

DOUGLAS COUNTY, NV

2024-1012528

Rec:\$40.00

\$40.00

Pgs=5

09/20/2024 12:50 PM

FIRST CENTENNIAL - RENO (MAIN OFFICE)

SHAWNYNE GARREN, RECORDER

APN No.: 1022-16-002-018

Escrow No.: 24042710-SA

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

When Recorded Return to:
1008 Woodville Drive
Columbus, GA 31904

Mail Tax Statements to:
Thomas Crandell and Teri Crandell
3650 Diamond Court
Wellington, NV 89444

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

Escrow Officer

Sherry Ackermann

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: 1022-16-002-018
Escrow No. 24042710-SA

When Recorded Return to:
Dolores Pearce, Trustee of The Hulshof Trust Dated
April 21, 2021
3650 Diamond Court
Wellington, NV 89444

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF TRUSTEE

Dolores Pearce, of legal age, being duly sworn, deposes and says

That Jeffrey Jon Hulshof the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Jeffrey Jon Hulshof named as one of the parties in that certain Quitclaim Deed dated April 21, 2021 executed by Jeffrey J. Hulshof to Jeffrey Jon Hulshof, Trustee of the Hushof Trust, dated April 21, 2021 recorded as Instrument No. 2021-967111, on May 10, 2021 of Official Records of Douglas County, Nevada, covering the following described property.

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

The Hulshof Trust dated April 21, 2021

Dolores Pearce
Dolores Pearce, Successor Trustee

Dated: 9/18/2024

STATE OF Georgia

COUNTY OF Muscogee

This instrument was acknowledged before me on this 18th day of September, 2024, by
Dolores Pearce

[Signature]
Notary Public

TIA RENEE FARLEY
Notary Public - State of Georgia
Muscogee County
My Commission Expires Feb 23, 2027

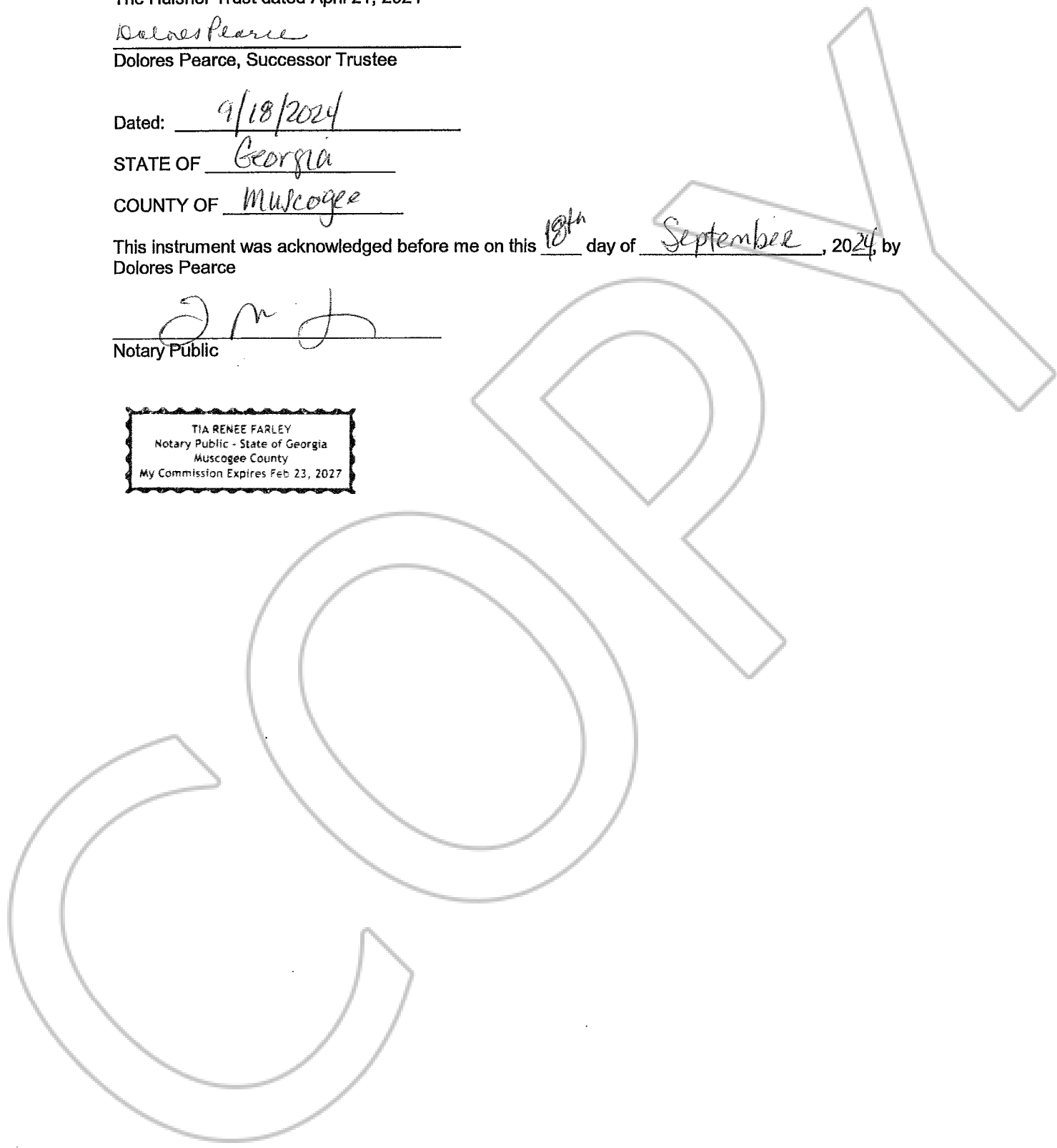


EXHIBIT A

Lot 10, in Block K, as shown on the map entitled TOPAZ RANCH ESTATES, UNIT NO. 4, filed for record November 16, 1970, in the Office of the Recorder of Douglas County, Nevada, as Document No. 50212.

EXCEPTING THEREFROM any mobile home or manufactured housing unit and appurtenances, if any, located on said land.

Assessors Parcel No.: 1022-16-002-018



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4397058

CERTIFICATE OF DEATH

2024003643
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) Jeffrey Jon HULSHOF		2. DATE OF DEATH (Mo/Day/Year) February 09, 2024		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Wellington		3c. HOSPITAL OR OTHER INSTITUTION-Name (If not either, give street and number) 3650 Diamond Ct.		3a. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 80		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 26, 1943		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) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER 5507		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
Laborer		Construction		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
15d. STREET AND NUMBER 3650 Diamond Ct.		15e. INSIDE CITY LIMITS (Specify Yes or No)			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Bernard John HULSHOF			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Margaret Johanna HAUGHEY		
18a. INFORMANT- NAME (Type or Print) Dolores Jennifer PEARCE			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1008 Woodville Drive Columbus, Georgia 31904		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME FitzHenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) NORMA M FINKES SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD967		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmeralda Place Minden NV 89423	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) EVAN W EASLEY MD SIGNATURE AUTHENTICATED		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) February 22, 2024		21c. HOUR OF DEATH 20:55		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) Evan W Easley MD 1520 Virginia Ranch Rd Gardnerville, NV 89410				23b. LICENSE NUMBER 7446	
24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 22, 2024		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I				Interval between onset and death	
(a) Myocardial Infarction					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Coronary Artery Disease					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Hypertension					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Chronic Obstructive Pulmonary Disease				26. AUTOPSY (Specify Yes or No) No	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
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	



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.

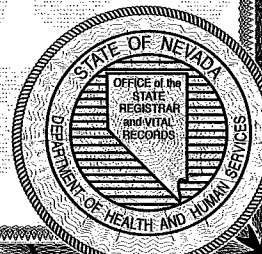
2/26/2024

DATE ISSUED:

Daran Grissom
STATE REGISTRAR

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