NO.

APN 1220-16-610-035

RECORDING REQUESTED BY AND AFTER RECORDING MAIL THIS DEED TO:

Rachelle J. Nicolle

Attorney at Law
1662 Highway 395, Suite 214
Minden, NV 89423

DOC # 0697047
03/15/2007 09:32 AM Deputy: GE
OFFICIAL RECORD
Requested By:
RACHELLE NICOLLE

Douglas County - NV Werner Christen - Recorder

Page: 1 Of 3 Fee: BK-0307 PG-4383 RPTT:

16.00



MAIL TAX STATEMENTS TO:

William E. Brandstetter, Jr., Trustee 1392 Jobs Peak Dr. Gardnerville, Nevada 89460

I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law.

[Per NRS 440.380(1)(a) and 40.525(5)]

<u>AFFIDAVIT - DEATH OF CO-TRUSTEE & CERTIFICATE OF</u> CONTINUED SOLE SERVICE OF REMAINING CO-TRUSTEE

WILLIAM E. BRANDSTETTER, JR., of legal age, being first duly sworn, deposes and says:

- 1. That I, WILLIAM E. BRANDSTETTER, JR., am the sole surviving Co-Trustee of the BRANDSTETTER FAMILY TRUST U/D/T 10/20/2004. I hereby affirm my intention to continue to act as the sole remaining Trustee with all rights and power over the property described herein.
- 2. The terms of the BRANDSTETTER FAMILY TRUST U/D/T 10/20/2004 empower me to act as the sole Trustee for the Trust after the death of LORI G. BRANDSTETTER. From this point on this real property is under the following ownership: WILLIAM E. BRANDSTETTER, JR., Trustee, BRANDSTETTER FAMILY TRUST U/D/T 10/20/2004.
- 3. I also declare and affirm that LORI G. BRANDSTETTER, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as LORI G. BRANDSTETTER, Co-Trustee of the BRANDSTETTER FAMILY TRUST U/D/T 10/20/2004 (for the benefit of the BRANDSTETTER Family). LORI G. BRANDSTETTER is one of the named Co-Trustee parties in that certain Deed dated October 20, 2004 to WILLIAM E. BRANDSTETTER, JR. and LORI G. BRANDSTETTER, Co-Trustees of the BRANDSTETTER FAMILY TRUST U/D/T 10/20/2004, and recorded on 15 November, 2004 as Document No. 0629244 of the official records of Douglas County, Nevada

covering all right, title, and interest which the BRANDSTETTER FAMILY TRUST U/D/T 10/20/2004 has in and to all that real property situated in the County of Douglas, State of Nevada, being Assessor's Parcel Number 1220-16-**610-035**, specifically described as follows:

Lot 212, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 2, filed in the Office of the County Recorder of Douglas County, Nevada on June 1, 1965, as Document No. 28309, and on June 4, 1965, as Document No. 28377.

TOGETHER with all and singular the tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

4. The above stated affirmation is provided under penalty of perjury in Douglas County, Nevada, and is dated $\geqslant -16$ 2007.

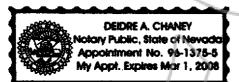
WILLIAM E. BRANDSTETTER, JR.

Trustee

NOTARY PUBLIC JURAT STATEMENT

State of Nevada) County of Douglas)

Subscribed and sworn to (or affirmed) before me on Fibrary 16 2007, by WILLIAM E. BRANDSTETTER, JR. I declare under penalty of perjury that the person whose name is subscribed to this instrument appears to be of sound mind and under no duress, fraud, or undue influence.



Affidavit of Death of Co-Trustee - NV - Lori Gail Brandstetter Page 2 of 2

0697047 Page: 2 Of 3 03/15/2007

SY MAD DESCRIPTION OF MADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES / DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

	Ĭ	CERTIFICATE	OF DEATH		\
LOCAL FILE NUMBER DECEASED—NAME First	1 dt -a-11-		DATE OF DEAT	11.84 a B 37	STATE FILE NUMBER
	Maddle Gail	Last DD AND GORDONE		H (Month, Day, Year)	COUNTY OF DEATH
1. Lori CITY, TOWN OR LOCATION OF DI		BRANDSTETTEI THER INSTITUTION—Name (If not eth	-·	r 16, 2006	3a. Carson City
Camera Otto		n Tahoe Regional		Rm. Inpatient (Specify)	4. Female
RACE—(e.g., White, Black, America		C Origin? Specify ☐ yes ☐tho If yes,	AGE—Jest LINDER		DATE OF BIFITH (Mo., Day, Yr.)
Indian, etc.) (Specify) White	apecity Mexican, Cuban, F	Puerto Rican, etc.	Birthday (Years) MOS : 7a. 52 7b.		November 13,195
TATE OF BIRTH	CITIZEN OF WHAT C	OUN- Decedent's Education. Spec	ify highest MARRIED, NE	VER MARRIED. SU	RYIVING SPOUSE (If wife, give maiden ne
(If not U.S.A., name country) ^{Ba.} <u>Californi</u> a	9b. U.S.A	grade completed.	ars Widoweb Dr		Bill Brandstetter
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	(Give Kind of Work Done During Mos		SINESS OR INDUSTRY	bill blandsteller
9206	Working Life, Even if F	Teacher	14b. F111	cation	
	COUNTY	CITY, TOWN, OR LOCATION	STRI	EET AND NUMBER	INSIDE CITY LIMITS
^{15a.} Nevada	15b. Douglas	¹5c Gardnervill	a 1/1/2 16d .	1392 Jobs Pea	(Specify Yes or No) ak Dr 156. Yes
FATHER—NAME First	Middle			First A Mid	
16. Harol		Minovitz 17.	Ma	xine "	Davis
INFORMANT—NAME (Type or Print		MAILING ADDRESS	(Street or	R.F.D. No., City or Town, Stat	le, Zip)
18a Bill Brandst	etter - Husbar	nd 186 1392 Jo	bs Peak Dr.,		e, Nevada 89460
BURIAL, CREMATION, REMOVAL,	OTHER (Spacify) CEME	ETERY OR CREMATORY—NAME : Eastside Memoria	3 Park	Minden,	y or Town State
134.	19b.	. 5/8 /		11 19C/2	
FUNERAL DIRECTOR—SIGNATUR (Or Person Acting as Such)		RAL DIRECTOR NAME AND ADDE	Fitz	Henry's Carso	on Valley
= 21e to the best of my knowle	200				inerville, NV 894
due to the cause(s) state	sd /	date and place and	at the time, d	ate and place and due to the	ation, in my opinion death occurred cause(s) and manner stated.
(Signature and Title) DATE SIGNED (Mo., Da		E DEATH	(Signature and Title	n Oev Yrl #. IHOL	JR OF DEATH
21b. /0 /24	/200 6 21c 1		DATE SIGNED (M	220.	
NAME OF ATTENDING	PHYSICIAN IF OTHER THAN C	L937 Print)		5.H 1 1 1 1	NOUNCED DEAD (Hour)
21d.			22d. ON		
NAME AND ADDRESS (OF CEH VIFIER (PHYSICIAN, AT	TENDING PHYSICIAN, MEDICAL EXA	MINER, OR CORONER). (Typ	pe pr (Print.) A = 1	- LICENSE NUMBER
23e. Fai	Sal Almad	1600 Medic	al Parkway	Carson City	1/7 10017 6
REGISTRAR	100			(YK) DEATH DUE TO COM	JUNICABLE DISEASE
24a. (Signature)	NVIO TE	2407 (2tobox 25.2	00 0 24c. YES□ NO	·료
25. IMMEDIATE CAUSE (ENT	ER ONL PONE CAUSE PER EM	The second secon			Interval between onset and death
		ast Cancer (C	hemo induced	d Digarhea	<u>. </u>
DUE TO, OR AS A C	CONSEQUENCE OF:		/		• Interval between onset and death
DUE TO, OR AS A C	railore			 	•
(,			. (•	Interval between onset and death
	Failure	uting to death but not resulting in the u	elartina anuco airon la Part i	1. AUTOPSY (Specify	WAS CASE REFERRED TO
PART OTHER SIGNIFICANT O	CHONICHO CONGRUIN CONTROL	cand to assure our tox resoluting in the or		No Yes or No)	CORONER (Specify Yes or No)
ACC., SUICIDE, HOM, LINDET	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY DESCRIB	E HOW INJURY OCCURRED	26.	27. NO .
OR PENDING INVEST. (Specify)	7 7 1	/			
28s. INJURY AT WORK	PLACE OF INJURY—At home, for	arm, street, factory, office LOCATIO	N. STREET OR I	R.F.D. No. CITY C	OR TOWN STATE
(Specify Yes or No)	building, etc. 28f.	(Specify) 28g.	l .		· · · · · · · · · · · · · · · · · · ·
		. 1 209.			. 345073
1		DEGICED A.D.	~	No	. 3450/3 📳
	SIAIE	REGISTRAR	•		



156665

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:

FEB 0 2 2007

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

STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE