

**RECORDING REQUESTED BY AND
WHEN RECORDED, RETURN TO:**

Leslie E. Finnegan, Esq.
NOLAND, HAMERLY, ETIENNE & HOSS
A Professional Corporation
470 Camino El Estero
Monterey, CA 93940



SHAWNYNE GARREN, RECORDER

APN: 1318-23-215-003

AFFIDAVIT – DEATH OF TRUSTEE

STATE OF CALIFORNIA)
COUNTY OF MONTEREY)

Hardy I. Nielsen, of legal age, being first duly sworn, deposes and says:

That **Judith F. Nielsen**, the Decedent named in the certified copy of Certificate of Death attached hereto, is the same person as **Judith F. Nielsen**, who signed that certain Declaration of Trust dated June 23, 2004, naming **Judith F. Nielsen and Hardy I. Nielsen** as the trustees of the **Hardy I. Nielsen and Judith F. Nielsen Trust dated June 23, 2004**, and that said trustee was named in a Quitclaim Deed recorded on July 14, 2004, in the Official Records of Douglas County, Nevada. Said real property is more particularly described on Exhibit A attached hereto.

Pursuant to the terms of said Declaration of Trust dated June 23, 2004, Hardy I. Nielsen is now the currently acting sole trustee of the trust.

Dated: Jan 31, 2023

Hardy I. Nielsen

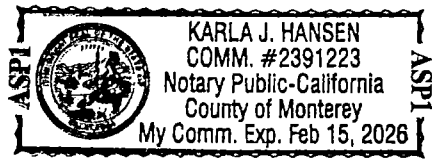
Hardy I. Nielsen

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)
COUNTY OF MONTEREY)

Subscribed and sworn to (or affirmed) before me on this 31st day of January, 2023, by **Hardy I. Nielsen**, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature *Karla J. Hansen*



MAIL TAX STATEMENTS TO: Hardy I. Nielsen, 4950 Del Rio Road, Atascadero, CA 93422

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN LUIS OBISPO
 SAN LUIS OBISPO, CALIFORNIA

3052021244261

CERTIFICATE OF DEATH

3202140001864

1 NAME OF DECEASED - FIRST (Given)		2 MIDDLE		3 LAST (Family)	
JUDITH		FONTES		NIELSEN	
4 AKA ALSO KNOWN AS - (Include AKA FIRST MIDDLE LAST)					
5 DATE OF BIRTH (mm/dd/yyyy)		6 AGE (Yrs)	7 MONTH	8 DAY	9 HOURS
01/26/1940		181			
10 SEX		11 MARITAL STATUS (MARRIED, SINGLE, SEPARATED, DIVORCED, WIDOWED)			
F		MARRIED			
12 DATE OF DEATH (mm/dd/yyyy)		13 HOUR (24 Hour)		14	
09/27/2021		2300			
15 EDUCATION - (High School Degree)		16 USUAL OCCUPATION - (Type of work for most of the life; DON'T USE: RETIRED)		17	
HS GRADUATE		CLERICAL			
18 KIND OF BUSINESS OR INDUSTRY		19 YEARS IN OCCUPATION		20	
EDUCATION		1		15	
21 DEPARTMENT ADDRESS (Street and number or location)					
4950 DEL RIO ROAD					
22 CITY		23 COUNTY		24 STATE (Foreign Country)	
ATASCADERO		SAN LUIS OBISPO		CA	
25 INHUMANT'S NAME		26 INHUMANT'S ADDRESS (Street and number or location)			
HARDY IVERSEN NIELSEN, HUSBAND		4950 DEL RIO ROAD, ATASCADERO, CA 93422			
27 NAME OF SURVIVING SPOUSE (SURVIVOR)		28 MIDDLE		29 LAST BIRTH NAME	
HARDY		IVERSEN		NIELSEN	
30 NAME OF FATHER (Parent - First)		31 MIDDLE		32 LAST	
CLARENCE				FONTES	
33 NAME OF MOTHER (Parent - First)		34 MIDDLE		35 LAST BIRTH NAME	
MARY				DOMINGOS	
36 BIRTH STATE		37 BIRTH STATE			
CA		CA			
38 DATE OF DEATH (mm/dd/yyyy)		39 PLACE OF FINAL DISPOSITION (Cemetery)			
10/04/2021		GARDEN OF MEMORIES CEMETERY 850 ABBOTT STREET, SALINAS, CA 93901			
40 TYPE OF DISPOSITION		41 SIGNATURE OF EMBALMER		42 LICENSE NUMBER	
CREMATE/BURIAL		NOT EMBALMED			
43 NAME OF FUNERAL ESTABLISHMENT		44 LICENSE NUMBER		45 SIGNATURE OF LOCAL REGISTRAR	
STRUVE AND LAPORTE FUNERAL HOME		FD322		PENNY BORENSTEIN MD	
46 DATE (mm/dd/yyyy)		47 DATE (mm/dd/yyyy)			
10/04/2021		10/04/2021			
48 PLACE OF DEATH		49 IF HOSPITAL, SPECIFY ONE		50 IF OTHER THAN HOSPITAL, SPECIFY ONE	
SIERRA VISTA REGIONAL MEDICAL CENTER		<input checked="" type="checkbox"/> Hosp <input type="checkbox"/> Long Term Care <input type="checkbox"/> Other		<input type="checkbox"/> Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospice <input type="checkbox"/> Other	
51 COUNTY		52 ADDRESS (Street and number or location)		53 CITY	
SAN LUIS OBISPO		1010 MURRAY AVE		SAN LUIS OBISPO	
54 CAUSE OF DEATH		55 UNDERLYING CAUSE OF DEATH (Specify one)		56 DEATH REPORTED TO CORNER	
(a) RESPIRATORY ARREST		(a) RESPIRATORY ARREST		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
(b) ACUTE RESPIRATORY DISTRESS SYNDROME		(b) ACUTE RESPIRATORY DISTRESS SYNDROME		57 MINS	
(c) LYMPHOMA		(c) LYMPHOMA		21R-1225	
58 IMMEDIATE CAUSE (Final disease or condition resulting in death)		59 UNDERLYING CAUSE (Underlying cause of death)		60 BIOPSY PERFORMED?	
				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
61 AUTOPSY PERFORMED?		62 DETERMINING CAUSE?		63	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
64 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (List in 107)					
NONE					
65 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation and date					
NO					
66 CITY/TOWN AT TIME OF DEATH		67 SIGNATURE AND TITLE OF CERTIFIER		68 LICENSE NUMBER	
SAN LUIS OBISPO		PHILIPPE DUHAIME, MD		A152444	
69 DATE (mm/dd/yyyy)		70 TYPE AFFILIATING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		71 DATE (mm/dd/yyyy)	
09/27/2021		1010 MURRAY AVENUE, SAN LUIS OBISPO, CA 93405		10/04/2021	
72 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED AND THE CAUSE STATED		73 INJURED AT WORK?		74 INJURY DATE (mm/dd/yyyy)	
<input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Doubtful <input type="checkbox"/> Unknown		<input type="checkbox"/> No <input type="checkbox"/> Yes			
75 PLACE OF INJURY (e.g. home, construction site, windmill area, etc.)					
76 DESCRIBE HOW INJURY OCCURRED (If events which resulted in injury)					
77 LOCATION OF INJURY (Street and number or location, and city and zip)					
78 SIGNATURE OF CORONER - DEPUTY CORONER		79 DATE (mm/dd/yyyy)		80 TYPE NAME, TITLE OF CORONER - DEPUTY CORONER	
81 STATE REGISTRAR		82 FAX AUTH.#		83 CENSUS TRACT	
A B C D E					

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
 COUNTY OF SAN LUIS OBISPO

SS

DATE ISSUED: 09/14/2021

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN LUIS OBISPO COUNTY HEALTH DEPARTMENT.



Penny Borenstein MD
 Dr. Penny Borenstein Health Officer

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

PBS-CO-000-12-16

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



EXHIBIT A
LEGAL DESCRIPTION

Address: 182 Clubhouse Circle, Lake Village, Nevada
APN: 1318-23-215-003

Lot 13 of LAKE VILLAGE, UNIT NO. 2-A, as shown on the Official Map filed in the office of the County Recorder of Douglas County, Nevada, on August 9, 1972, as Document No. 61076.

