

APN# 1319-09-710-002



00179856202410065990070073

SHAWNYNE GARREN, RECORDER

Recording Requested by/Mail to:

Name: Kyle A. Winter, ESQ

Address: 402 N. Division Street

City/State/Zip: Carson City, Nevada 89703

Mail Tax Statements to:

Name: Kyle A. Winter, Esq.

Address: P.O. Box 646

City/State/Zip: Carson City, NV 89702

Affidavit of Death of Trustees

**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

Caitlin Strong

Printed Name

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

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

**APN: 1319-09-710-002**

WHEN RECORDED RETURN TO:  
KYLE A. WINTER, ESQ.  
ALLISON MacKENZIE, LTD.  
P.O. Box 646  
Carson City, Nevada 89702

MAIL TAX STATEMENTS TO:  
Jeffrey A. Verplank and  
Nancy L. Cameron, Trustees  
P.O. Box 153  
Genoa, NV 89411

The persons executing this document hereby affirm that this document submitted for recording DOES contain the social security number of a person or persons pursuant to NRS 440.380

**AFFIDAVIT OF DEATH OF TRUSTEES**

NANCY L. CAMERON and JEFFREY A. VERPLANK, being first duly sworn, depose and say:

1. That THE BOURNE FAMILY 2004 TRUST, also known as THE BOURNE 2004 FAMILY TRUST, was established on August 20, 2004.
2. That PAUL S. BOURNE and BETTY J. BOURNE were the Grantors and original Trustees of said Trust.
3. That PAUL S. BOURNE, also known as PAUL SAMUEL BOURNE, died on July 19, 2018, and a certified copy of his death certificate issued by the State of Arizona is attached hereto as EXHIBIT A.
4. That BETTY J. BOURNE died on October 29, 2023, and a certified copy of her death certificate issued by the State of Nevada is attached hereto as EXHIBIT B.
5. That due to the passing of PAUL S. BOURNE and BETTY J. BOURNE, said Trust is irrevocable.
6. That pursuant to that Grant, Bargain and Sale Deed recorded on August 24, 2004, as Document Number 622401, Official Records of Douglas County, Nevada, said Trust is the

owner of all that certain parcel of real property commonly known as 2290 Reese Court, more particularly described as follows:

Lot 26, in Block B, as shown on the Official Map of SIERRA SHADOWS SUBDIVISION, filed in the office of the County Recorder of Douglas County, State of Nevada, on June 30, 1980, as Document No. 45811.

(This legal description was previously recorded in the Official Records of Douglas County, State of Nevada, on August 24, 2004, as Document Number 622401).

7. That Affiants certify and declare under penalty of perjury of the laws of the State of Nevada that the foregoing is true and correct.

Further, Affiants sayeth naught.

DATED this 27<sup>th</sup> day of February, 2024.

Nancy L. Cameron, Trustee  
NANCY L. CAMERON, Trustee

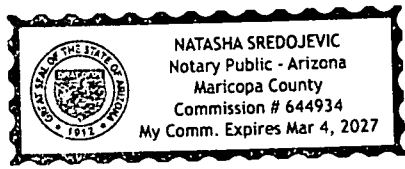
DATED this 10 day of April, 2024.

Jeffrey A. Verplank  
JEFFREY A. VERPLANK, Trustee

**ARIZONA NOTARY ACKNOWLEDGMENT**

STATE OF ARIZONA                    )  
  : SS  
COUNTY OF Maricopa            )

On February 27<sup>th</sup>, 2024, personally appeared before me, a notary public, NANCY L. CAMERON, personally known (or proved) to me to be the person whose name is subscribed to the above instrument, who acknowledged to me that she executed the above instrument.



(Seal)

  
\_\_\_\_\_  
NOTARY PUBLIC

Banker, Notary  
\_\_\_\_\_  
TITLE OR RANK

\_\_\_\_\_  
SERIAL NUMBER, if any

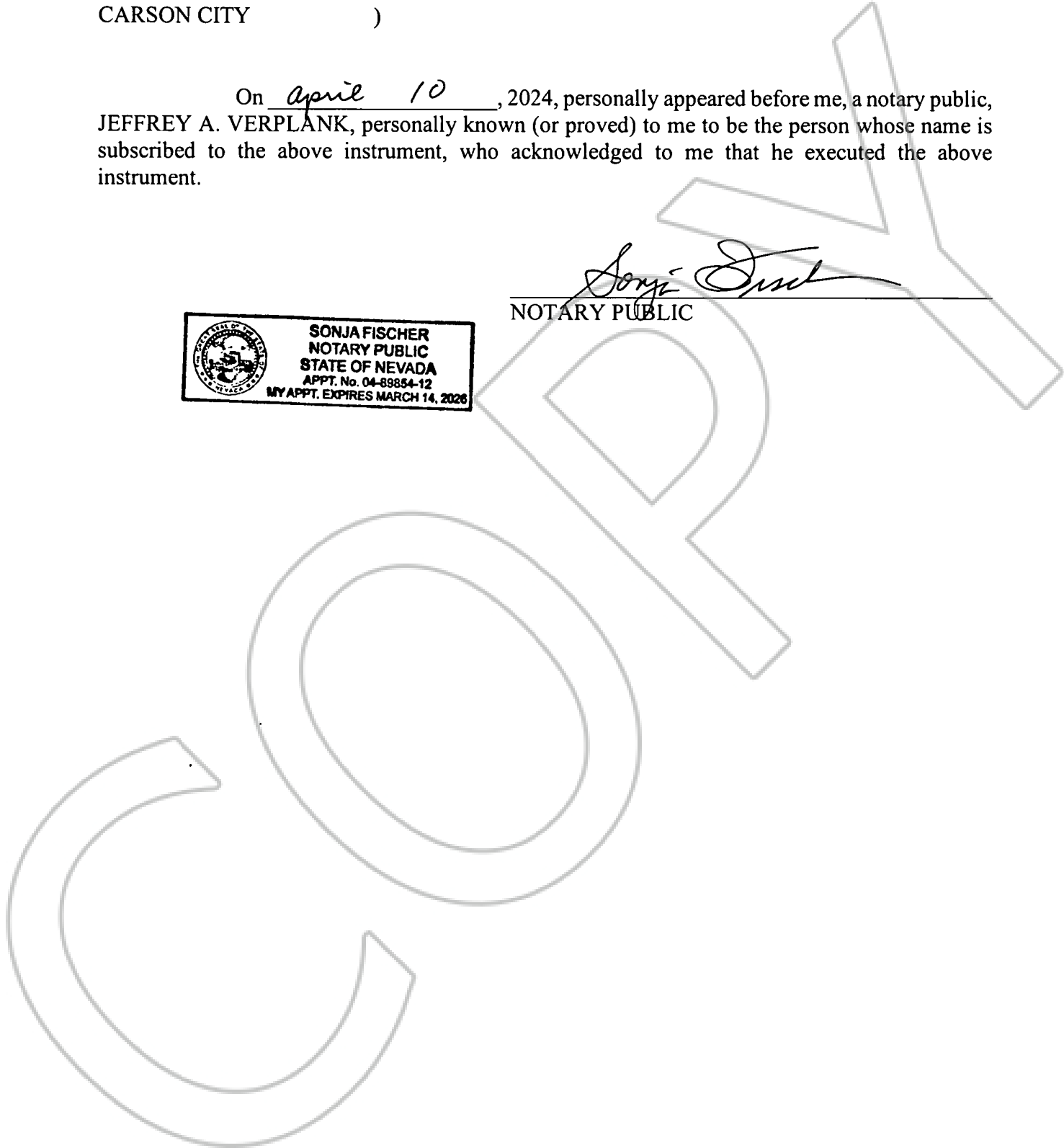
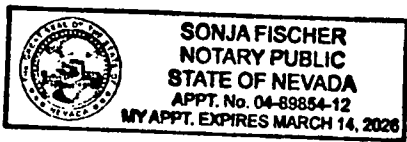
My Commission Expires: 03-04-27

STATE OF NEVADA     )  
                                  :  
CARSON CITY            )

On April 10, 2024, personally appeared before me, a notary public, JEFFREY A. VERPLANK, personally known (or proved) to me to be the person whose name is subscribed to the above instrument, who acknowledged to me that he executed the above instrument.

*Sonja Fischer*

NOTARY PUBLIC



# STATE OF ARIZONA

## CERTIFICATION OF VITAL RECORD

ORIGINAL  
STATE COPY

STATE OF ARIZONA  
DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS  
**CERTIFICATE OF DEATH**

State File Number  
**102-2018-033987**

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>PAUL, SAMUEL, BOURNE</b>		2. AKA'S (IF ANY)		3. DATE OF DEATH <b>07/19/2018</b>	
4. SEX <b>MALE</b>	5. SOCIAL SECURITY NUMBER <b>[REDACTED]-9823</b>	6. DATE OF BIRTH <b>08/09/1927</b>	7. AGE <b>90 YEARS</b>		
8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH <b>CAVE CREEK, MARICOPA, 85331</b>					
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS) <b>OTHER RESIDENCE - 39424 N SPUR CROSS ROAD</b>					
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>NAPPANEE, INDIANA</b>		11. MARITAL STATUS <b>MARRIED</b>		12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) <b>BETTY, JEAN, VOLMER</b>	
13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP) <b>196 GENOA LANE, GENOA, DOUGLAS, NV, 89411</b>					
14. DECEDENT'S HISPANIC ORIGIN(S): <b>NO, NOT SPANISH/HISPANIC/LATINO</b>		15. DECEDENT'S RACE(S): <b>WHITE</b>		16. EVER IN ARMED FORCES <b>YES</b>	
17. OCCUPATION <b>MEDICAL DOCTOR</b>					
18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>SAMUEL, B, BOURNE</b>			19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) <b>JOY, TWINKLE, MILLER</b>		
20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>NANCY, LYNN, CAMERON</b>				21. RELATIONSHIP <b>DAUGHTER</b>	
22. INFORMANT'S MAILING ADDRESS <b>PO BOX 7320, CAVE CREEK, AZ, 85327</b>					
23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON <b>AVENIDAS FUNERAL CHAPEL 522 E WESTERN AVENUE, AVONDALE, AZ, 85323</b>			24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON <b>SCOTT, SCHAIBLE</b>		25. LICENSE NUMBER <b>F0666</b>
26. METHOD(S) OF DISPOSITION <b>CREMATION</b>		27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY <b>SERENITY MORTUARY SERVICES, INC, PHOENIX, AZ, US</b>		28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
<b>MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I</b>					
29. A. IMMEDIATE CAUSE OF DEATH <b>CARDIAC ARREST</b>				30. APPROXIMATE INTERVAL <b>1 YEAR</b>	
31. B. DUE TO OR AS A CONSEQUENCE OF: <b>CHRONIC ATRIAL FIBRILLATION</b>				32. APPROXIMATE INTERVAL <b>10 YEARS</b>	
33. C. DUE TO OR AS A CONSEQUENCE OF: <b>CHRONIC HYPERTENSION</b>				34. APPROXIMATE INTERVAL <b>25 YEARS</b>	
35. D. DUE TO OR AS A CONSEQUENCE OF: <b>HYPERLIPIDEMIA</b>				36. APPROXIMATE INTERVAL <b>40 YEARS</b>	
<b>CAUSE OF DEATH PART II</b>					
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I:			38. INJURY? <b>NO</b>	39. INJURY AT WORK? <b>NO</b>	40. MANNER OF DEATH <b>NATURAL DEATH</b>
			41. TIME OF DEATH <b>09:30</b>	42. WAS AN AUTOPSY PERFORMED? <b>NO</b>	43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
<b>CAUSE AND MANNER CERTIFICATION</b>					
TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ABOVE IS CORRECT AND THE DEATH OCCURRED DUE TO THE CAUSE(S) AND MANNER STATED.			44. NAME OF PERSON COMPLETING CAUSE OF DEATH <b>WILLIAM, MICHAEL, MARSH</b>		45. DATE CERTIFIED <b>07/24/2018</b>
46. CERTIFIER'S ADDRESS <b>30012 N CAVE CREEK ROAD #105, CAVE CREEK, AZ, 85331</b>					

Date Registered: 07/25/2018

Date Issued: 07/31/2018

VS-49 Rev. 12/2017



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA.  
Revised 07/2016

*Krystal Colburn*  
**KRYSTAL COLBURN**  
ASSISTANT STATE REGISTRAR



This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

J1098715

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4378980

**CERTIFICATE OF DEATH**

2023024134  
 STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED BY INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Betty J BOURNE</b>		2. DATE OF DEATH (Mo/Day/Yr) <b>October 29, 2023</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Genoa</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or number) <b>196 Genoa Lane</b>		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>94</b>		7b. UNDER 1 YEAR MOS <b>DAYS</b>		7c. UNDER 1 DAY HOURS <b>MIN</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>April 04, 1929</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Ohio</b>		9b. CITIZEN OF WHAT COUNTRY <b>UNITED STATES</b>	
10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER <b>██████████-6441</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Homemaker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Genoa</b>	
15d. STREET AND NUMBER <b>196 Genoa Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Walter Casper VALLMER</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Beatrice Mary WEBBER</b>		
18a. INFORMANT- NAME (Type or Print) <b>Jeff VERPLANK</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>Po Box 13119 South Lake Tahoe, California 96151</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Wauseon Union Cemetery</b>		19c. LOCATION City or Town State <b>Wauseon Ohio 43567</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>NADIA NINA SANDOVAL</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD1007</b>		20c. NAME AND ADDRESS OF FACILITY <b>Eastside Memorial Park Funerals &amp; Cremations</b> <b>1600 Buckeye Rd Minden NV 89423</b>	
TRADE CALL - NAME AND ADDRESS <b>Edgar Grisler Funeral Home &amp; Crematory 15165 State Route 2 Wauseon OH 43567</b>					
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>NITA SCHWARTZ MD</b> <b>SIGNATURE AUTHENTICATED</b>			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)		
21b. DATE SIGNED (Mo/Day/Yr) <b>November 06, 2023</b>		21c. HOUR OF DEATH <b>12:45</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Nita Schwartz MD 710 W Washington Street Carson City, NV 89703</b>			
23b. LICENSE NUMBER <b>9114</b>		24a. REGISTRAR (Signature) <b>ANNAH M HOWARD</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 06, 2023</b>	
24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I			
(a) <b>Nonrheumatic Aortic Valve Stenosis</b>		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) <b>Unknown Etiology</b>		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(d)		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) <b>NO</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>NO</b>		28a. ACC. SUICIDE, HGM, UNDET. OR PENDING INVEST. (Specify)			
28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	



CERTIFIED COPY OF VITAL RECORDS

*Cody D. Thirney*

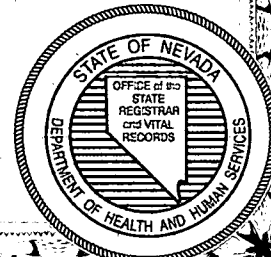
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

11/29/2023

DATE ISSUED:

STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE