



A.P.N. #	1319-19-112-005
Escrow No.	1043747
Recording Requested By: Stewart Title	
When Recorded Mail To: NANCY Buchanan Pflug 2907 Rancho Cortes CARLSBAD, CA 92009	
for recorder's use only	

Affidavit of Death  
Certificate of Incumbency  
(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: 440.380  
(State specific law)

Kris Thrasan  
Signature

Escrow Assistant  
Title

Kris Thrasan  
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

Whereas, Robert Edward Pflug was the Trustee under that certain Trust entitled Bob and Nancy Pflug Management Trust Dated December 10, 1998, and listed as Grantee under that certain GRANT, BARGAIN, SALE DEED recorded July 31, 2002 in Book 0702, Page 10475 as Document No. 0548431, of Official Records, covering the following described property:

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

AND Whereas, Robert Edward Pflug is one and the same as named on that certain Death Certificate attached hereto and made a part hereof, Nancy Buchanan Pflug, is named as the Successor Trustee under said Trust and is fully authorized to act in accordance with the terms of said Trust Agreement.

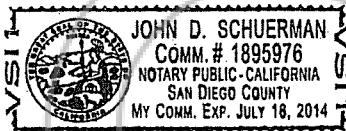
SUCCESSOR TRUSTEE:

By: Nancy Buchanan Pflug  
Nancy Buchanan Pflug

State of California }  
County of San Diego } ss

This instrument was acknowledged before me on 12 Jan 2012  
by: Nancy Buchanan Pflug

Signature: [Signature]  
Notary Public



CERTIFICATION OF VITAL RECORD

CITY OF DALLAS, TEXAS  
VITAL STATISTICS DIVISION

STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER

1. NAME OF DECEASED (a) FIRST (b) MIDDLE (c) LAST (d) MAIDEN 2. SEX 3. DATE OF DEATH
Robert Edward Pflieg/ Male June 04, 2004
4. DATE OF BIRTH 5. AGE (IN YEARS) IF UNDER 1 YR. MO. DAYS HOURS MIN 6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) 7. SOCIAL SECURITY NO.
February 17, 1949 53 San Francisco, California 9153
8. RACE 9a. WAS THE DECEDENT OF HISPANIC ORIGIN? 9b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.) 10. WAS DECEDENT EVER IN U.S. ARMED FORCES? 11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (0-12) COLLEGE (13-16, 17+)
White YES NO NO YES NO NO 16
12. MARITAL STATUS 13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 14a. DECEDENT'S USUAL OCCUPATION 14b. KIND OF BUSINESS OR INDUSTRY
MARRIED NEVER MARRIED DIVORCED Nancy Buchanan President Electrocomponent Company
15a. RESIDENCE STREET ADDRESS 15b. CITY OR TOWN
929 Turnberry Lane Southlake
15c. COUNTY 15d. STATE 15e. ZIP CODE 15f. INSIDE CITY LIMITS
Tarrant Texas 76092 YES NO
16. FATHER'S NAME 17. MOTHER'S MAIDEN NAME
Edward Paul Pflieg Jeanne Harper
18. PLACE OF DEATH (CHECK ONLY ONE)
HOSPITAL: INPATIENT ER/OUTPATIENT DOA OTHER: NURSING HOME RESIDENCE OTHER (SPECIFY)
19. COUNTY OF DEATH 20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) 21. NAME OF HOSPITAL OR INSTITUTION (if not in institution, show street address)
Dallas Dallas Baylor Medical Center
22. INFORMANT - SIGNATURE & RELATIONSHIP 23. MAILING ADDRESS OF INFORMANT
Mrs Nancy B. Pflieg - Wife 929 Turnberry Lane, Southlake TX 76092
24. METHOD OF DISPOSITION 25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE) 25b. SECTION 25c. BLOCK 25d. LOT 25e. SPACE 25f. UNKNOWN 26. LOCATION (CITY, STATE) 27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON NOTING, AS SUCH 28. DATE OF DISPOSITION 29. NAME & ADDRESS OF FUNERAL HOME
Restland Crematory Dallas, Texas June 9, 2004 J.E. Foust & Son Funeral Directors, Inc 523 Main Street Grapevine, TX 76051
30. CERTIFIER 31. SIGNATURE & TITLE OF CERTIFIER 32. DATE SIGNED 33. TIME OF DEATH
TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED.
Houston Holmes M.D. 06/14/04 2:30 P.M.
34. PRINTED NAME & ADDRESS OF CERTIFIER
Houston Holmes M.D., 3535 Worth St. #360 Dallas, Tx 75232
35. PART 1 ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Small cell carcinoma 3 months
DUPLICATE TO (OR AS A LIKELY CONSEQUENCE OF):
b.
c.
d.
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e., substance abuse, diabetes, smoking, etc.) 36a. AUTOPSY? 36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
NO YES NO YES NO
37. DID TOBACCO USE CONTRIBUTE TO DEATH 38. DID ALCOHOL USE CONTRIBUTE TO DEATH 39. WAS DECEDENT PREGNANT
YES PROBABLY NO UNKNOWN AT TIME OF DEATH YES NO UNK WITHIN LAST 12 MO YES NO UNK
40. MANNER OF DEATH 41a. DATE OF INJURY 41b. TIME OF INJURY 41c. INJURY AT WORK 41d. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)
NATURAL ACCIDENT SUICIDE HOMICIDE PENDING INVESTIGATION COULD NOT BE DETERMINED
42a. REGISTRAR FILE NO. 42b. DATE RECEIVED BY LOCAL REGISTRAR 42c. SIGNATURE OF LOCAL REGISTRAR
02-04424 June 14, 2004 Lynda J. Humphrey

Texas Department of Health - Bureau of Vital Statistics

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195.198B)

VS-112 REV. 9/95

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SF930492

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Sec. 191.051, Health and Safety Code.

ISSUED JUN 14 2004

Lynda J. Humphrey Registrar Bureau of Vital Statistics City of Dallas, Texas

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.





**Exhibit A**  
**LEGAL DESCRIPTION**

File Number: 1043747-DR/JH

Lot 5, as shown on the Map of KINGSBURY VILLAGE UNIT NO. 1, filed for record in the office of the County Recorder of Douglas County, Nevada, on December 27, 1961 in Book 9, Page 792, as Document No. 19281, and as amended on July 10, 1963 in Book 18, Page 352, as Document 22952.

Assessors Parcel No. 1319-19-112-005

