



A.P.N. #	1220-22-110-031
Escrow No.	103236082
Recording Requested By: Stewart Title	
When Recorded Mail To: Wanda Rogert 753 Lassen Way Gardnerville, NV 89460	
for recorders use only	

Affidavit of Death
(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 not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

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 Chapter 440.380
(State specific law)

Kris Thorson
Signature

Escrow Assistant
Title

Kris Thorson
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.

(Additional recording fee applies)



CERTIFICATE OF INCUMBENCY

and Wanda L. Rogert, Co-Trustees
Whereas, Trubee C. Rogert was the Trustee under that certain Trust entitled Rogert Family Trust Dated November 1, 1997, and listed as Grantee under that certain GRANT, BARGAIN, SALE DEED recorded July 2, 2008, as Document No. 0726173, of Official Records, covering the following described property:

SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF

AND Whereas, Trubee C. Rogert is one and the same as named on that certain Death Certificate attached hereto and made a part hereof, Wanda L. Rogert, is named as the Successor Trustee under said Trust and is fully authorized to act in accordance with the terms of said Trust Agreement.

SUCCESSOR TRUSTEE:

By: Wanda L. Rogert
Wanda L. Rogert

State of Nevada

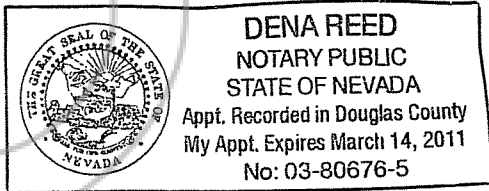
}
} ss
}

County of Carson

This instrument was acknowledged before me on 7-20-10
by: Wanda L. Rogert

Signature:

Dena Reed
Notary Public



CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2009010752

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Trubee C ROBERT			2. DATE OF DEATH (Mo/Day/Year) July 20, 2009		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 and number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer: Rm. Inpatient(Specify) Inpatient		4. SEX Male						
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 73		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY		8. DATE OF BIRTH (Mo/Day/Yr) July 22, 1935		
	9a. STATE OF BIRTH (If not U.S.A., name country) Nebraska			9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Wanda ALEXANDER		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER ██████████-9392			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Mechanical Engineer			14b. KIND OF BUSINESS OR INDUSTRY Engineering			15. INSIDE CITY LIMITS (Specify Yes or No) Yes			
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 753 Lassen Way						
PARENTS	16. FATHER - NAME (First/Middle Last Suffix) Harley K ROBERT					17. MOTHER - NAME (First Middle Last Suffix) G Iris BREWSTER							
	18a. INFORMANT - NAME (Type or Print) Wanda ROBERT					18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 753 Lassen Way Gardnerville, Nevada 89460							
DISPOSITION	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) JAMES SMOLENSKI SIGNATURE AUTHENTICATED			20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitz-Henry's Carson Valley Funeral Home 1380 Highway 395 N. Gardnerville NV 89410							
TRADE CALL	TRADE CALL - NAME AND ADDRESS												
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED JOSE ALFREDO AGUIRRE MD						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) July 23, 2009			21c. HOUR OF DEATH 17:45			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH			
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)												
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jose Alfredo Aguirre MD - 1600 Medical Parkway Carson City, NV 89703						23b. LICENSE NUMBER 11479						
REGISTRAR	24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 28, 2009			24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)											Interval between onset and death	
	PART I (a) Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Hypoxia DUE TO, OR AS A CONSEQUENCE OF: (c) Pneumonia DUE TO, OR AS A CONSEQUENCE OF: (d)											Interval between onset and death Interval between onset and death Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART II											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	

STATE REGISTRAR



BK-910
PG-4581

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VRS-Rev-20090602

286062

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:

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

PBNC0 (Rev) 11/06

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

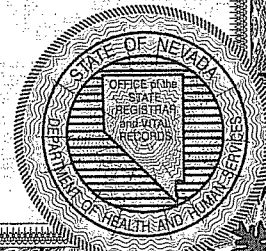




Exhibit A
LEGAL DESCRIPTION

File Number: 1032360DR

Lot 35 as shown on the Official Map of Gardnerville Ranchos Unit No. 5, filed for record on November 4, 1970 in the office of the County Recorder of Douglas County, Nevada, as Document No. 50056, and as shown on the Amended Map of Gardnerville Ranchos Unit No. 5, filed for record on August 4, 1994 in the office of the County Recorder of Douglas County, Nevada in Book 894, Page 744 as Document No. 343256.

