

APN# 1220-22-410-040

Recording Requested by/Mail to:

Name: FATCO

Address: 1663 US HWY 395 STE 101

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: Eric Van Benson

Address: 2635 Clapham Lane

City/State/Zip: Minden, NV 89423

AFFIDAVIT - DEATH OF TRUSTEE

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)



Signature

Mary Kelsh

Printed Name

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

A.P.N.: 1220-22-410-040
File No: 143-2635359 (mk)

When Recorded return to, and mail Tax Statements to:
Eric Van Benson
2635 Clapham Lane
Minden, NV 89423

AFFIDAVIT - TERMINATING JOINT TENANCY

Eric Van Benson, of legal age, being first duly sworn, deposes and says:

That **Tom P. Benson**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Tom P. Benson** named as one of the parties in that certain **Grant Bargain Sale Deed** dated **9-1-2004** executed by **Tom P. Benson** to **Eric Van Benson** as joint tenants, recorded as Document No. **0623903** on **9-13-2004** in Book **0904** of Official Records of **Douglas** County, **Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

LOT 765, 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 DOCUMENT NO. 72456.



Eric Van Benson

Date

STATE OF **NEVADA**)
)
) :ss.
COUNTY OF **DOUGLAS**)

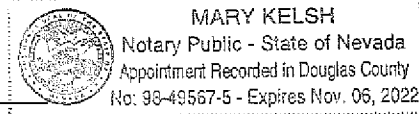
This instrument was acknowledged before me on this:
14th day of Oct, 2021

By: **Eric Van Benson**

By: Mary Kelsh Its: _____

Notary Public

(My commission expires: 11-10-22)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4231222

CERTIFICATE OF DEATH

2021020328
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST, MIDDLE, LAST, SUFFIX) Tom Paul BENSON		2. DATE OF DEATH (Mo/Day/Year) August 19, 2021		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street address number) 1422 Patricia Drive		3e. If Hosp. or Inst. indicate DOA: OP/ Emer. Rm. Inpatient (Specify) Home	
DECEDENT	4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE - Last Birthday (Years) 77		7b. UNDER 1 YEAR MOS: _____ DAYS: _____		7c. UNDER 1 DAY HOURS: _____ MINS: _____	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) March 22, 1944		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 18		11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
PARENTS	13. SOCIAL SECURITY NUMBER 6802		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1422 Patricia Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) Paul Louis BENSON	
	16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) Paul Louis BENSON		17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) June Marian LITTLE		18a. INFORMANT - NAME (Type or Print) Eric Van BENSON	
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2635 Clapham Ln. Minden, Nevada 89423		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME FitzHenry's Crematory	
	19c. LOCATION: City or Town State Carson City Nevada 89701		20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BETHANY J RASMUSSEN		20b. FUNERAL DIRECTOR LICENSE NUMBER FD969	
CERTIFIER	20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home		20d. SIGNATURE AUTHENTICATED		20e. ADDRESS OF FACILITY 1637 Esmeralda Place Minden NV 89423	
	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 A BOTTENBERG DO		21b. DATE SIGNED (Mo/Day/Yr) August 25, 2021		21c. HOUR OF DEATH 18:26	
REGISTRAR	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)	
	22c. LICENSE NUMBER DO674		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) B A Bottenberg DO 550 W Washington #1 Carson City, NV 89706		24a. REGISTRAR (Signature) BLAISE SATARIANO		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 26, 2021	
	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).) Acute Respiratory Failure		Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STARTING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Metabolic Encephalopathy		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Unknown Etiology		Interval between onset and death	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Senile Dementia, Idiopathic Peripheral Neuropathy, Cardiac Arrhythmia		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Unknown Etiology		Interval between onset and death	
26. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY		
26b. INJURY AT WORK (Specify Yes or No)		26f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		26g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		
26d. DESCRIBE HOW INJURY OCCURRED		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		



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.

DATE ISSUED: **9/8/2021**

Eric Van Benson
STATE REGISTRAR

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

