APN: 1220-17-501-015

RECORDING REQUESTED BY AND MAIL DOCUMENT TO:

Rachelle J. Nicolle Attorney at Law 1662 Highway 395, Suite 214 Minden, NV 89423

AFTER RECORDING MAIL TAX STATEMENTS TO:

Rachel Julian, Trustee 2284 Acacia Dr. Concord, CA 94520

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)]

DOC # 791876

11/01/2011 11:16AM Deputy: SG
 OFFICIAL RECORD
 Requested By:

First American Title Mindel
 Douglas County - NV
 Karen Ellison - Recorder
Page: 1 of 6 Fee: \$19.00

BK-1111 PG-157 RPTT: 0.00



AFFIDAVIT of Death of Original Co-Trustee and Service of Co-Trustee

- I, RACHEL JULIAN, also known as Rachel M. Mallery, being of legal age, being first duly sworn, depose and say:
- 1. This Affidavit of Death refers to the ROBERT AND EDNA KEYES FAMILY TRUST U/D/T 07/25/2002, (the "Trust") under a revocable trust agreement executed by ROBERT P. KEYES and EDNA H. KEYES as the Grantors.
- 2. The original Grantors and Trustees of the Trust were ROBERT P. KEYES and EDNA H. KEYES.
- 3. Upon the death of EDNA H. KEYES, I,RACHEL JULIAN, also known as Rachel M. Mallery, became a Co-Trustee with ROBERT P. KEYES. ROBERT P. KEYES and I originally signed an Affidavit of Death of Original Trustee (EDNA H. KEYES) and Service of Co-Trustees. That Affidavit was signed under my former name, RACHEL M. MALLERY. That Affidavit was filed on July 8, 2011 as Document No. 0786122, in Book No. 0711, Pages 1235-1239. I am now married and have changed my name to RACHEL JULIAN.
- 4. I declare and affirm that EDNA H. KEYES died on May 8, 2011 and that ROBERT P. KEYES died on September 1, 2011. I also hereby declare and affirm that the decedents cited in the attached certified copies of Certificates of Death, are the same persons as EDNA H. KEYES and ROBERT P. KEYES, original Trustees of the ROBERT AND EDNA KEYES FAMILY TRUST U/D/T 07/25/2002.
- 5. In accordance with the terms of the Trust, I, RACHEL JULIAN, also known as Rachel M. Mallery, am empowered to act as the current sole Trustee for the Trust after the deaths of EDNA H. KEYES and ROBERT P. KEYES. I hereby affirm my

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incumbency as the surviving Co-Trustee, and declare my intention to act as the sole Trustee of the ROBERT AND EDNA KEYES FAMILY TRUST U/D/T 07/25/2002.

6. ROBERT P. KEYES and EDNA H. KEYES are the named Co-Trustees and Grantees in that certain Grant Deed, granting to ROBERT P. KEYES and EDNA H. KEYES, Trustees, and subsequent Trustees of the ROBERT AND EDNA KEYES FAMILY TRUST U/D/T 07/25/2002, all right, title and interest in the following identified real property:

APN:1220-17-501-015

Commonly Known As: ..979 Rubio Way, Gardnerville, NV 89460

Recorded On:December 9, 2002

As Document Number: ..0560110 **In Book:**1202 **On Page:**03410

Official Records of:Douglas County, Nevada

Legal Description:....... A parcel of land, located in the Northeast quarter of the Northeast quarter of Section 17, Township 12 North, Range 20 East, M.D.B. & M., Douglas County, Nevada, more particularly described as follows:

Commencing at the Northeast corner of said Section 17, Township 12 North, Range 20 East, M.D.B. & M., proceed South 63°25'28" West, 1,052.95 feet, to the TRUE POINT OF BEGINNING, which is the Northeast corner;

thence South 01°02'35" East, 264.00 feet to the Southeast comer;

thence South 89°28'50" West, 329.68 feet to the Southwest corner and being a point on the East line of that, certain 50 foot strip of land excepted in that certain Deed executed by W. F. Dressler to Clarence Park, recorded May 15, 1923 in Book R of Deeds, at page 382;

thence North 00°17'20" West, along said East line of said 50 foot strip of land, a distance of 267.50 feet to the Northwest corner;

thence leaving said East line of said 50 foot strip of land, South 88°51'13" East, a distance of 326.28 feet to the TRUE POINT OF BEGINNING

Per NRS 111.312, this legal description was previously recorded as Document No. 0560110 on December 9, 2002 in Book 1202 at Page 03410 and before that at Document No. 0507113 on January 19, 2001.

- 7. The assets held under this Trust are to be held under the following title:

 RACHEL JULIAN, Trustee,

 ROBERT AND EDNA KEYES FAMILY TRUST U/D/T 07/25/2002
- 8. The ROBERT AND EDNA KEYES FAMILY TRUST U/D/T 07/25/2002 has not been revoked and there have been no amendments limiting the powers of the Trustee(s) over Trust property.

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BK 1111

9.	I hereby declare, as Trustee, that I have all Trustee powers, to sell, encumber, retain,
	or otherwise manage all property belonging to the ROBERT AND EDNA KEYES
	FAMILY TRUST U/D/T 07/25/2002, including, but not limited to, the above-
	described real property, including any portion thereof.

- 10. I, Rachel Julian, also known as Rachel M. Mallery, being first duly sworn, depose and say that I am the current and sole Trustee of the ROBERT AND EDNA KEYES FAMILY TRUST U/D/T 07/25/2002.
- 11. I further affirm that I, RACHEL JULIAN, have read the provisions of the ROBERT AND EDNA KEYES FAMILY TRUST U/D/T 07/25/2002, understand the provisions therein, and agree that those same provisions shall bind me as the Trustee of the ROBERT AND EDNA KEYES FAMILY TRUST U/D/T 07/25/2002.

12. I make this affirmation under penalty of perjury on	10-20	, 2011.

(also known as Rachel M. Mallery)

Current and Sole Trustee

ROBERT AND EDNA KEYES FAMILY TRUST U/D/T 07/25/2002

JURAT

California

County of Alameda

SUBSCRIBED AND SWORN TO (or affirmed) before me, on Oct. 20, 2011, by RACHEL JULIAN, also known as Rachel M. Mallery, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

WITNESS my hand and official seal:

Signature

Notary Public

DARBY JO LAMPI Commission # 1851853 Notary Public - California **Alameda County** My Comm. Expires Jun 28, 201:

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

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791876 Page: 4 of 6 11/01/2011

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.

05/19/2011

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CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

2011016004

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Robert KEYES September 01, 2011 Douglas 3b. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either 3e.If Hosp. or Inst. indicate DOA.OP/Emer and number)

npatient(Specify)
1075 Foothill Rd Gardnerville 1075 Foothill Rd DECEDENT Male 5 RACE White . Hispanic Origin? Specify c. UNDER 1 DAY 8. DATE OF BIRTH (Mo/Day/Yr (Specify)

No - Non-Hispanic HOURS I MINS April 08, 1932

a. STATE OF BIRTH (If not U.S.A., 9b. CITIZEN OF WHAT COUNTRY 10 EDUCATION 11: MARRIED, NEVER MARRIED, WIDOWED, IF DEATH 1.12. SURVIVING SPOUSE (if wife, give OCCURRED IN name country) California DIVORCED (Specify) Widowed **United States** 16 INSTITUTION EE HANDBOOK 13. SOCIAL SECURITY NUMBER 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of 14b. KIND OF BUSINESS OR INDUSTRY Ever in US Armed

2805 Working Life, Even If Retired) Real Estate Agent Forces? Yes MPLETION OF Real Estate 15a. RESIDENCE - STATE ISC CITY TOWN OR LOCATION 15d. STREET AND NUMBER 15e, INSIDE CITY

LIMITS (Specify Y or No) Yes Nevada Douglas Gardnerville 979 Rubio Way 16. FATHER/PARENT - NAME (First Middle Last Suffix)

17. MOTHER/PARENT - NAME:

PARENTS . 444. 46. Henry Edward KEYES Eleanor PATTEN

18a. INFORMANT- NAME (Type or Print) 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) Mike KEYES , § 2433 Carolina Ave. Redwood City, California 94061

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME. 19c. LOCATION City or Town DISPOSITION Fitzhenry's Crematory Cremation

Carson City Nevada 89701 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such 20b FUNERAL NAME AND ADDRESS OF FACILITY

DIRECTOR LICENSE JAMES SMOLENSKI FitzHenry's Carson Valley Funeral Home 217 1380 Highway 395 N Gardnerville NV 89410 SIGNATURE AUTHENTICATED

RADE CAL TRADE CALL - NAME AND ADDRESS

21a. To the best of my knowledge, death occurred at the time, date and place and 22a. On the basis of examination and/or investigation, in my opinion, death occurred a due to the cause(s) stated. (Signature & Title) date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED CERTIFIER

21b. DATE SIGNED (Mo/Day/Yr) 22b. DATE SIGNED (Mo/Day/Yr) 🤾 🤲 October 11, 2011 12:35 22e. PRONOUNCED DEAD AT (Hour) 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER .22d. PRONOUNCED DEAD (Mo/Day/Yr)? (Type or Print) September 01, 2011 12:35

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER; OR CORONER) (Type of Print) 23b. LICENSE NUMBER

Deputy James Booth P.O. Box 218 Minden, NV 89423

24b. DATE RECEIVED BY REGISTRAR 24a, REGISTRAR (Signature JENELLE ENGLISH REGISTRAR 7. j. (Mo/Day/Yr) October 17, 2011

SIGNATURE AUTHENTICATED CAUSE OF 25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

Single Perforating Gunshot Wound of the Head Interval between onset and death rval between onset and death

DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the 26: AUTOPSY 27. WAS CASE REFERRED (Specify Yes or No

28a ACC: SUICIDE HOM, UNDET. 128b. DATE OF INJURY (Mo/Day/Yr) Gunshot Wound to Head September 01, 2011 1235 OR TOWN STATE 28f PLACE OF INJURY- At home, farm, street, factory, office 28g. LOCATION 28e. INJURY AT WORK (Specify building, etc. (Specify) Foothill Rd Gardnerville Nevada

STATE REGISTRAR

вк 1111 PG-161

11/01/2011

VRS-Rev-20110104

406670

PRINT IN

PERMANENT

BLACK INK

REGARDING

RESIDENCE ITEMS

DEATH

ONDITIONS IF ANY WHICH

IMMEDIATE CAUSE STATING THE

UNDERLYING CAUSE LAST

Yes or No)

No

CERTIFIED COPY OF VITAL RECORDS

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10/17/2011 7 2011

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Dirt Lot







BK 1111 PG-162

APN# 1220-17-	-501-015	
D	. J. L	()
Recording Requeste		\ \
Name:	First American Title Insurance	\ \
	Company	\ \
Address:	1673 Lucerne Street, Suite A	_ \ \
City/State/Zip:	Minden, NV 89423	_ \ \
Order Number:	143-2413064	_ \ \
	•	
	Affidavit of Death of Original Co-	
	Trustee and Service of Co-Trustee	(for Recorder's use only)
	(Title of Document)	(lot recorder 5 disc only)
	(Title of Document)	\ \
	75 1 100 11	G
	Recorder Affirmation	on Statement
	Please complete Affirmatio	n Statement below:
I the undersign	ned hereby affirm that the attached documen	it, including any exhibits, hereby submitted
for recording does no	ot contain the social security number of any	person or persons. (Per NRS 239B.030)
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	-OR-	
X I the undersign	ned hereby affirm that the attached documen	at including any exhibits hereby submitted
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