**APN#** 1220-21-710-034

Recording Requested by: and Mail Tax Statements to:

Leona Fritz, TR 1348 Leonard Rd. Gardnerville, NV 89410 DOC # 799639

03/26/2012 02:55PM Deputy: PK
 OFFICIAL RECORD
 Requested By:

John Gavin Real Estate & Language County - NV
 Karen Ellison - Recorder

Page: 1 of 4 Fee: \$17.00

BK-312 PG-6412 RPTT: 0.00



# Surviving Trustor Affidavit Title of Document

|   | Title of Document  |
|---|--|
|   | (Required Field)   |
| FILL IN ALL THAT APPLY:   |  |
| The Undersigned Hereby Affirms That Information As Required By Law*:  | This Document Submitted For Recording Contains Personal  |
| 440.380 (1)(A)  | Tama ( Fritz   |
| Specify Law*  | Signature  |
| 40.525 (5)  | Leona J. Fritz Surviving Trustor   |
| Specify Law*  | Print Name Title   |
| *If there is no applicable State or Federal I   | Law, Personal Information must be removed prior to recording.  |
| If this document is a re-record or correct  | ction, fill out below:   |
| Correcting Document#:   | Amending:  |
| Reason for re-record:   |  |
| (For Re-records, all pages from original do   | ocument must be included, \$25 Non-conforming Fee Applies)   |
| If legal description is in metes & bound  | s, indicate where it was obtained:   |
| ( Doc   | ument Title), Book Page or   |
| Document #reco  | orded(date) in the   |
| Douglas County Recorder's Office.   |  |
| If prepared by a surveyor, provide name a   | -OR-<br>nd address:  |
| $\triangle$   | <del></del>  |
| "Personal information" means a natural person's first name or fi  | rst initial and last name in combination with any one or more of the following data elements:        |
| Social security number.     Driver's license number or identification card number.     Account number, credit card number or debit card number. | er, in combination with any required security code, access code or password .                        |
|   | additional information required by NRS 111.312 Sections 1-4.<br>00 Additional Recording Fee Applies) |

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APN# 1220-21-710-034

Recording requested by and WHEN RECORDED MAIL TO:

Leona Fritz, TR 1348 Leonard Rd. Gardnerville, NV 89410

### **SURVIVING TRUSTOR AFFIDAVIT**

- I, Leona J. Fritz, being first duly sworn, depose and say that:
- 1. I am the widow of Adam J. Fritz, the Trustor who died on or about January 6, 2006, in the County of Douglas, State of Nevada. A certified copy of the death certificate is attached hereto and made a part hereof.
- 2. The conveyance by which the joint tenancy was created is that Trust Transfer Deed, dated December 2, 1999, in which Grantors were Adam J. Fritz and Leona J. Fritz, Husband and Wife, and Grantees were Adam J. Fritz and Leona J. Fritz, Husband and Wife, as Trustees of The Fritz Family Trust, dated December 2, 1999, recorded December 3, 1999 in Official records of Douglas County, Nevada, in Document No. 481932.
- 3. The real property is situate in Douglas County, State of Nevada, and more particularly described as follows:

Lot 534, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed for record in the office of the County Recorder of Douglas County, Nevada on March 27, 1974, as Document No. 72456.

4. The undersigned does hereby swear under penalty of perjury that the foregoing assertions are true and correct.

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APN# 1220-21-710-034

DATED: March 26, 2012.

Leona J. Fritz, Surviving Trustor of the Fritz Family Trust, dated December 2, 1999.

STATE OF NEVADA )

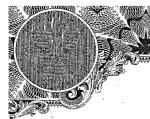
:ss )

CARSON CITY

This instrument was acknowledged before me on this 26th day of March, 2012, by Leona J. Fritz.

Notary Public





### CERTIFICATION OF VITAL RECORD

## DEPARTMENT OF HUMAN RESOURCES

**DIVISION OF HEALTH VITAL STATISTICS** 



PG-6415

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STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH - SECTION OF VITAL STATISTICS

|                          | CERTIFICATE OF DEATH                |   |  |   |   |   |   |                         |                                   |   |  |  |  |
|--------------------------|-------------------------------------|---|--|---|---|---|---|-------------------------|-----------------------------------|---|--|--|--|
|                          | LO                                  | CAL FILE NUMBER                                 | 1  |   |   | · - • · • · · ·                         |   | I                       | \ \ \                             |   |  |  |  |
| TYPE<br>R PRINT          | DECEASED                            | DECEASEDNAME First Middle                       |  |   | Last                                      |   | DATE OF DEATH                                     |                         | STATE FILE NUMBER COUNTY OF DEATH |   |  |  |  |
| IN<br>RMANENT            | 1                                   | Adam  | J.   |   | FRITZ                                     | JR.                                     | 2 January   | 6, 2006                 | 34                                | . Doug  | lac                                    |  |  |
| _ACK INK                 | CITY, TOWN C                        | OR LOCATION OF D                                | EATH HOSPIT  | AL OR OTHER INS   | TITUTION-Name (If                         | not either, give stre                   | et and number)                                    | If Hosp, or Inst. indic | cate DOA OP/Em                    | ner. SE                                       |  |  |  |
| CEDENT                   |                                     | nerville  | 3c   | 1348 Leo  | nard Rd.                                  |   | 2   | 3e.                     | ny)                               | 4.  | Male                                   |  |  |
|                          |                                     | White, Black, America etc.) (Specify)           | <ul> <li>Was Decedent of specify Mexican,</li> </ul> | Decedent of Hispanic Origin? Specify ☐ yes ☑ no If yes, ☐ AGE—Las ify Mexican, Cuban, Puerto Rican, etc. ☐ Birthday ( |   |   | IST UNDER 1 YEAR UNDER 1 DAY   DATE OF BIRTH MA B |                         |                                   |   |  |  |  |
|                          | 5. White                            | _   | 6.   |   |   | 7a. 83                                  | 7b.   | 7c.                     | 8.May                             | 7 24.   | 1922                                   |  |  |
| IF DEATH<br>Courred in   | (If not U.S.A., n                   | name country)                                   | CITIZEN OF<br>TRY                                    | WHAT COUN-  | Decedent's Education.<br>grade completed. | Specify highest                         | MARRIED, NEVE<br>WIDOWED, DIV                     | R MARRIED,<br>DROED     | SURVIVING SP                      | OUSE (If wife                                 | e, give maiden name)                   |  |  |
| STITUTION<br>E HANDBOOK  | 9a. Penns                           | Pennsylvania CIAL SECURITY NUMBER               |  |   | 10. 12                                    |   | (Specify) Ma:                                     | 12Leona                 | <sup>12</sup> Leona J. Nawrocki   |   |  |  |  |
| HEGARDING<br>MPLETION OF | TOF                                 |   |  | USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)                                |   |   | KIND OF BUSINESS OR INDUSTRY                      |                         |                                   |   |  |  |  |
| IDENCE ITEMS             | 13.<br>RESIDENCE—                   | 5822<br>STATE 1                                 | 14a.   | <u>N</u>  | <u>/iillwright</u>                        |   | 14b. C:   | anning                  |                                   |   |  |  |  |
| <b>→</b>                 |                                     | 1   |  |   |   | P                                       | STREE   | T AND NUMBER            |                                   | INSIDE CIT<br>(Specify Yes                    | Y LIMITS<br>s or No)                   |  |  |
|                          | 15a. Nevac                          | 1a   Tirst                                      | 15b. Douglas   |   | c. Gardnery                               | rille<br>MOTHER- <i>MAIDEN</i>          | 15d.1   | 348 Leonar              | d Rd.                             | <sup>15е.</sup> Ү                             | es                                     |  |  |
| RENTS                    | 16.                                 | ۸ ـ ا   | masi   |   | 1   | N                                       | I NAME   FI                                       | rst                     | Middle                            | L   | ast                                    |  |  |
|                          |                                     | Adam<br>NAME (Type or Print)                    | ) .  | Fri   | Ltz Sr.                                   | 17.<br>SS                               | Rose (Street or B                                 | F.D. No., City or Town  |                                   | Yell  | .igo                                   |  |  |
|                          | 18a. Leor                           | ia J. Fri                                       | tz Wife  |   |   | , N                                     | - / · · · · · · ·                                 | f .                     |                                   |   |  |  |  |
| Į                        | BURIAL, CREM                        | na J. Fri                                       | OTHER (Specify)                                      | CEMETERY OR   | CREMATORY—NAM                             | <u>Leonard</u>                          | Kd. Gan   | dnerville               | Nevad                             |   | 460                                    |  |  |
| COLLION                  | 19a. Cren                           | ation   |  | 19b. Fit 2H   | lenry's Cr                                | omotowy                                 |   |                         | ,                                 |   |  |  |  |
| OSITION                  | FUNERAL DIBE                        | OTOR—SIGNATURE                                  |  | FUNERAL DIRE  | CTOR NAME AND                             | ADDRESS OF FAC                          | ILITY Edeat                                       | Cars                    | on City                           | N   | evada                                  |  |  |
| {                        | 20a.                                |   |  |   |   |   |   |                         |                                   |   |  |  |  |
| 1                        | Z 21a Toth                          | ne best of my knowled<br>to the cause(s) stated | dge, death occurred at                               | the time, date and  | place and                                 | 22                                      | a. On the basis of                                | examination and/or inv  | restigation, in my                | <ul> <li>894</li> <li>opinion deat</li> </ul> | 1.U<br>h occurred                      |  |  |
|                          | PEX (Sign                           | nature and Title)                               | thu  | NIK   | MATA                                      |   | at the time, date<br>gnature and Title)           |                         | the cause(s) and                  | manner sta                                    | ted.                                   |  |  |
| . [                      | 음표 DATI                             | E SIGNED (Mo., Day                              | (, Yr.)  | OUR OF DEATH  |   | 1.000 104                               | TE SIGNED (Mo.,                                   | Day, Yr.)               | HOUR OF DEAT                      | Н   |  |  |  |
| TIFIER                   | 0 21b.                              | 1-1(-   |  | <sup>1c.</sup> 161  | 5   | de comp                                 |   |                         | 22c.                              |   | 4                                      |  |  |
|                          | ⊢监                                  | E OF ATTENDING P                                | HYSICIAN IF OTHER                                    | THAN CERTIFIER (  | Type or Print)                            | e o PF                                  | ONOUNCED DEA                                      | D (Mo., Day, Yr.)       | PRONOUNCED I                      | DEAD (Hour                                    | ,                                      |  |  |
|                          | - 2.0.                              | E AND ADDRESS O                                 | F CERTIFIER (PHYSIC                                  | IAM ATTEMPINE   |   | 22                                      | d. ON   |                         | 22e. AT                           |   |  |  |  |
| l                        |                                     |   |  |   |   |   |   |                         | LICEN                             | SE NUMBER                                     | ۹                                      |  |  |
| ITIONS                   | REGISTRAR                           | TILL ALGI                                       | rich, MD.  | 412 W.  | John St.                                  | Carson C                                | ity, NV.  | 89703                   | 23b.                              | 3334  |  |  |  |
| ANY<br>I GAVE            | 24a. (Signature)                    | 011,2   | 110  | 11110   | . ! \                                     | - A - A - A - A - A - A - A - A - A - A | HAH (Mo., Day, Yr.                                | DEATH DUE TO C          | OMMUNICABLE                       | DISEASE                                       | 1                                      |  |  |
| E TO<br>DIATE            | 25. IMMEDIATE                       | CAUSE (ENTE                                     | R ONLY ONE CAUSE                                     | PER LINE FOR (a),   | (b), AND (c),)                            | mary                                    | 14.00   | 24c. YES                | ио <u>Ж</u> ј                     |   |  |  |  |
| USE<br>VG THE<br>3LYING  | PART (a)                            | NOS-R   | Mouto  | MAIL  | aille                                     | NO .                                    |   |                         | interval b                        | etween onse                                   | et and death                           |  |  |
| ELAST                    | 7                                   | UP TO, OR AS A CO                               |  | , , , ,   | 0000                                      |   | 77  |                         | Interval by                       | etween onse                                   | 5 ~                                    |  |  |
|                          | (b)                                 | ( And   | ARLTV  | neth  | eaux                                      | MA                                      | VIVIC   | )                       | inerval of                        | A   | and death                              |  |  |
|                          |                                     | VENTO, OR AS A CO                               | MISEQUENCE OF:                                       |   | 7   | 7                                       | 1   |                         | Interval be                       | etween onse                                   | t and death                            |  |  |
| 3= 0=                    | ) (c)                               |   | Mor  | MICA  | nort                                      | In                                      |   |                         | $: \nabla$                        |   | . and deam                             |  |  |
| SE OF<br>ATH             | PART OTHE                           | R SIGNIFICANT CO                                | NDITIONS—Conditions                                  | contributing to deat  | th but not resulting in t                 |   | given in Part 1.                                  | AUTOPSY (Spe<br>Yes or  | ecify   WAS CASE                  | E REFERRE                                     | D TO                                   |  |  |
|                          |                                     | rcun  | MILIT  | aru   | Dem                                       | We !                                    | 1.  | 26. No                  | No) CORONER                       | l (Specify Ye                                 | es or No)                              |  |  |
| 1                        | ACC., SUICIDE, I<br>OR PENDING INV  | OM., UNDET., DA                                 | ATE OF INJURY (Mo., Da                               | v, Yr.) HOUR OF II  | NJURY DESC                                | CRIBE HOW INJUR                         | Y OCCURRED  |                         |                                   |   |  |  |  |
|                          | (Specily)<br>28a.                   | 28  | 45   | 28c.  | M 28d.                                    |   |   |                         |                                   |   |  |  |  |
|                          | INJURY AT WOR<br>(Specify Yes or No | ) PL  | ACE OF INJURY—At build                               | nome, farm, street, f<br>ng, etc. (Specify)   | factory, office LOCA                      | ATION.                                  | STREET OR R.F.                                    | D. No. CIT              | TY OR TOWN                        | STATE   |  |  |  |
| (                        | 28e.                                | 28  | 1  |   | 28g.                                      |   |   |                         |                                   |   | ************************************** |  |  |
|                          | 7                                   | la <sub>ter</sub>                               | -  |   |   |   |   | A. E                    | a 70                              |   |  |  |  |
|                          |                                     |   | STA  | TE REGIST   | RAR                                       |   |   | IV.                     | o. 32                             | 212   | ) <b>)</b>                             |  |  |



098463

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered a placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

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