APN: <u>1320-30-410-003</u> ORDER NO.: <u>1098732-wd</u> DOC # 809214
09/17/2012 12:51PM Deputy: PK
OFFICIAL RECORD
Requested By:
Northern Nevada Title CC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 6 Fee: \$19.00
BK-912 PG-3671 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

WHEN RECORDED MAIL TO:

<u>Tim Jochner</u> 3740 Shadowbrook Ct. Walnut Creek, CA 94598

BK 912 PG-367 809214 Page: 2 of 6 09/17/2012

Apn: 1320-30-410-003 RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

Charles Edward Gutbrodt 2001 Page St. Pahrump, NV 89048

SPACE ABOVE THIS LINE FOR RECORDER'S USE

#### **AFFIDAVIT - DEATH OF TRUSTEE**

STATE OF California )
COUNTY OF Contra Costa ) ) SS.

Tim Jochner of legal age, being first duly sworn, deposes and says:

- 1A. Elmer D. Thyr. is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person named as Trustee of the Elmer D. Thyr and Maxine C. Thyr Family Trust dated August 16, 1999, executed by Elmer D. Thyr and Maxine C. Thyr as trustor(s).
- 1B. At the time of decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on January 24, 2003, as Instrument No. 565036, in Official Records of Douglas County, Nevada, describing the following real property:

See Exbhit "A" Attached hereto and made a part hereof

- 2A. Maxine C. Thyr is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person named as Trustee of the Elmer D. Thyr and Maxine C. Thyr Family Trust dated August 16, 1999, executed by Elmer D. Thyr and Maxine C. Thyr as trustor(s).
- 2B. At the time of decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on January 24, 2003, as Instrument No. 565036, in Official Records of Douglas County, Nevada, describing the following real property:

See Exbhit "A" Attached hereto and made a part hereof

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



Dated September 10, 2012

Tim Jochner, Successor Trustee

STATE OF California, county of Contra Costa
Subscribed and sworn to (or affirmed) before me on this 13 day of Septem ber

, 2012, by Tim Jochner 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\_



## CERTIFICATION OF V

TAYUE OF I

BK 912 PG-3674

809214 Page: 4 of 6 09/17/2012

### **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**DIVISION OF HEALTH VITAL STATISTICS** 

#### CERTIFICATE OF DEATH

2011016753

EITHER DEIDER  30. CITY, TOWN, OR LOCATION OF DEATH SET HOUSEN STYL LOnglesef Place  31. CITY, TOWN, OR LOCATION OF DEATH SET HOUSEN STYL LOnglesef Place  32. CITY, TOWN, OR LOCATION OF DEATH SET HOUSEN STYL LOnglesef Place  33. CITY, TOWN, OR LOCATION OF DEATH SET HOUSEN STYL LOnglesef Place  34. Make Make Make Make Make Make Make Make	<b>3</b>			· · · · · · · · · · · · · · · · · · ·	STATE FILE NUMBER				
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Anny Joyce THYY  198. BURIAL, CREMATION, REMOVAL, OTHER (Sporth) 198. CEMETERY OR GREMATORY - NAME  ISPOSITION  198. BURIAL, CREMATION, REMOVAL, OTHER (Sporth) 198. CEMETERY OR GREMATORY - NAME  CREMATION, REMOVAL, OTHER (Sporth) 198. CEMETERY OR GREMATORY - NAME  ISPOSITION  208. FUNERAL DIRECTOR - SIGNATURE (OT Person Acting as Such)  JOHN LAWRENCES  209. FUNERAL DIRECTOR - SIGNATURE (OT Person Acting as Such)  JOHN LAWRENCES  200. FUNERAL DIRECTOR - SIGNATURE (OT Person Acting as Such)  JOHN LAWRENCES  200. FUNERAL DIRECTOR - SIGNATURE AUTHORITICATED  READE CALL  TRADE CALL - NAME AND ADDRESS  201. To the best of my knowledge, death occurred at the time, date and place and before the time, date and place of examination and/or investigation, in my opinion death occurred to the time, date and place of examination and/or investigation, in my opinion death occurred to the time, date and place of examination and/or investigation, in my opinion death occurred to the time, date and place of examination and/or investigation, in my opinion death occurred to the time, date and place of examination and/or investigation, in my opinion death occurred to the time, date and place of examination and/or investigation, in my opinion death occurred to the time, date and place of examination and/or investigation, in my opinion death occurred to the time, date and place of examination and/or investigation, in my opinion death occurred to the time, date and place of examination and/or investigation, in my opinion death occurred to the time, date and place of examination and/or investigation, in my opinion death occurred to the time, date and place of examination and/or investigation, in my opinion death occurred to the time, date and place of examination and/or investigation in the time, date and place of examination and/or investigation in the time, date and place of examination and/or investigation in my opinion death occurred to the time, date and place of examination and/or investigation in my opinion death occurred to the ti		Elmer THYR Louise Matilda IRMER							
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20a. FUNERAL DIRECTOR - SIGNATURE (OF Person Acting as Such)  JOHN LAWRENCE  SAMMATURE AUTHORITICATES  SOURCE CALL  TRADE CALL  TRADE CALL - NAME AND ADDRESS  22a. To this best of my knowledge, dash occurred at the time, date and place	PISPOSITION			TY) 180. CEMETERY OR CRE	La Paloma Reno				
RADE CALL TRADE CALL - NAME AND ADDRESS  21s. To the best of my knowledge, death occurred at the time, dete and places and due to the cause(s) stated. (Expature 8 Title). SUGMATURE AUTHENTICATED  21s. Date Signature 8 Title). SUGMATURE AUTHENTICATED  22s. On the best of assumentiation and/or investigation, in my opinion death occurred at the time, date and places and due to the equivale(s) stated. (Expature 8 Title). SUGMATURE AUTHENTICATED  22s. Date Signature 8 Title). Sugmature				3,	76.	ME AND ADDRESS OF FAC	CILITY		
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RADE CALL TRADE CALL - NAME AND ADDRESS  21a. To the best of my knowledge, death occurred at the time, date and place and the to the cause(s) stated. (Bignature a Trile)  21b. DATE SIGNING (MicRODayYY)  21c. HOUR OF DEATH  October 20, 2011  22a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  22a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  22a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  22a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  22a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  22a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  22b. DATE SIGNIED (Mo/DayYY)  22c. PRONOUNCED DEAD (Mo/DayYY)  22c. PRONOUNCED DEAD (Mo/DayYY)  22d. DATE SIGNIED (Mo/DayYY)  22d. DATE SIGN		1 204D 4878 Millionen La Casson City MV 99701						V 89701	
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239. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type of Print)  230. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type of Print)  240. DATE RECEIVED BY REGISTRAR (Bigneture)  240. DATE RECIVED BY REGISTRAR (Bigneture)  240. DATE RECIVED BY REGISTRAR (Bigneture)  240. DATE RECIVED		E 214. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER				SHOOMOED DESID (MINDS) 11)			
PART I OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  24a. REGISTRAR (Signature)  JEMELLE ENGLISH (Mo/Day/Y) October 31, 2011  YES NO X  Interval between onset and (Mo/Day/Y) October 31, 2011  YES NO X  Interval between onset and of Minutes  Interval between onset and organize i		NAME AND ADDRESS OF CERTIFIER PHYSICIAN ATTENDING PHYSICIAN MEDICAL EXAMINER, OR CORONER) (Type of Print) 23b. LICENSE NUMBER							
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ANY WHICH GAVE RISE TO INTERVAL DESCRIPTION  (c) ALCOHOLISM  (d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  (8) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  (8) AUTOPSY  (8) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  (9) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  (9) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  (9) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  (9) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  (9) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  (9) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  (9) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  (9) PART II OTHER SIGNIFICANT CONDITIONS-CONDITIO		Fnd Sta				Alb	1 12		
Alcoholism  CAUSE CAUSE COMPANY THE UNDERLYING CAUSE LAST  OF PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  28. AUTOPSY (Specify Yea of No)  28. AUTOPSY (Specify Yea of No)  28. AUTOPSY (Specify Yea of No)  OR PENDING INVEST. (Specify)  28. INJURY AT WORK (Specify)  28. PLACE OF INJURY. At home, farm, street, factory, office  28g. LOCATION  STREET OR R.F.D. No. CITY OR TOWN  STA	ANY WHICH	(9)	272				Interv	al between onset and o	
BRATHO THE UNDERLYING CAUSE LAST  (d)  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  28. AUTOPSY (Specify Yes of No)  28. AUTOPSY (Specify Yes of N	MMERIATE	Alcohol			Yea	rs.			
CAUSE LAST  (d)  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  28. AUTOPSY (Specify Yee of No) (Specif	STATING THE	DUE TO, OF	AS A CONSEQUENCE	OF:	/ /	i w w	Interv	al between onset and	
280. ACC., SUICIDE, HOM., UNDET. 280. DATE OF INJURY (MorDosyty) 28c. HOUR OF INJURY 28d. DESCRIBE HOW INJURY OCCURRED OR PENDING INVEST. (Specify) 28f. PLACE OF INJURY- At home, farm, street, factory, office 28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN \$T/98 or No.)		(1)	**************************************				‡		
280. ACC., SUICIDE, HOM., UNDET. 280. DATE OF INJURY (MolDay/Yr) 286. HOUR OF INJURY 28d. DESCRIBE HOW INJURY OCCURRED OR PENDING INVEST. (Specify) 28f. PLACE OF INJURY-At home, farm, street, factory, office 28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATES OF AND Duilding, stc. (Specify)		PART II OTHER SIGNIFICAL	NT CONDITIONS-Conditi	ens contributing to death but n	ot resulting in the underly	ing cause given in Part 1.			
OR PENDING INVEST. (Specify)  28e. INJURY AT WORK (Specify 28f. PLACE OF INJURY-At home, farm, street, factory, office 28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATES OF AND CITY OF TOWN STATES OF TOW				The state of the s			No No	7	
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Yes or No) building, etc. (Specify)		1						ATAME AT	
	\ \		offy 28f. PLACE OF INJI	JRY- At home, farm, street, fac	tory, office 28g. LOCAT	ION STREET OR R.F.	.D.440. CITY OR T	OMM . 81/	
	36	Tes or NO)	braining, are tabaca	97	] .			<u> </u>	

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# CERTIFICATION OF V

PG-3675

5 of 6 09/17/2012

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

**DIVISION OF HEALTH** CERTIFICATE OF DEATH

2007006832

STATE FILE NUMBER TYPE OR da. COUNTY OF DEATH 1a. DECEASED-NAME FIRS 16. MIDDLE 2. DATE OF DEATH (Mo/Day/Year) PRINT IN September 09, 2007 ERMANENT **Douglas** Maxine Carolyn THYR BLACK INK 3b. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street 3c. if Hosp. or inst. Indicate DOA OP/Emer. Rm. 4. SEX npatient(Specify) 877 Longleaf Place DECEDENT 7b. UNDER 1 YEAR /C. UNDER 1 DAY 8 DATE OF BIRTH (Mo/Day/Yr) 7a. AGE-Last 6. Was Decedent of Hispanic Origin? 5. RACE-(e.g., White, Black, HOURS f yes, specify Mexican, Cuban, Puerto Rican, etc. American Indian) (Specify)
White birthday (Years) DAYS April 25, 1930 Non-hispanic 96. CITIZEN OF WHAT COUNTRY 10. EDUCATION 11. MARRIED, NEVER MARRIED, WIDOWED, 12. SURVIVING SPOUSE (if wife, give 9a. STATE OF BIRTH (If not U.S.A., IF DEATH naiden name) Elmer D THYR DIVORCED (Specify) OCCUPATED IN name country) California 14 Married **United States** INSTITUTIO 14a. USUAL OCCUPATION (Give Kind of Work Dane During Most of Working 14b KIND OF BUSINESS OR INDUSTRY HEE HANDBOCK 13. SOCIAL SECURITY NUMBER REGARDING Life, Even If Retired) 7812 Secretary RESIDENCE 15d. STREET AND NUMBER 15e. (NSIDE CITY 15a. RESIDENCE - STATE 15c. CITY, TOWN OR LOCATION ITEMS LIMITS (Specify Yes or 877 Longleaf Place Minden Nevada Douglas 16. FATHER - NAME (First Middle Last Suffix) MOTHER - NAME (First Middle PARENTS Ottilie THEISS Maxmillian J F JOCHNER (Street or R.F.D. No. City or Town, State, Zip) 18a. INFORMANT- NAME (Type or Print) 86. MAILING ADDRESS 877 Longleaf Place Minden, Nevada 89423 Elmer D THYR 19c. LOCATION City or Town 198, BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME Minden Nevada 89423 **Eastside Memorial Park** BISPOSITION 20c. NAME AND ADDRESS OF FACILITY 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DIRECTOR LICENSE **Autumn Funerals & Cremations** JOHN LAWRENCE 304R 1575 N Lompa Ln Carson City NV 89701 SIGNATURE AUTHENTICATED TRADE CALL - NAME AND ADDRESS RADE CALI 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Titis) GNATURE AUTHENTICATED 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) GUY TURNBULL FOSTER M.D. 22b. DATE SIGNED (Mo/Day/Yr) 22c. HOUR OF DEATH 21b. DATE SIGNED (Mo/Day/Yr) 21c. HOUR OF DEATH September 10, 2007 16:00 CERTIFIER 22e. PRONOUNCED DEAD AT (Hour) 22d. PRONOUNCED DEAD (Mo/Day/Yr) 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 238. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type of Print) 23b. LICENSE NUMBER 200 Bath Street, #1 Carson City, NV 89703 10196 REGISTRAR 24a. REGISTRAR (Signature) 24b. DATE RECEIVED BY REGISTRAR 24c. DEATH DUE TO COMMUNICABLE DISEASE CHRISTINA GRIFFITH (Mo/Day/Yr) September 12, 2007 YES [ NO X SIGNATURE AUTHENTICATED interval between onset and death (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) **CAUSE OF** 25 IMMEDIATE CAUSE Respiratory Failure DEATH DUE TO, OR AS A CONSEQUENCE OF interval between onset and death CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE **Lung Cancer** DUE TO, OR AS A CONSEQUENCE OF Interval between onset and death CAUSE STATUS THE UNDERLYING PART OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1, 28, AUTOPSY (Specify 27, WAS CASE REFERRED Yes or No) No TO CORONER Yes 28b. DATE OF INJURY (Mo/Day/Yr) 28c. HOUR OF INJURY 28d. DESCRIBE HOW INJURY OCCURRED 288, ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) STATE 28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN 28f. PLACE OF INJURY- At home, farm, street, factory, office 28e, INJURY AT WORK (Specify building, etc. (Specify) res or No) STATE REGISTRAR

VRS-Rev-E3



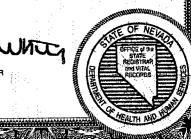
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DATE ISSUED:

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BK 912 PG-3676 BK 912 PG-367 809214 Page: 6 of 6 09/17/2012

#### **EXHIBIT "A"**

Lot 7, of Block B, as set forth on Final Map # 1010-4B of Westwood Village Unit 4B, filed in the office of the County Recorder of Douglas County, State of Nevada on December 13, 1995 in Book 1295, Page 1906, as Document No. 376827.

