DOUGLAS COUNTY, NV

Rec;\$40.00 Total:\$40.00 **BRIAN KELBUS** 2022-982577

03/16/2022 04:53 PM Pgs=3

APN# 1220-16-510-036	00151800202209825770030030
Recording Requested by/Mail to:	KAREN ELLISON, RECORDER
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 D	ocument (required)

litle 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)
XAffidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)
Judgment – NRS 17.150(4)
Military Discharge – NRS 419.020(2)
Mus Miller
Signature
Brian Kelbus

Printed Name

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

Recording requested by: Brian Kelbus 956 Starlight Ct. Gardnerville, NV 89460

And when recorded, mail to: Brian Kelbus 956 Starlight Ct. Gardnerville, NV 89460

APN: 1220-16-510-036

For recorder's use

AFFIDAVIT OF DEATH OF TRUSTEE

State of Nevada)	
) ss.	
County of Douglas)	

Brian Kelbus, of legal age, being first duly sworn, deposes and says:

- James Richard Kelbus, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person
 as James R. Kelbus named as Trustee in the Declaration of Trust dated July 5, 2011, and executed by James R. Kelbus
 and Carol J. Kelbus as Settlors and Trustees.
- 2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 956 Starlight Court, Gardnerville, NV 89460, which property is described in a Deed which was executed by James R. Kelbus and Carol Kelbus as Grantors on July 5, 2011, and recorded as Instrument No. 0786156, in Book 0711, Page 1360, of Official Records of Douglas County, Nevada..
- The legal description of said property is as follows:
 Lot 429, as shown on the map of Subdivision of Lots 91 A & B, 92 A & B, 93 through 96 and 221 through 232
 GARDNERVILLE RANCHOS UNIT NO. 2, filed July 10, 1967 as Document No. 37049, in the office of the County Recorder of Douglas County, State of Nevada
- 4. I am the 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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
- 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 3-16-22

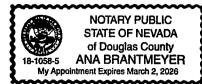
Brian Kelbus

State of Nevada County of Douglas

Subscribed and sworn to (or affirmed) before me on this 16 to day of 20 23 by Brian Kelbus, proved to me on the basis of

satisfactory evidence to be the person who appeared before me.

Signature



EL DORADO COUNTY

HEALTH AND HUMAN SERVICES AGENCY

PLACERVILLE, CALIFORNIA

	CERTIFICATE OF DEATH					3202109000686				
	STATE OF CALE FORMS. STATE FILE NUMBER USE BLACK NO. OH, Y / ALGE FUNDES, WHITGOITS OR ALTERATIONS 151 FILE NUMBER USE BLACK NO. OH, Y / ALGEV 2003					LOCAL REGISTRATION	NUMBER			
	1. NAME OF DECEDENT-FIRST (Given) JAMES		RICHARD			ET (Family) LBUS		\ \	\ \	
AAL DATA	AKA, ALSO KNOWN AS - Include full AKA (FI	IRST, MIDDLE, LAST)			3/1934	86	Aonths Days H	UNDER 24 HOURS	* M	
5	IL	10 SOCIAL SECURITY NUMBER -2831	X YES	S ARMED FORCES?	MIDOME	D _	7 DATE OF DEATH mm/de 06/09/2021 sy be listed (see worksheet)	16	321	
CEDENT	HS GRADUATE (L)	ES		X NO	WHITE			The same of the sa	IN OCCUPATION	
	17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED PROPRIETOR JANITORIAL 15. KND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) 31. SEARCH STANLES OF UNDUSTRY (e.g., grocery store, road construction, employment agency, etc.) 19. YEARCH JANITORIAL 32. DECEDENT'S RESIDENCE (Street and number, or location)									
1 % 2	3482 EDNA STREET	•				The state of the s		-	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, whic	
USUAL	SOUTH LAKE TAHOE	EL DO		961		50	CA			
INFOR.	26. INFORMANT'S NAME, RELATIONSHIP KRISTY KELBUS, DAU	GHTER		3482 EDN	STREET	, SOUTH LAI	KE TAHOE, CA	4 96150		
	28. NAME OF SURVIVING SPOUSE/SROP-	FIRST 29.	MIDOLE		30 LAST (B)F	TH NAME)				
SPOUSE/SRDP AND ARENT INFORMATION	31 NAME OF FATHER/PARENT-FIRST 32 MIDDLE -			33 LAST KELBUS				34. BIFITH STATE		
SPOUS				37, LAST (BIRTH NAME) ADAMEK			38. BIHTH STATE			
TOR/		261 JOHNSON B								
L DIRECTOR/ REGISTRAR	41 TYPE OF DISPOSITION(S)			TURE OF EMBALMER)			43 LICENSE	NUMBER	
FUNERAL LOCAL R	44 NAME OF FUNDRAL ESTABLISHMENT MCFARLANE MORTU	ARY		SE NUMBER 48. SIGN	TURE OF LOCAL P	LIAMS, MD,		47. DATE m 06/16/		
	101. PLACE OF DEATH BARTON MEMORIAL I	HOSBITAL	-	7%	IF HOSPITAL, SPE		OTHER THAN HOSPITAL, Hospica HomeAT	Deced	(eni's Other	
PLACE OF DEATH	104 COUNTY	105 FACILITY ADDRESS OR L 2170 SOUTH AV	- The	7%			106 CITY	LAKE TA		
	107 CAUSE OF DEATH E	Inter the chain of events — diverses a cardiac errest respiratory errest. —ELEVATION MY	or ventricular fibrillation s	without showing the etolog	L DO NOT ABBREV	r torrenal events such ATE,	Time interval Set wee Onset and Death	I IOR DEATH REPO	DATED TO CORONER? NO	
	(Final disease or condition resulting				__		2 DAYS	109. BIOPSY F	PERFORMED?	
Ě	Sequentially, list conditions, it any, leading to cause						2 YRS	110 AUTOPS	X NO PERFORMED?	
OF DEATH	on Line A Enter UNDERLYING CAUSE (disease or	STIVE HEART FA					5 YRS	YES	X NO	
CAUSE	THE OTHER SOURCEAST CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE					10 YRS	YES	NO NO		
	112 OTHER SIGNIFICANT CONDITIONS ON NONE	CONTRIBUTING TO DEATH BUT	NOT RESULTING IN TH	HE UNDERLYING CAUSE	GIVEN IN 107					
	113 WAS OPERATION PERFORMED FOR NO	796	SA 112º (il yes, lisi type	e of spetation and date t			[YES .	NANT IN LAST YEAR!	
ANS	# 114, I CERTIFY THAT TO THE BEST OF MY KINDS AT THE HOUR, DATE, AND PLACE STATED FROM Decedent Attended Since Decedent Attended Since	THE CAUSES STATED.	SIGNATURE AND TITL AMARA AN	N MCBRIDE	M.D.	X(3)	118 UCENSE NUN A135699	06/16	5/2021	
PHYSICIAN'S	(5) mm/dd/ccyy (5) 06/07/2021 06/0	mm/dd/ocyy 118.	TYPE ATTENDING PH 70 SOUTH A	YSICIAN'S NAME, MAIL AVE, SOUTH	LAKE TAI	10E, CA 961	ANN MCBRIC			
	119,1 CERTIFY THAT IN MY OPINION DEATH OC MANNER OF DEATH NSTURAL		PLACE STATED FROM TH	HE CAUSES STATED.	120. INJ	URED AT WORK?	121. INJURY DATE	mm/dd/ccyy 12	22 HOUR (24 Hours)	
ONE	123. PLACE OF INJURY (e.g., home, cons	struction site, wooded area, etc.)	<u> </u>							
R'S USE	124 DESCRIBE HOW INJURY OCCURRE	ED (Eventa which resulted in injur	ηl			_				
COROMER'S USE ONLY	. 125. LOCATION OF INJURY (Street and n	number, or location, and city, and	l zip)	•• ••						
•	128 SIGNATURE OF CORONER / DEPUT	TY CORONER		127 DATE mm/dd/co	y 128 TYPE	NAME, TITLE OF CORO	NER / DEPUTY CORONER	i		
	TATE A B	c b	E		100010049884		FAX AUTH.#		CENSUS TRACT	
		<u></u>		ــــــــــــــــــــــــــــــــــــــ	100010048884	01				

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.

JUN 1 6 2021 DATE ISSUED _

