

OFFICIAL RECORD

Requested By:

RACHELLE J. NICOLLE

APN: 1420-07-816-027

**RECORDING REQUESTED BY and  
AFTER RECORDING MAIL THIS DEED to:**

✓ Rachelle J. Nicolle Ltd.  
Attorney at Law  
1662 Hwy. 395, Suite 214  
Minden, NV 89423

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 4 Fee: 17.00  
BK-0909 PG-2703 RPTT: 0.00



**MAIL TAX STATEMENTS TO GRANTEE:**

Anna L. Geyer, Eric K. Geyer, and  
Robert C. Geyer, Jr., Trustees  
643 Divisadero #102  
San Francisco, CA 94117

We 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)]

**AFFIDAVIT of Death of One Original Co-Trustee and  
Continued Service of Remaining Three Co-Trustees**

ANNA L. GEYER, ERIC K. GEYER, and ROBERT C. GEYER, JR., being of legal age, being first duly sworn, depose and say:

1. This Affidavit of Death refers to the R. C. GEYER TRUST U/D/T 6/22/2009, (the "Trust") under a revocable trust agreement executed by ROBERT C. GEYER as the Grantor and ROBERT C. GEYER, ANNA L. GEYER, ERIC K. GEYER, and ROBERT C. GEYER, JR. as Co-Trustees.
2. The original Grantor of the Trust was ROBERT C. GEYER, and the original Co-Trustees of the Trust were ROBERT C. GEYER, ANNA L. GEYER, ERIC K. GEYER, and ROBERT C. GEYER, JR.
3. In accordance with the terms of the Trust, we, ANNA L. GEYER, ERIC K. GEYER, and ROBERT C. GEYER, JR., are empowered to act as the remaining three Co-Trustees for the Trust after the death of ROBERT C. GEYER. We hereby affirm our incumbency as surviving Co-Trustees, and declare our intention to act as the remaining three Trustees of the R. C. GEYER TRUST U/D/T 6/22/2009.
4. We declare and affirm that ROBERT C. GEYER died on August 6, 2009. We also hereby declare and affirm that the decedent cited in the attached certified copy of Certificate of Death, is the same person as ROBERT C. GEYER, Grantor and Co-Trustee of the R. C. GEYER TRUST U/D/T 6/22/2009.
5. ROBERT C. GEYER is the Grantor and one of the named Trustees and Grantees in that certain Grant Deed, granting to ROBERT C. GEYER, ANNA L. GEYER, ERIC K. GEYER, and ROBERT C. GEYER, JR., Trustees, and subsequent Trustees of the

R. C. GEYER TRUST U/D/T 6/22/2009, a fifty percent (50%) interest in the right, title and interest in the following identified real property:

APN: ..... 1420-07-816-027

Commonly Known As: .... 926 Ranchview Circle, Carson City, Douglas County, NV

Recorded On: ..... June 24, 2009

As Document Number: .... 0745911

In Book: ..... 0609

On Page: ..... 8026

Official Records of: ..... Douglas County, Nevada

Legal Description: ..... A fifty percent (50%) interest in that real property situated in the unincorporated area, County of Douglas, State of Nevada, bounded and described as follows:

Lot 7, in Block N, as set forth on that certain Final Map of SUNRIDGE HEIGHTS, PHASES 7B and 9, a Planned Unit Development, recorded in the office of the Douglas County Recorder on September 5, 1995 in Book 995, Page 410, as Document No. 369825, and by Certificate of Amendment recorded August 14, 1996 in Book 896, Page 2588, as Document No. 394289, Official Records.

**A.P.N. 1420-07-816-027 (old APN 21-531-07)**

Together with a fifty percent (50%) interest in all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

- 6. The assets held under this Trust are to be held under the following title:  
ANNA L. GEYER, ERIC K. GEYER, and ROBERT C. GEYER, JR.,  
Trustees  
R. C. GEYER TRUST U/D/T 6/22/2009
- 7. The R. C. GEYER TRUST U/D/T 6/22/2009 has not been revoked and there have been no amendments limiting the powers of the Trustee(s) over Trust property.
- 8. We hereby declare, as Co-Trustees, that we have all Trustee powers, to sell, encumber, retain, or otherwise manage all property belonging to the R. C. GEYER TRUST U/D/T 6/22/2009, including, but not limited to, the above-described real property, including any portion thereof.

9. We make this affirmation under penalty of perjury on September 08, 2009.

anna l. Geyer  
Anna L. Geyer, Co-Trustee  
of the R. C. GEYER TRUST U/D/T 6/22/2009

Eric K. Geyer  
Eric K. Geyer, Co-Trustee  
of the R. C. GEYER TRUST U/D/T 6/22/2009

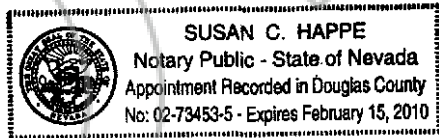
Robert C. Geyer, Jr.  
Robert C. Geyer, Jr., Co-Trustee  
of the R. C. GEYER TRUST U/D/T 6/22/2009

JURAT

State of Nevada )  
County of Douglas )

Signed and sworn to (or affirmed) before me on September 8, 2009, by ANNA L. GEYER, ERIC K. GEYER, and ROBERT C. GEYER, JR.

Susan C. Happe  
Notary Public



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

**2009011462**  
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) <b>Robert Conrad GEYER</b>		2 DATE OF DEATH (Mo/Day/Year) <b>August 06, 2009</b>		3a COUNTY OF DEATH <b>Carson City</b>	
3b CITY, TOWN OR LOCATION OF DEATH <b>Carson City</b>		3c HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) <b>Evergreen Mountain View Health &amp; Rehab Ctr</b>		3e If Hosp or Inst Indicate DOA,OP/Emer Rm Inpatient(Specify) <b>Nursing Home</b>	
4 SEX <b>Male</b>		5 RACE White (Specify)		6 Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthdgy (Years) <b>75</b>		7b UNDER 1 YEAR MOS.   DAYS		7c UNDER 1 DAY HOURS   MINS	
8 DATE OF BIRTH (Mo/Day/Yr) <b>May 31, 1934</b>		9a STATE OF BIRTH (if not U S A name Country) <b>Pennsylvania</b>		9b CITIZEN OF WHAT COUNTRY <b>United States</b>	
10 EDUCATION <b>16+</b>		11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12 SURVIVING SPOUSE (if wife, give maiden name) <b>June CLARKE</b>	
13 SOCIAL SECURITY NUMBER <b>2601</b>		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life Even If Retired) <b>Mechanical Engineer</b>		14b KIND OF BUSINESS OR INDUSTRY <b>Manufacturing Company</b>	
15a RESIDENCE - STATE <b>Nevada</b>		15b COUNTY <b>Douglas</b>		15c CITY, TOWN OR LOCATION <b>Carson City</b>	
15d STREET AND NUMBER <b>926 Ranch View Circle</b>		15e INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		Ever in US Armed Forces? <b>Yes</b>	
16 FATHER - NAME (First Middle Last Suffix) <b>John GEYER</b>			17 MOTHER - NAME (First Middle Last Suffix) <b>Anna BRILL</b>		
18a INFORMANT- NAME (Type or Print) <b>Eric GEYER</b>		18b MAILING ADDRESS (Street or R F D No., City or Town, State, Zip) <b>488 Crescent St. Oakland, California 94601</b>			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b CEMETERY OR CREMATORY - NAME <b>Truckee Meadows Crematory</b>		19c LOCATION City or Town State <b>Sparks Nevada 89431</b>	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b>		20b FUNERAL DIRECTOR LICENSE <b>304R</b>		20c NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations 1575 N Lompa Ln Carson City NV 89701</b>	
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>SIGNATURE AUTHENTICATED LAURENCE GEORGE GAY M.D.</b>					
21b DATE SIGNED (Mo/Day/Yr) <b>August 08, 2009</b>		21c HOUR OF DEATH <b>09 36</b>		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)	
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>Laurence George Gay M D PO Box 19936 Reno, NV 895110871</b>				23b LICENSE NUMBER <b>5152</b>	
24a REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b>		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 11, 2009</b>		24c DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25 IMMEDIATE CAUSE PART I (a) <b>Cardiac Arrest</b>		Interval between onset and death <b>Seconds</b>			
(b) <b>Respiratory Failure</b>		Interval between onset and death <b>Minutes</b>			
(c) <b>Metastatic Melanoma</b>		Interval between onset and death <b>Months</b>			
(d)		Interval between onset and death			
26 AUTOPSY (Specify Yes or No) <b>No</b>				27 WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
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			

STATE REGISTRAR



BK- 0909  
PG- 2706

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VRS-Rev-20090802

283719 - 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

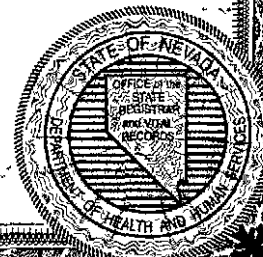
DATE ISSUED

08/11/2009

PBN CO (Rev) 11/06

*Rid White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE