANE					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
WHEATLAND		YUBA		95692	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
18		CA			
26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number, or roadside number, city or town, state and zip)		
DEBORAH HARTLINE, WIFE			8045 INTANKO LANE, WHEATLAND, CA 95692		
28. NAME OF SURVIVING SPOUSE/SPOPE—FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
DEBORAH		KAY		STROSNIER	
31. NAME OF FATHER/PARENT—FIRST		32. MIDDLE		33. LAST	
JAY		-		HARTLINE	
34. BIRTH STATE		35. NAME OF MOTHER/PARENT—FIRST			
TX		LORAIN			
36. MIDDLE		37. LAST (BIRTH NAME)			
ROSE		SANDBERG			
38. BIRTH STATE		39. DISPOSITION DATE mm/dd/yyyy			
MN		04/19/2017			
40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION(S)			
PASKENTA CEMETERY		CR/BU			
PASKENTA ROAD, FLOURNOY, CA 96029		42. SIGNATURE OF EMERALMER ▶ NOT EMBALMED			
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	
-		LAKESIDE COLONIAL CHAPEL		FD1918	
46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy		48. SIGNATURE OF LOCAL REGISTRAR	
▶ NICHOLE QUICK, MD		04/19/2017		▶ NICHOLE QUICK, MD	
101. PLACE OF DEATH					
RESIDENCE					
102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE		104. CITY	
<input type="checkbox"/> P <input type="checkbox"/> EYOP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice		<input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		WHEATLAND	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. COUNTY			
8045 INTANKO LANE		YUBA			
107. CAUSE OF DEATH					
Enter the chain of events — disease, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator liberation without showing the etiology. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
A) CARDIOPULMONARY ARREST					
B) PANCREATIC CANCER					
C) _____					
D) _____					
E) _____					
F) _____					
G) _____					
H) _____					
I) _____					
J) _____					
K) _____					
L) _____					
M) _____					
N) _____					
O) _____					
P) _____					
Q) _____					
R) _____					
S) _____					
T) _____					
U) _____					
V) _____					
W) _____					
X) _____					
Y) _____					
Z) _____					
108. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
NONE					
109. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)					
NO					
110. IF FEMALE, PREGNANT IN LAST YEAR?					
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.			115. SIGNATURE AND TITLE OF CERTIFIER		
Decedent Attended Since			Decedent Last Seen Alive		
(A) mm/dd/yyyy			(B) mm/dd/yyyy		
04/20/2007			04/03/2017		
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			117. LICENSE NUMBER		
GURMAIL SINGH BRAR M.D.			A63688		
460 PLUMAS BLVD, YUBA CITY, CA 95991			04/19/2017		
118. I CERTIFY THAT BY MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.					
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Poisoning <input type="checkbox"/> Choked Not by Determined					
119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
120. INJURY DATE mm/dd/yyyy					
121. HOUR (24 Hours)					
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
124. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
125. SIGNATURE OF CORONER / DEPUTY CORONER					
126. DATE mm/dd/yyyy					
127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
STATE REGISTRAR					
A B C D E					
FAX AUTH#					
CENSUS TRACT					
010001003538615					

This is to certify that this document is a true copy of the official record filed with the Yuba County Public Health.

* 000094643 *

DATE ISSUED BY APR 19 2017

LOCAL REGISTRAR/HEALTH OFFICER

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



ANY ALTERATION OR REVISION VOIDS THIS CERTIFICATE