APN: <u>1220-04-111-014</u> ORDER NO.: <u>1095970-wd</u> DOC # 780175
03/18/2011 10:15AM Deputy: DW
OFFICIAL RECORD
Requested By:
NORTHERN NEVADA TITLE CC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 10 Fee: 48.00
BK-311 PG-3788 RPTT: 0.00

FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: Affidavit Death

The undersigned hereby affirms that this document submitted for recording contains a Social Security number as required by law:

State Law: NRS 40.525 Sec. 5 - Death Certificates Attached to Affidavit Death of Joint Tenant

State Law: NRS 440.380 Sec. 1.(a) - Medical Certificate of Death; Contents

NORTHERN NEVADA TITLE COMPANY

Signed By:

Print Name/Title: Wendy Dunbar/Escrow Officer

WHEN RECORDED MAIL TO:

<u>Debra Marion Klouzer</u> 47180 Monte Vista Dr. Big Bear City, CA 92314

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RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

Debra Marion Klouzer 47180 Monte Vista Dr. Big Bear City, CA 92314

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF) SS. **COUNTY OF**

Kathryn Ann Bassett, Bunny Bassett and Pamela Y. Pullen and Debra Marion Klouzer of legal age, being first duly sworn, deposes and says:

- Marion Schwartz is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person named as Trustee in that certain Declaration of Trust dated October 21, 1993, executed by Marion Schwartz as trustor(s).
- At the time of decedent's death, decedent was the Beneficiary, as Trustee, of certain real property under Long Form Deed of Trust with Assignment of Rents dated January 19, 2010 executed by Leonard K. Parker and Janet S. Parker, husband and wife as joint tenants as Trustor to Marion Schwartz, as Trustee(s) of The Walter C. Schwartz Decedents Trust dated October 21, 1993 as Beneficiary, recorded on January 25, 2010, in Book 110, Page 4613 as Document No. 757675 of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Gardnerville, County of Douglas, State of Nevada.

Lot 13, as shown on the Official Map of KINGSLANE UNIT NO. 1, filed for record in the office of the County Recorder of Douglas County, Nevada, on December 26, 1968, in Book 64, Page 82, as Document No. 43243.

I am the surviving or successor Trustee of the same trust under which said decedent held title as trustee pursuant to the long form deed of trust with assignment of rents described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Dated March 3, 2011



BY: SIGNED IN COUNTERACT

BY: SIGNED IN COUNTERACT

Burny Bassatt, Successor Trustee

BY: SIGNED IN COUNTERACT

Burny Bassatt, Successor Trustee

BY: SIGNED IN COUNTERACT

Paniela Y. Pullen, Successor Trustee

(seal)
Signature Onna Sterenson

DONNA R. STEVENSON
COMM. #1903659
Notary Public · California
San Bernardino County
My Comm. Expires Sep. 18, 2014

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The Walter C. Schwartz Decedents Trust BY: SIGNED IN COUNTERPART Debra Marion Klouzer, Successor Trustee BY: SIGNED IN COUNTERFART
Pamela Y. Pullen, Successor Trustee BY: SIGNED IN COUNTERPART
Burny Bassett, Successor Trustee STATE OF COUNTY OF Subscribed and sworn to (or affirmed) before me on this __, 2011, by _ personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me. (seal) Signature

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corporate officer, indicate the title (i.e. CEO, CFO, Secretary).

· Securely attach this document to the signed document

CALIFORNIA ALL-PURFUSE **CERTIFICATE OF ACKNOWLEDGMENT**

		\ \
	On MAR 8,2011 before me, DIA	NA GARZA, NOTTARY PUBLIC.
	personally appeared KATHRYN AN	NA GARLA NOTARY PUBLIC, (Here insert name and title of the officer) N BASSETT, SUCCESSOR TRUSTER
	who proved to me on the basis of satisfactory even the within instrument and acknowledged to me to capacity (ies), and that by his her their signature (which the person(s) acted, executed the instrument of the capacity (ies).	ridence to be the person(s) whose name(s) is/hre subscribed to that he she/they executed the same in his/her/their authorized on the instrument the person(s), or the entity upon behalf of nt.
	I certify under PENALTY OF PERJURY under t is true and correct.	the laws of the State of California that the foregoing paragraph
	WITNESS my hand and official seal. Signature of Notary Public	DIANA GARZA COMM. #1794494 NOTARY PUBLIC - CALIFORNIA NAPA COUNTY My Comm. Expires March 28, 2012
4	Signature of Notary Public	
	ADDITIONAL O	PTIONAL INFORMATION
	DESCRIPTION OF THE ATTACHED DOCUMENT APPOAVIT - DEATH (Title or description of attached document) DT TRUSTEE (Title or description of attached document continued)	INSTRUCTIONS FOR COMPLETING THIS FORM Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.
/	Number of Pages 2 Document Date 3/8/11 (Additional information)	 State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment. Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of
1	CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer	 Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording. The notary seal impression must be clear and photographically reproducible.
	(Title) ☐ Partner(s) ☐ Attorney-in-Fact ☐ Trustee(s) ☐ Other	Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form. Signature of the notary public must match the signature on file with the office of the county clerk. Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document. Indicate title or type of attached document, number of pages and date.
	- Onio	indicate that of type of attached document, number of pages and date. Indicate the capacity claimed by the signer. If the claimed capacity is a

State of California

County of

NAPA

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BK-311 PG-3793

The Walter C. Schwartz Decedents Trust

BY: SIGNED IN COUNTERPART
Kathryn Ann Bassett Successor Truslee

Bunny Bassett, Successor Truslee

BY: SGNED IN COUNTERFART
Pamela Y. Pullen, Successor Trustee

STATE OF OREGON
COUNTY OF DOOGLAS
Subscribed and sworn to (ordiffirmed) before me on this

of WARCH, 2011, by Runhy RASS ETT
personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(seal)

OFFICIAL SEAL **ALEXANDRA LOILER NOTARY PUBLIC - OREGON** COMMISSION NO. 451361

MY COMMISSION EXPIRES AUGUST 08, 2014

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The vivalier C. Schwartz Decedents Trust
SY: CIGNED IN COUNTERART SY: SIGNED IN COUNTERART Rathryn Ann Bassett, Successor Trustee Kathryn Ann Bassett, Successor Trustee
BUIND Bassett, Successor Trustee SY Pamela Y Pullen, Successor Trustee
STATE OF
of, z011, by
(seal) See Attached Jurat (DRP)

BK-311 PG-3795

80175 Page: 8 of 10 03/18/2011

Jurat

DANIEL R. PEREZ
Commission # 1785548
Notary Public - California
Orange County
MyComm. Expires Jan 10, 2012

OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

A Hidavit- Death of Truste a

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages Document Date Mar. 3 2011

(Additional information)

INSTRUCTIONS FOR COMPLETING THIS FORM

The wording of all Jurats completed in California after January 1, 2008 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one which does contain proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office
 of the county clerk.
- The notary scal impression must be clear and photographically reproducible.
 Impression must not cover text or lines. If scal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
 - Additional information is not required but could help to ensure this jurat is not misused or attached to a different document.
 - Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document

2008 Version CAPA v1.9.07 800-873-9865 www.NotaryClasses.com

COUNTY of SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

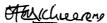
i		CERTIFICATE OF DEATH STATE OF CULFORNA USE BLACK MK DNLY / NO CRAURES, WHO TO SEN ALTER WS. 1 GREY 94061	ATOUS -	3201136000065		
+	STATE FILE NUMBER 1. NAME OF DECEDENT- FIRST (GIVER)	USE BLACK MR UNIT / RD ENGINES, WHITEUUTS UN ALLERATIONS 2. MIDDLE 3. LAST (Family)		CAL REGISTRATION NUMBER		
-	MARION	YARNALL	SCHWARTZ	\		
NAL DATA	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)	4. DATE OF BIRTY 09/06/192		ER ONE YEAR IF UNDER 24 HOURS 6. SEX Days Hours Minutes F		
PERSO	BIRTH STATE/FOREIGN COUNTRY	YES X NO UNK WID	•	TE OF DEATH rom/add/copy 8. HOUR (24 Hours) 08/2011 08/30		
DECEDIANTS PERSONAL	13. EDUCATION - Highest Level/Degree 14/15, WAS DECEDENT HIBPANIC SOME COLLEGE YES	X NO VVIII				
: 8 :	17. USUAL OCCUPATION - Type of work for most of life, DO NOT USE HOMEMAKER	RETIRED 18. KIND OF BUSINESS OR INDUSTRY OWN HOME	(e.g., grocery store, road construction, em	ployment agency, etc.) 19. YEARS IN OCCUPATION 60		
AL.	20. DECEDENT'S RESIDENCE (Street and number, or location) 47180 MONTE VISTA			/		
TUSUM	BIG BEAR CITY SA	UNTY/PROVINCE 23 ZIP GODE 92314	6 C	S. STATE/FOREIGN COUNTRY		
INFOR-	DEBRA KLOUZER, DAUGHTER		VISTA, BIG BEAR CIT	Umber, city or town, state and zip) Y, CA 92314		
P AND MATION	28. NAME OF SURVIVING SPOUSE/SRDP"-FIRST	- / /	LAST (BIRTH NAME)			
SPOUSE/SRDP AND ARENT INFORMATIO	31. NAME OF FATHER/PARENT-FIRST THOMAS	BUDD	EEN .	34. BIRTH STATE MN		
SPCUR	35, NAME OF MOTHER/PARENT-FIRST MARION	CAROLINE SO	LAST (BIRTH NAME) CHMID	38. BIRTH STATE NJ		
CTORY	01/07/2011 47180 MONTE	STICH RESIDENCE DEBRA KLOUZ VISTA, BIG BEAR CITY, CA 923	ER 14			
AL DIRECTORY L REGISTRAR	CR/RES	42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER		
FUNER	44. NAME OF FUNERAL ESTABLISHMENT KERN HESPERIA MORTUARY	48. (ICENSE NUMBER 49. SKRNATURE OF FD1342 ► MAXWE	LOCAL PEGISTRAR LL OHIKHUARE, MO	47. DATE mm/dd/coyy 01/07/2011		
	101. PLACE OF DEATH	102. IF HOSPI	The second control of	THAN HOSPITAL, SPECIFY ONE		
PLACE OF DEATH	RESIDENCE/HOSPICE	OR LEXATION WHERE FOUND ISseet and number, or tookso	ER/OP DOA Hospite	Nursing Horna/LTC X Decedent's Other		
12.0	SAN BERNARDINO 47180 MONTE	EVISTA secon, invites, or complications that phecity caused death, DO		BIG BEAR CITY Turns intorvel domestral 108, DEATH REPORTED TO CORQUER?		
	IMMEDIATE CAUSE (Final disease or CARDIOPULMONARY Condition resulting	rost; or yonthouser fordistion without showing the alicipgy. DO NOT	COT ENTER INTERFER SACOT	(AT) MEN ELOPAGE MICHOGEN MIN ELOPAGE MICH		
1	in death) Sequentially, list conditions, if any,	VN ETIOLOGY	4	WKS 109. BIOPSY PERFORMED?		
OF DEAT	feading to cause on Line A. Enter (C) UNDERLYING CAUSE (disease or	I.	ſ	(CT) 110. AUTOPSY PERFORMED? YES X NO		
CAUSE	injury that (D) militated the events (D) misuting in death) LAST			(DT) 111. USEO IN DETERMINING CAUSE? YES NO		
-	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH I NONE		537			
	113, WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 1	<u> </u>		113A. IF FEMALE, PREGNANT IN LAST YEAR? YES X NO UNK		
CATION	AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	15, SIGNATURE AND TITLE OF CERTIFIER JOHN R. HAWES D.O.		16. LICENSE NUMBER 117. DATE mm/dd/ocyy 20A4986 01/06/2011		
PHYSICAN'S CERTIFICATION	(A) mm/dd/ccyy (B) mm/dd/ccyy 1 01/02/2011 01/03/2011 3	18. TYPE ATTENDING PHYSICIAN'S NAME. MAILING ADDRES 177 E. CHAPMAN AVE, SUITE 28	O, PLACENTIA, CA 92	NEY STEWART M.D. 2870		
	118.1 CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, MANNER OF DEATH NIBITURE Accident Horricole	AND PLACE STATED FROM THE CAUSES STATED. Suscrite Pending Could not be strivestication determined	YES NO UNK	21. INJURY DATE mm/dd/ccyy 122. HOUR (24 Hours)		
CHLY	123. PLACE OF INJURY (o.g., home, construction site, wooded area,	ntc.)				
R'S USE	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in	n;ury)				
CORDMER'S USE ONLY	125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
	128, SIGNATURE OF CORONER / DEPUTY CORONER	127, DATE mm/dd/ccyy 128	. TYPE NAME. TITLE OF CORONER / DEF	PUTY CORONER		
STA REGIS		E 100001001	1673856°	PAX AUTH.# CENSUS TRACT		
12.00				-		

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA COUNTY OF SAN BERNARDINO SS

Jan 10,2011

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.



COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

This copy not valid unless prepared on





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BK-311 PG-3797

Escrow No.:

1095970-WD

Title Order No.:

EXHIBIT A

THE LAND REFERRED TO HEREIN BELOW IS DESCRIBED AS FOLLOWS:

Lot 13, as shown on the Official Map of KINGSLANE UNIT NO. 1, filed for record in the office of the County Recorder of Douglas County, Nevada, on December 26, 1968, in Book 64, Page 82, as Document No. 43243.

