

APN No.: **009-061-04**

Escrow No.: **21014159-ES**

Recording Requested By:
First Centennial Title Company of Nevada
896 W Nye Ln, Ste 104
Carson City, NV 89703

When Recorded Return to:
First Centennial Title Company of Nevada
896 W Nye Ln, Ste 104
Carson City, NV 89703

Mail Tax Statements to:
Jessica Stenberg
122 Stillwater Lane
Kalispell, MT 59901

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT 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: NRS 440.380 (state specific law).


SIGNATURE

ESCROW OFFICER
TITLE

LIZ SVENNINGSEN
Print Signature

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

SPACE BELOW FOR RECORDER

APN: 009-061-04
Escrow No. 21014159-ES

When Recorded Return to:
Martha F. Hoffman, Surviving Trustee of The
Hoffman Revocable Living Trust
21811 Butternut Lane
Delavan, IL 61734

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF TRUSTEE

Martha F. Hoffman, of legal age, being duly sworn, deposes and says

That Dorsey Duane Hoffman the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Dorsey D. Hoffman named as one of the parties in that certain Quitclaim Deed dated October 9, 2017 executed by Dorsey Hoffman and Martha Hoffman to Dorsey D. Hoffman and Martha F. Hoffman, as Trustees of the Hoffman Revocable Living Trust recorded as Instrument No. 479320, on October 10, 2017 in Book N/A Page N/A of Official Records of Carson County, Nevada, covering the following described property.

Lot 12, of Silver Bell Subdivision, according to the map thereof, filed in the Office of the Recorder of Carson City, Nevada, on March 8th, 1965, in Book 1 of Maps, Page 249, File No. 87857.

Assessors Parcel No.: 009-061-04

Martha F. Hoffman
Martha F. Hoffman, Surviving Trustee

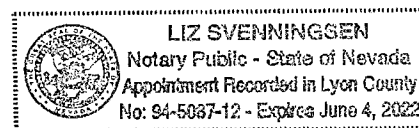
Dated: March 25, 2021

STATE OF NV

COUNTY OF CARSON CITY

This instrument was acknowledged before me on this 1st day of April, 2021 by Martha F. Hoffman.

Liz Svenning
Notary Public



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

VITAL STATISTICS

CERTIFICATE OF DEATH

CASE FILE NO. 4194513

2021002537

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Dorsey Duane HOFFMAN		2. DATE OF DEATH (Mo/Day/Year) January 28, 2021		3a. COUNTY OF DEATH Carson City	
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street address and number) 2512 Lewis Drive		3e. If Hosp. or Inst. indicate DOA, OP/Emer: Rm. Inpatient (Specify) Home	
	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 87	
	7b. UNDER 1-YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) January 27, 1934	
DECEDENT	9a. STATE OF BIRTH (If not US/CA, name country) North Dakota		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Martha Frances BALL			
	13. SOCIAL SECURITY NUMBER [REDACTED] 2935		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) California Highway Patrol Captain		14b. KIND OF BUSINESS OR INDUSTRY LAW ENFORCEMENT	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
PARENTS	15d. STREET AND NUMBER 2512 Lewis Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Cheb HOFFMAN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Florence ROTH		
	18a. INFORMANT - NAME (Type or Print) Martha Frances HOFFMAN			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2512 Lewis Drive Carson City, Nevada 89701		
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c. LOCATION City or Town State Carson City Nevada 89701
DISPOSITION	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD304		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N. Lompia Ln Carson City NV 89701	
	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) JEFFREY BASA 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 01, 2021			21c. HOUR OF DEATH 13:55		
CERTIFIER	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) Dr. Jeffrey Basa MD 2874 N. Carson Street, Ste 200 Carson City, NV 89706		
	23b. LICENSE NUMBER 8079			24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		
REGISTRAR	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 02, 2021			24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
	PART I					
	(a) Prostate Cancer Metastatic To The Bone					
CAUSE OF DEATH	DUE TO, OR AS A CONSEQUENCE OF:					
	(b) Unknown Etiology					
	DUE TO, OR AS A CONSEQUENCE OF:					
	(c)					
	DUE TO, OR AS A CONSEQUENCE OF:					
	(d)					
	PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.					
	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		

000851135



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: 2/2/2021

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


 STATE REGISTRAR
