

APN: 1320-30-410-003
ORDER NO.: 1098732-wd

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:

Tim Jochner
3740 Shadowbrook Ct.
Walnut Creek, CA 94598



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 Exhibit "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).

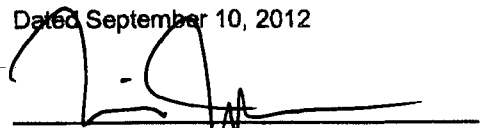
2B. At the time of decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on January 24, 2003, as Instrument No. 565036, in Official Records of Douglas County, Nevada, describing the following real property:

See Exhibit "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.

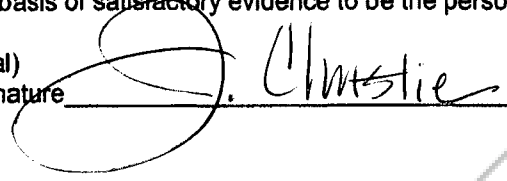


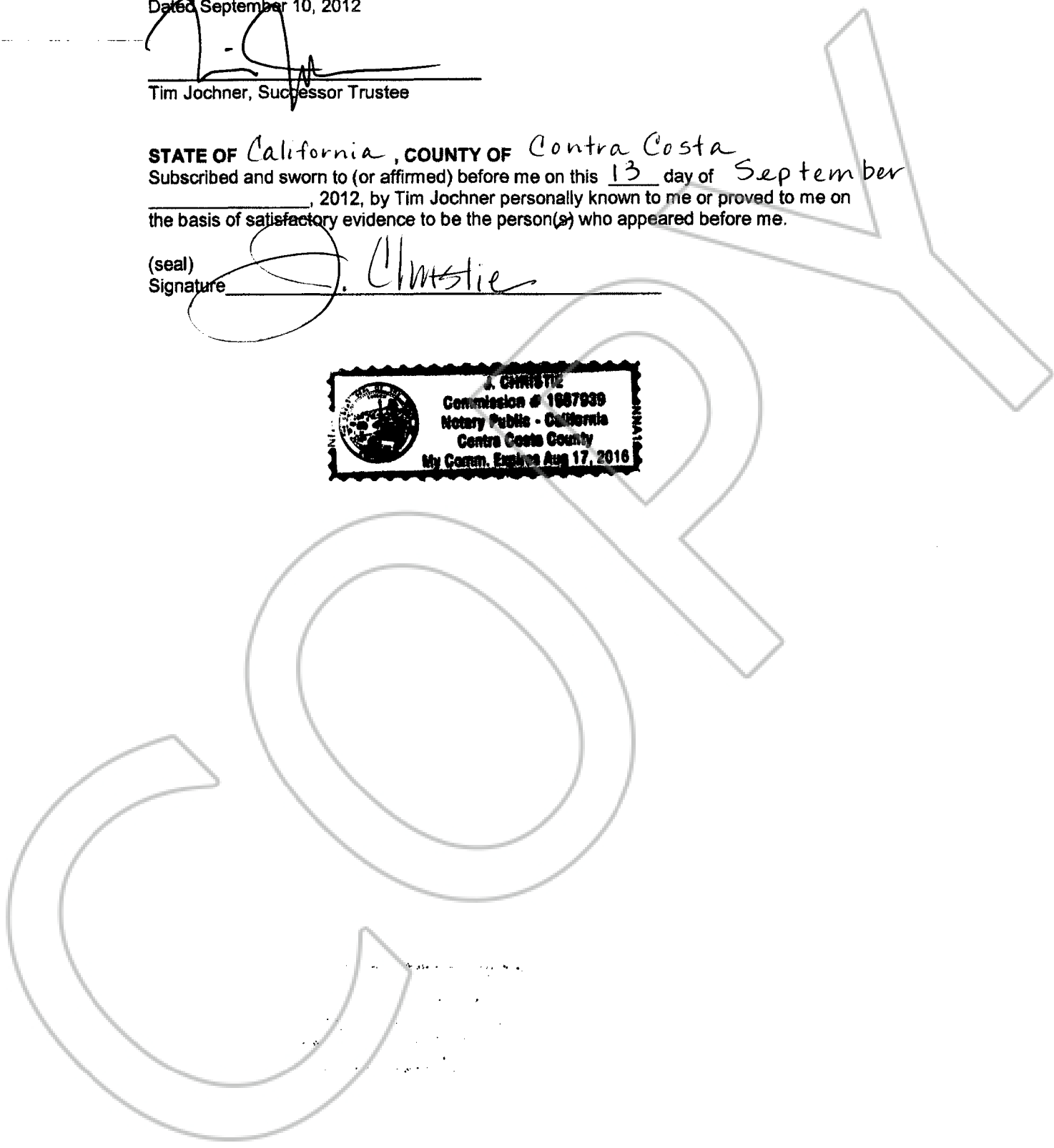
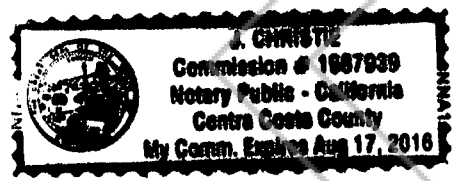
Dated September 10, 2012



Tim Jochner, Successor Trustee

STATE OF *California*, COUNTY OF *Contra Costa*
Subscribed and sworn to (or affirmed) before me on this 13 day of *September*
_____, 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 



STATE OF NEVADA

CERTIFICATION OF VITAL STATISTICS

809214 Page: 4 of 6 09/17/2012

BK 912
PG-3674

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH VITAL STATISTICS
CERTIFICATE OF DEATH

2011016753
STATE FILE NUMBER

| | | | | | | |
|--|---|--|---|---|---|--|
| TYPE OR PRINT IN PERMANENT BLACK INK | 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Elmer Delbert THYR | | 2. DATE OF DEATH (Mo/Day/Year) October 25, 2011 | | 3e. COUNTY OF DEATH Douglas | |
| | 3b. CITY, TOWN, OR LOCATION OF DEATH Minden | | 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 877 Longleaf Place | | 3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) Home | |
| DECEDENT | 4. SEX Male | | 5. RACE White (Specify) | | 6. Hispanic Origin? Specify No - Non-Hispanic | |
| | 7a. AGE-Last birthday (Years) 83 | | 7b. UNDER 1 YEAR MOS DAYS | | 7c. UNDER 1 DAY HOURS MINS | |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS | 8a. STATE OF BIRTH (If not U.S.A., name country) Washington | | 8b. CITIZEN OF WHAT COUNTRY United States | | 10. EDUCATION 16 | |
| | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 12. SURVIVING SPOUSE (If wife, give maiden name) | | 13. SOCIAL SECURITY NUMBER 2191 | |
| PARENTS | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Minister | | 14b. KIND OF BUSINESS OR INDUSTRY Lutheran Ministry | | Ever in US Armed Forces? No | |
| | 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Minden | |
| DISPOSITION | 15d. STREET AND NUMBER 877 Longleaf Place | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | 16. FATHER/PARENT - NAME (First Middle Last Suffix) Elmer THYR | |
| | 16. MOTHER/PARENT - NAME (First Middle Last Suffix) Louise Matilda IRMER | | 17. INFORMANT - NAME (Type or Print) Amy Joyce THYR | | 18b. MAILING ADDRESS 639 Stafford Way Carson City, Nevada 89701. | |
| TRADE CALL | 18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 18b. CEMETERY OR CREMATORY - NAME La Paloma Reno | | 18c. LOCATION City or Town State Reno Nevada | |
| | 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE 304R | | 20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1875 N Lompa Ln Carson City NV 89701 | |
| CERTIFIER | 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) STEPHEN J HEWITT DO SIGNATURE 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) | | 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. Stephen J Hewitt DO 1090 3rd Street #1 South Lake Tahoe, CA 96150 | |
| | 21b. DATE SIGNED (Mo/Day/Yr) October 20, 2011 | | 21c. HOUR OF DEATH 03:10 | | 23b. LICENSE NUMBER 1107 | |
| REGISTRAR | 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22b. DATE SIGNED (Mo/Day/Yr) | | 22c. HOUR OF DEATH | |
| | 22d. PRONOUNCED DEAD (Mo/Day/Yr) | | 22e. PRONOUNCED DEAD AT (Hour) | | 24a. REGISTRAR (Signature) JENELLE ENGLISH SIGNATURE AUTHENTICATED | |
| CAUSE OF DEATH | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 31, 2011 | | 24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) | |
| | PART I | | (a) Cardiopulmonary Arrest | | Interval between onset and death Minutes | |
| CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST | (b) End Stage Liver Disease | | DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death Years | |
| | (c) Alcoholism | | DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death Years | |
| (d) | | 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 underlying cause given in Part I. | | 26. AUTOPSY (Specify Yes or No) No | | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes | | |
| 28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) | | 28b. DATE OF INJURY (Mo/Day/Yr) | | 28c. HOUR OF INJURY | | |
| 28d. DESCRIBE HOW INJURY OCCURRED | | 28e. INJURY AT WORK (Specify Yes or No) | | 28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) | | |
| 28g. LOCATION | | STREET OR R.F.D.No. | | CITY OR TOWN | | |
| STATE | | | | | | |

STATE REGISTRAR

408532

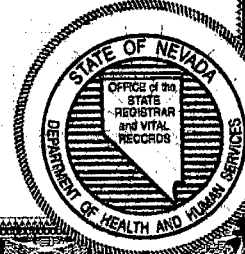
CERTIFIED COPY OF VITAL RECORDS

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.

DATE ISSUED: 11/01/2011

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

R. D. Whitman
STATE REGISTRAR
SIGNATURE AUTHENTICATED





DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

2007006832 STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

Main form containing fields for decedent, parents, disposition, trade call, certifier, registrar, and cause of death.

STATE REGISTRAR



VRS-Rev-Edy

434016

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.

DATE ISSUED: MAY 08 2012

Signature of State Registrar

STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

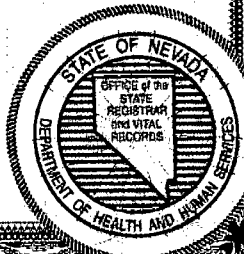




EXHIBIT "A"

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.

