APN# 1318-23-215-003 SIGNATURE TITLE - ZEPHYR COVE SHAWNYNE GARREN, RECORDER Recording Requested by/Mail to: Name: Nielsen Trust Address: 1797 Spooner Dr City/State/Zip: San Luis Obispo CA 93405 Mail Tax Statements to: Address: City/State/Zip: \_ Affidavit 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) Signature *1* Lane **Printed Name** This document is being (re-)recorded to correct document #\_\_\_\_\_, and is correcting

DOUGLAS COUNTY, NV

Pgs=4

Rec:\$40.00

\$40.00

2024-1010445

07/29/2024 12:16 PM

RECORDING REQUESTED BY: Signature Title Company LLC

AND WHEN RECORDED MAIL TO:

**Kelly Nielsen Successor Trustee** 1797 Spooner Drive San Luis Obispo CA 93405

A.P.N.: 1318-23-215-003

Order No :

**Escrow No.:** 

ZC3805-JL

SPACE ABOVE THIS LINE IS FOR RECORDER'S USE

## AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA COUNTY OF DOUGLAS

Kelly D. Nielsen, of legal age, being first duly sworn, deposes and says:

That Hardy Iversen Nielsen the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Hardy I. Nielsen, trustee of the Hardy I. Nielsen and Judith F. Nielsen Trust under declaration of trust dated June 23, 2004, named as one of the parties in that certain Quitclaim Deed dated July 9, 2004, executed by Hardy I. Nielsen and Judith F. Nielsen Husband and Wife, to Hardy I. Nielsen and Judith F. Nielsen Trustees of the Hardy I. Nielsen and Judith F. Nielsen Trust under declaration of trust dated June 23, 2004, recorded as Instrument No. 2004-0618650, on July 14, 2004 in book 0704 page 05027, of Official Records of Douglas County, Nevada covering the following described real property situated in the County of Douglas, State of Nevada:

Lot 13 of LAKE VILLAGE UNIT NO. 2-A, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on August 9, 1972, as File No. 61076, of Official Records.

APN: 1318-23-215-003

A section of the trust provides that if either Hardy I. Nielsen or Kelly D. Nielsen is, through death, disability or refusal to act, unable or unwilling to act as Trustee, the other shall act alone as Trustee. That at the date hereof, Kelly D. Nielsen is the sole Trustee of the above named Trust.

Dated: June 27, 2024

D. Welsen, Successor Trustee

STATEOF California Luis Obispo

This instrument was acknowledged before me on

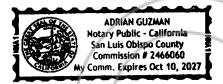
by Kelly D. Nielsen

## 

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	ŧ	1			\ \
County of San 2	<u>vis Obispo</u>	_ ∫,	_		
on July 19,	2024 before me,	Adrian	Guzman	Notary	Public.
Date	1) 11 5	Here Ir	nsert Name and `	Title of the Oth	cer
personally appeared _	Kelly	D. Niels	en —		
	J	Name(s) of S	igner(s)		100
		Conner of the contra			

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Place Notary Seal and/or Stamp Above

Signature of Notary Public

OPTI	ONAL		
	deter alteration of the document or form to an unintended document.		
Description of Attached Document			
Title or Type of Document:	//		
Document Date:	Number of Pages:		
Signer(s) Other Than Named Above:			
Capacity(ies) Claimed by Signer(s)			
Signer's Name:	Signer's Name:		
☐ Corporate Officer – Title(s):	☐ Corporate Officer – Title(s):		
☐ Partner — ☐ Limited ☐ General			
☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact		
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator		
□ Other:	□ Other:		
Signer is Representing:	Signer is Representing:		

©2019 National Notary Association

## STATE OF CALIFORNIA

ECERTIFICATION OF VITAL RECORD:

## **COUNTY OF SAN LUIS OBISPO**

SAN LUIS OBISPO, CALIFORNIA

	3052024025787	CERTIFICA	TE OF DEATH CULFORNIA AND MATERIALS ON AUTHANDORS	3202440000				
AT DATA	1. NAME OF DECEDENT-FIRST (Given) HARDY	2. MIDDLE IVERSEN	S. LAST FORM NIELSEN	1000 0000 0000				
	AVA. ALSO KNOWN AS - Include that AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/ccyy 5. AGE Yrs. 03/05/1937 86	FLANDER ONE YEAR FU Months Days Ho.	NOTE 24 HOURS 6. SEX			
PERSONAL	a. BIRTH STATE/FOREIGN COUNTRY 16-SOCIAL SECURITY CA -8530	NUMBER - 11: EVER IN U.S. ARM	ED FORCES? 12: NARITAL STATUS/SROP (ALTimo of D	7. DATE OF DEATH mm/dd/	1 7 1 1			
	13. EDUCATION - Highrest LiverEducate   FA/15, WAS DECEDENT HISPANIC   SOME COLLEGE   YES	and the second s	Children Tan Tan Tan Tan Tan Tan Tan Tan Tan Ta	Transport of the last of the l	15 3 27 7 8 1			
	17. USUAL OCCUPATION - Type of work for most of the, DO NOT US PLANNING COMMISSION	The control of the co	USNESS OR INDUSTRY (e.g., grocery store, mad come OVERNMENT	truction, employment agency, etc.)	19. YEARS IN OCCUPATION			
USUAL	20. DECEDENT'S RESIDENCE (Street and number, or tocasion) 4950 DEL RIO ROAD			A Property of the Control of the Con				
	The state of the s	N LUIS OBISPO	23, ZIPI CODE 24, YEARS IN CO 93/422 12	OUNTY 25. STATE/FOREIGN CO	XINTRY			
INFOR-	26. INFORMANTS NAME, RELATIONSHIP  27. NECERMANTS MANUAL CONTROL OF THE PRESENCE OF THE PROPERTY OF THE PROPER							
2	28. NAME OF SURVIVING SPOUSE/SRDP-FIRST.							
SPOUSE/ISRDP AND PARENT INFORMATIO	31. NAME OF PATHER/PAGENT-FIRST	SZ. MODDLE	33. LAST		34. BIRTH STATE			
	JOHANNAS  35. NAME OF MOTHER/PAPENT-FIRST	30.MOOLE	NIELSEN-	The second secon	DENMARK  38. BURTH STATE			
	JOHANNA  39. DISPOSITION DATE man/dd/docyy 40. PLACE OF FINAL DISPO	MARIE STION FAMILY RESIDI	MEYER		DENMARK			
STRAR	02/09/2024 4950 DEL-RIO	ROAD, ATASCADE	RO, CA 93422	The second secon				
FUNERAL DIRI	CREMATE/RESIDENCE	→ NOT.EM	BALMED		43. LICENSE NUMBER			
	STRUVE LAPORTE: FUNERAL HOM	FUSZZ	PENNY BORENSTEIN N	no. <b>50</b> 0	47.DATE mm/dd/coyy 02/08/2024			
TO E	TOUR MASS OF DEATH AS PECETY ONE TENET HEALTH CENTRAL COAST TWIN CITIES  TOUR MASS OF DEATH AS PECETY ONE TO BE HOSPITAL SPECIFY ONE THORPES OF THE PERSON O							
PLACE OF DEATH	TOL. COUNTY.  105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1.100 LAS-TABLAS ROAD-				108. GTY TEMPLETON			
į			Angony Pluded Comm. DO NOT only springly profess auch My the ediclogy. DO NOT ABBREDATE;	Cosei and Death	OIL DEATH REPORTED TO CORONER?			
	MANERATE CAUSE W ACUTE HYPOXIC RES		4R-0160					
Ξ	Sequentials, is on INTERSTITIAL LUNG DISEASE			UNK	OS. BIOPSY PERFORMED7			
OF DEA	seding to cause on time A. Errier UNDERLYNG CAUSE (disease or			(CT)	10, AUTOPSY PERFORMED?			
DAUSE OF DEATH	injury that initiated the events (7) resulting in death) LAST	American Viller Control of			11 USED IN DETERMINING CAUSE?			
	112 OTHER SIGNER CANDITIONS CONTRIBUTING TO DEATH BET, NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 197 T-CELL LYMPHOMA, CHRONIC ANEMIA							
	113, WAS OPERATION PERFORMED FOR ANY CONDITION IN TIEM 107 OR 1127 (If year list type of operation and dates).							
8 5	AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	15. SIGNATURE AND TITLE OF CERT	JIAN SPINELLO, MD	8 I	1 117. DATE mm/dd/ccyy			
PHYSICIAN'S CERTIFICATION	(A) mm/dd/coyy (B) mm/dd/coyy 1	/ A66730 /OUBOIADJIAN S	02/05/2024 PINELLO, MD					
<u>• 8</u>	118.1 CERTIFY THAT IN IAY OPINION DEATH OCCURRED AT THE HOUR, DATE,	MOPUSESTATED FROM THE CAUSES S	TEMPLETON, CA 93465	121, INJURY DATE om	A66A3C)y 122. HOUR (24 Hours)			
CORONER'S USE ONLY	MANNER OF DEATH Natural Acidion Homicide Suddin Investigation determined YES NO GUNK  120. PLACE OF INJURY (e.g., home, construction site, wooded area; stc.)							
	124. DESCRIBE HOW INJURY OCCURRED givents which resulted in	Number		2232 26 M. L				
	125. LOCATION OF INJURY (Street and number, or location, and 62),	and Helica	That see					
Š	126. SIGNATURE OF CORONER / DEPUTY CORONER		mm/dd/coyy 128, TYPE NAME TITLE OF COR					
		A special control of the special control of t	mm/dd/ccyy 128, TYPE NAME, TITLE OF COR					
STA REGIS	TE A B C D			FAX AUTH,#	CENSUS TRACT			
	10 00 00 00 00 00 00 00 00 00 00 00 00 0	1911 9 1 - 50 - 10 - 10 - 10 - 10 - 10 - 10 -	The first think the second of		10. 10.			

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SAN LUIS OBISPO

SS FEB 0 9 2024
DATE ISSUED:

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 HEACTH DEPARTMENT.



The second secon

Dr. Penny Borenstein Health Officer

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