

APN# 1220-16-510-036



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Brian Kelbus

Address: 956 Starlight Ct.

City/State/Zip: Gardnerville, NV 89460

Mail Tax Statements to:

Name: Brian Kelbus

Address: 956 Starlight Ct.

City/State/Zip: Gardnerville, NV 89460

Affidavit of 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

Brian Kelbus

Printed Name

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

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY

HEALTH AND HUMAN SERVICES AGENCY

PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH

3202109000686

Form with sections: PERSONAL DATA, DECEASED'S PERSONAL DATA, USUAL RESIDENCE, INFORMANT, SPOUSE/SRDP AND PARENT INFORMATION, FUNERAL DIRECTORY/LOCAL REGISTRAR, PLACE OF DEATH, CAUSE OF DEATH, PHYSICIAN'S CERTIFICATION, CORONER'S USE ONLY. Includes fields for name, date of birth, social security number, cause of death, and certifier information.

CERTIFIED COPY OF VITAL RECORDS STATE OF CALIFORNIA, COUNTY OF EL DORADO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health and Human Services Agency.

DATE ISSUED

JUN 16 2021



000214380

Signature of Nancy J. Williams

NANCY J WILLIAMS MD, MPH COUNTY HEALTH OFFICER

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CAELDORADJ