

DOUGLAS COUNTY, NV

2024-1011478

Rec:\$40.00

\$40.00

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FIRST CENTENNIAL - RENO (MAIN OFFICE)

SHAWNYNE GARREN, RECORDER

APN No.: 1320-02-002-024

Escrow No.: 24042378-SA

Recording Requested By:
First Centennial Title Company of Nevada
1352 Hwy 395, Ste 114
Gardnerville, NV 89410

When Recorded Return to:
Randy R. Balough, Trustee
2258 Adrian Street
Newbury Park, CA 91320

Mail Tax Statements to:
Ksenia Timonina
2495 Fremont Street
Minden, NV 89423

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT OF DEATH OF TRUSTEE

(Title of Document)

Please complete Affirmation Statement below:

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law:

Affidavit of Death - NRS 440.380 (1)(A) & 40.525 (5) (state specific law).



SIGNATURE

TITLE

Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

SPACE BELOW FOR RECORDER

APN: 1320-02-002-024
Escrow No. 24042378-SA

When Recorded Return to:
Randy R. Balough, Trustee of The Earl R. Wellman
And Verne O. Wellman Joint Trust , and Randy R.
Balough, Trustee of The Credit Shelter Trust
established under the Jack F. Moore and Verne O.
Moore Family Trust Created U/D/T Dates November
19, 1993,
2495 Fremont Street
Minden, NV 89423

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF TRUSTEE

RANDY BALOUGH, of legal age, being duly sworn, deposes and says

That the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as VERNE ONETA WELLMAN named as one of the parties in that certain Grant Deed dated December 24, 1997 executed by Verne O. Wellman, who acquired title as Verne O. Moore to Verne O. Wellman, formerly known as Verne O. Moore, as Trustee of the Credit Shelter Trust established under the Jack F. Moore and Verne O. Moore Family Trust Created U/D/T dated November 19, 1993 recorded on January 2, 1998 as Instrument No. 0429634 in Book 0198 Page 0023 of Official Records of Douglas County, Nevada, and that certain Grant Deed dated July 8, 1998 by Verne O. Wellman, formerly known as Verne O. Moore, as trustee of the Jack F. Moore and Verne O. Moore Family Trust created u/d/t dated November 19, 1993 to Earl R. Wellman and Verne O. Wellman, Trustees of the Earl R. Wellman and Verne O. Wellman Joint Trust on July 10, 1998 as Instrument No. 0444002 in Book 0798 page 1698 , Official Records of Douglas County, State of Nevada covering the following described property.

LEGAL DESCRIPTION ATTACHED HERETO AS EXHIBIT "A" AND MADE A PART HEREOF

The Earl R. Wellman And Verne O. Wellman Joint Trust ,

By: [Signature]
Randy R. Balough, Successor Trustee

The Credit Shelter Trust established under the Jack F. Moore and Verne O. Moore Family Trust Created U/D/T Dates November 19, 1993,

By: [Signature]
Randy R. Balough, Successor Trustee

Dated: 8/20/2024

STATE OF CALIFORNIA

COUNTY OF VENTURA

This instrument was acknowledged before me on this 20 day of AUGUST, 2024 by

Randy R. Balough

[Signature]
Notary Public



EXHIBIT A

The North Half (N 1/2) of the Northeast Quarter (NE 1/4) of the Southwest Quarter (SW 1/4) of Section 2, Township 13 North, Range 20 East, Mount Diablo Meridian.

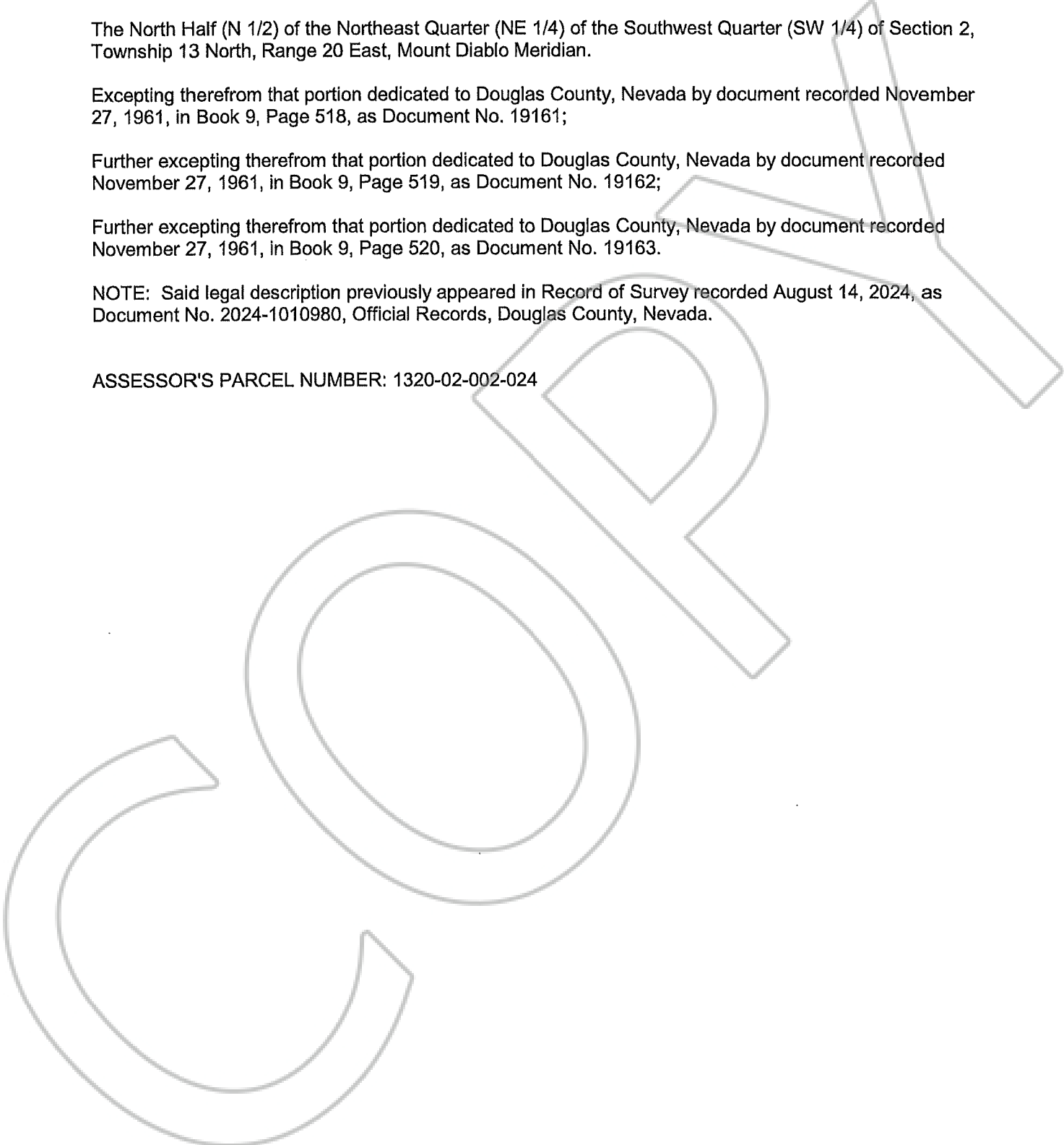
Excepting therefrom that portion dedicated to Douglas County, Nevada by document recorded November 27, 1961, in Book 9, Page 518, as Document No. 19161;

Further excepting therefrom that portion dedicated to Douglas County, Nevada by document recorded November 27, 1961, in Book 9, Page 519, as Document No. 19162;

Further excepting therefrom that portion dedicated to Douglas County, Nevada by document recorded November 27, 1961, in Book 9, Page 520, as Document No. 19163.

NOTE: Said legal description previously appeared in Record of Survey recorded August 14, 2024, as Document No. 2024-1010980, Official Records, Douglas County, Nevada.

ASSESSOR'S PARCEL NUMBER: 1320-02-002-024



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4326931

CERTIFICATE OF DEATH

2022031668
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN 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) Verne Oneta		2. DATE OF DEATH (Mo/Day/Year) January 05, 2023		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 2495 Fremont St		3e. If Hosp. or inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 83		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
7d. UNDER 1 DAY MIN		8. DATE OF BIRTH (Mo/Day/Yr) August 11, 1939		9a. STATE OF BIRTH(If not US/CA, name country) California	
9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		11. MARITAL STATUS (Specify) Widowed	
12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		13. SOCIAL SECURITY NUMBER 2847		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) MANAGER	
14b. KIND OF BUSINESS OR INDUSTRY TELEPHONE COMPANY		15a. RESIDENCE- STATE Nevada		15b. COUNTY Douglas	
15c. CITY, TOWN OR LOCATION Minden		15d. STREET AND NUMBER 2495 Fremont St		15e. INSIDE CITY LIMITS (Specify Yes or No) No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Charles Oscar HAUPT			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lillian WILLIAMS		
18a. INFORMANT - NAME (Type or Print) Randy BALOUGH		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2258 Adrian St Newbury Park, California 91320			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/State		19b. CEMETERY OR CREMATORY - NAME Pierce Brothers Valley Oak-griffin Memorial Park		19c. LOCATION City or Town State Westlake Village California 91362	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) NORMA M FINKES		20b. FUNERAL DIRECTOR LICENSE NUMBER FD967		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
20a. SIGNATURE AUTHENTICATED					
TRADE CALL - NAME AND ADDRESS Pierce Brothers Valley Oaks-Griffin Memorial Park 5600 Lindero Canyon Rd Westlake Village CA 91362					
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 A BOTTENBERG DO			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) January 10, 2023			21c. HOUR OF DEATH 11:46		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22b. DATE SIGNED (Mo/Day/Yr)		
			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 A Bottenberg DO - 4095 North Carson Street Carson City, NV - 89706					23b. LICENSE NUMBER DO674
24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 17, 2023		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
24a. SIGNATURE AUTHENTICATED					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) Squamous Cell Carcinoma Of The Left Lung With Unknown Metastasis					Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Unknown Etiology					Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:					
(c)					Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					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. Tobacco Use Disorder, Chronic Obstructive Pulmonary Disease, Hypertension, Peripheral Vascular Disease					
26. AUTOPSY (Specify Yes or No) No					27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No
28a. ACC., SUICIDE, HOM., 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	

Information Corrected, State Affidavit# 76595, 01/20/2023 - 2



CERTIFIED COPY OF VITAL RECORDS

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.

DATE ISSUED:

1/24/2023

STATE REGISTRAR

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

