

APN# 1220-17-501-023



SHAWNYNE GARREN, RECORDER

**Recording Requested by/Mail to:**

Name: Lynda D. Kahabka

Address: 965 Heavenly View Ct.

City/State/Zip: Gardnerville, NV 89460

**Mail Tax Statements to:**

Name: Lynda D. Kahabka, Trustee

Address: 965 Heavenly View Ct.

City/State/Zip: Gardnerville, NV 89460

Affidavit of Death of Trustee

**Title of Document** (required)

**Please complete the Affirmation Statement below:**

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)
- Military Discharge** – NRS 419.020 (2)
- Other NRS** \_\_\_\_\_ (state specific law)

**-OR-**

I the undersigned hereby affirm the attached document, including any exhibits, hereby submitted for recording does NOT contain the personal information of any person(s). (Per NRS 239B.030)

Lynda D. Kahabka

Signature

Lynda D. Kahabka

Printed Name

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

\_\_\_\_\_  
\_\_\_\_\_



## EXHIBIT "A"

### LEGAL DESCRIPTION

ESCROW NO.: 030203715

That portion of the Northwest One-Quarter of the Northwest One-Quarter of Section 17, Township 12 North, Range 20 East, M.D.B.&M. in the County of Douglas, State of Nevada, more particularly described as follows:

Beginning at the Southeasterly corner of Parcel 3 of that certain Parcel Map #1019 for the Clark Family Trust, recorded in Book 796 at Page 4151 as Document No. 392836 of the Official Records of said Douglas County; thence N.  $85^{\circ}47'00''$  W., 407.78 feet to a point on a curve concave to the West and having a radius of 1000.00 feet, a radial line through said point bears S.  $81^{\circ}48'13''$  E.; thence Northerly along said curve through a central angle of  $7^{\circ}39'27''$  an arc distance of 133.65 feet; thence N.  $0^{\circ}32'20''$  E., 72.93 feet to the beginning of a curve concave to the Southeast and having a radius of 15.00 feet; thence Northerly and Easterly along said curve through a central angle of  $81^{\circ}09'00''$  an arc distance of 21.24 feet to a point on said curve, a radial line through said point bears N.  $8^{\circ}18'40''$  W.; thence leaving said curve N.  $8^{\circ}18'40''$  W., 63.00 feet; thence S.  $69^{\circ}40'13''$  E., 420.10 feet to a point on the Easterly line of said Parcel Map #1019; thence Southerly along the Easterly line of said Parcel Map #1019, S.  $0^{\circ}37'40''$  W., 167.17 feet to the POINT OF BEGINNING.

The above described parcel is shown as Parcel 4A on that Certain Record of Survey in support of a Boundary Line Adjustment for the Clark Family Trust and Jeffrey P. Pisciotta, recorded in Book 0301 at Page 1462 as Document No. 509940 of the Official Records of said Douglas County.

Assessors Parcel No. 1220-17-501-023

"IN COMPLIANCE WITH NEVADA REVISED STATUTE 111.312, THE HEREIN ABOVE LEGAL DESCRIPTION WAS TAKEN FROM INSTRUMENT RECORDED JUNE 23, 2003, BOOK 0603, PAGE 11911, AS FILE NO. 570978, RECORDED IN THE OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA."

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**CITY AND COUNTY OF**  
**SAN FRANCISCO**

3052017160341

**CERTIFICATE OF DEATH**

3201738003664

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY AND NO ERASURES, WRITINGS OR ALTERATIONS VS-1 (REV. 3/06)				LOCAL REGISTRATION NUMBER	
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) <b>GEORGE</b>		2. MIDDLE <b>MICHAEL</b>		3. LAST (Family) <b>KAHABKA</b>		
	AKA: ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/ccyy <b>10/05/1944</b>	5. AGE Yrs <b>72</b>	IF UNDER ONE YEAR Months Days Hours Minutes	6. SEX <b>M</b>
	9. BIRTH STATE/FOREIGN COUNTRY <b>NV</b>	10. SOCIAL SECURITY NUMBER <b>5107</b>	11. EVER IN U.S. ARMED FORCES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS (SDRP) (at Time of Death) <b>MARRIED</b>	7. DATE OF DEATH mm/dd/ccyy <b>07/29/2017</b>	8. HOUR (24 Hours) <b>0420</b>	
	13. EDUCATION - Highest L.A. Degree (use worksheet on back) <b>ASSOCIATE</b>	14.15. WAS DECEDENT HISPANIC/LATINO(A), SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>CAUCASIAN</b>				
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>BUSINESS OWNER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>PROPERTY MANAGEMENT</b>			19. YEARS IN OCCUPATION <b>53</b>		
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number, or local name) <b>965 HEAVENLY VIEW COURT</b>						
	21. CITY <b>GARDNERVILLE</b>	22. COUNTY/PROVINCE <b>DOUGLAS</b>	23. ZIP CODE <b>89460</b>	24. YEARS IN COUNTY <b>12</b>	25. STATE/FOREIGN COUNTRY <b>NV</b>		
	26. INFORMANT'S NAME, RELATIONSHIP <b>LYNDA KAHABKA, SPOUSE</b>			27. INFORMANT'S MAILING ADDRESS (Street and number or local name, or P.O. box, city and state) <b>965 HEAVENLY VIEW COURT, GARDNERVILLE, NV 89460</b>			
SPOUSE(S)/SDRP PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SDRP - FIRST <b>LYNDA</b>		29. MIDDLE <b>DARLENE</b>		30. LAST (BIRTH NAME) <b>JONES</b>		
	31. NAME OF FATHER PARENT - FIRST <b>GEORGE</b>		32. MIDDLE <b>JOHN</b>		33. LAST <b>KAHABKA</b>		
	35. NAME OF MOTHER PARENT - FIRST <b>DOROTHY</b>		36. MIDDLE <b>ELIZABETH</b>		37. LAST (BIRTH NAME) <b>NIWCZYK</b>		
FUNERAL DIRECTOR / LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/ccyy <b>08/10/2017</b>		40. PLACE OF FINAL DISPOSITION RES: <b>LYNDA KAHABKA</b> <b>965 HEAVENLY VIEW COURT, GARDNERVILLE, NV 89460</b>				
	41. TYPE OF DISPOSITION(S) <b>CR/TR/RES</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>			43. LICENSE NUMBER <b>-</b>	
	44. NAME OF FUNERAL ESTABLISHMENT <b>SAN FRANCISCO COLUMBARIUM &amp; FUNERAL HOME</b>		45. LICENSE NUMBER <b>FD1306</b>	46. SIGNATURE OF LOCAL REGISTRAR <b>TOMAS ARAGON, MD, DR.P.H.</b>		47. DATE mm/dd/ccyy <b>08/10/2017</b>	
PLACE OF DEATH	101. PLACE OF DEATH <b>UCSF MEDICAL CENTER</b>		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DGA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home I. C. <input type="checkbox"/> Home <input type="checkbox"/> Other		
	104. COUNTY <b>SAN FRANCISCO</b>	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) <b>505 PARNASSUS AVENUE</b>			106. CITY <b>SAN FRANCISCO</b>		
CAUSE OF DEATH	107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal conditions such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.					108. DEATH REPORTED TO CORONER? (AT) REFERRAL NUMBER <b>NONE</b>	
	(A) IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>(A) RUPTURED ABDOMINAL AORTIC ANEURYSM</b>					109. BIOPSY PERFORMED? (BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	(B) SEQUENTIALLY LIST CONDITIONS, IF ANY LEADING TO CAUSE ON LINE A. ENTER UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST <b>(B) ABDOMINAL AORTIC ANEURYSM</b>					110. AUTOPSY PERFORMED? (CT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>					111. USED IN DETERMINING CAUSE? (DT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>OPEN REPAIR OF ABDOMINAL AORTIC ANEURYSM 07/28/2017</b>						113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
PHYSICIAN'S CERTIFICATION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: _____ Decedent Last Seen At: _____		115. SIGNATURE AND TITLE OF CERTIFIER <b>JADE SHO-FEI HIRAMOTO M.D.</b>		116. LICENSE NUMBER <b>A64206</b>	117. DATE mm/dd/ccyy <b>08/09/2017</b>	
	(A) mm/dd/ccyy <b>07/27/2017</b>	(B) mm/dd/ccyy <b>07/29/2017</b>	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>JADE SHO-FEI HIRAMOTO M.D.</b> <b>400 PARNASSUS AVE A581, SAN FRANCISCO, CA 94143</b>				
CORONER'S USE ONLY	119. I CERTIFY THAT IN 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"/> Hanging <input type="checkbox"/> Poisoning <input type="checkbox"/> Other						
	120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK						
	121. INJURY DATE mm/dd/ccyy _____ 122. HOUR (24 hours) _____						
	123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) _____						
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) _____							
125. LOCATION OF INJURY (Street and number, or location, and city, and zip) _____							
126. SIGNATURE OF CORONER / DEPUTY CORONER _____			127. DATE mm/dd/ccyy _____		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER _____		
STATE REGISTRAR	A	B	C	D	E	FAX AUTH.# _____ CENSUS TRACT _____	



STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO

This is to certify that the image reproduced hereupon is a true copy of the record on file in the San Francisco Department of Public Health as of the date issued.

AUG 14 2017

DATE ISSUED

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



*Tomás Aragón*  
**TOMÁS ARAGÓN, MD, DRPH**  
 COUNTY HEALTH OFFICER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CASANFRADJ