

APN # 1418-27-710-009

Escrow # 00194008 --SLP

Recording Requested By:
Incline Village
893 Tahoe Blvd., Suite 1500
Incline Village, NV 89451

When Recorded Return to:
c/o US Trust – Real Estate Management
2000 Clayton Road
CA4-704-01-05
Concord, CA 94520

DOC # 810302
10/05/2012 10:44AM Deputy: SG
OFFICIAL RECORD
Requested By:
First Centennial - Reno
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 7 Fee: \$45.00
BK-1012 PG-1302 RPTT: 0.00



SPACE ABOVE FOR RECORDERS USE

Affidavit – Death of Trustee

(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: NRS 440.380 (state specific law).

Kathy Pavlik
SIGNATURE

Title Officer
TITLE

Kathy Pavlik
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)

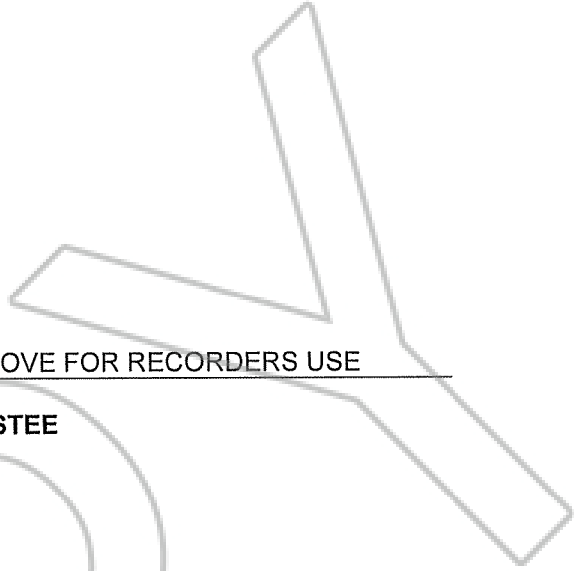
SPACE BELOW FOR RECORDER



APN: 1418-27-710-009
Escrow No. 00194008 - 003 - 16

When Recorded Return to:

Westmyer Family Trust
c/o US Trust – Real Estate Management
2000 Clayton Road
CA4-704-01-05
Concord, CA 94520



SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA
COUNTY OF DOUGLAS

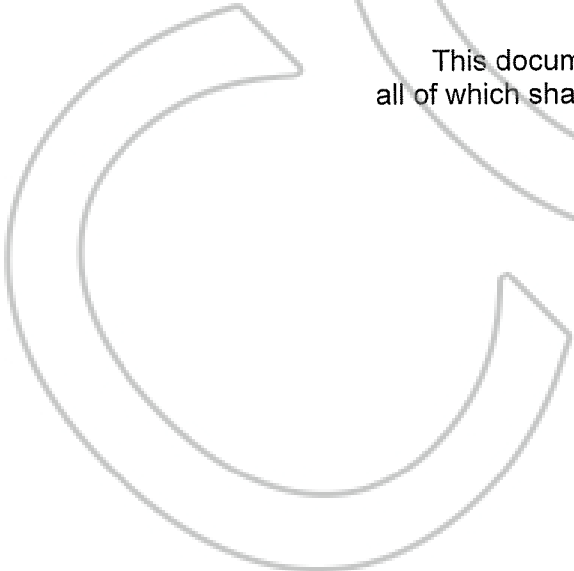
} ss:

Bank of America and Terry Mulholland, of legal age, being duly sworn, deposes and says

That Robert C. Westmyer and Rosemary Westmyer the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Robert C. Westmyer and Rosemary Westmyer named as one of the parties in that certain Grant, Bargain, Sale Deed dated May 20, 1992 executed by Robert C. Westmyer and Rosemary Westmyer to Robert C. Westmyer and Rosemary Westmyer, Trustees of the Westmyer Family Trust recorded as Instrument No. 280414, on June 8, 1992 in Book 692 Page 1188 of Official Records of Douglas County, Nevada, covering the following described property.

Lot 129, as shown on the map of CAVE ROCK ESTATES UNIT NO. 2, filed in the office of the County Recorder on July 29, 1968, Document No. 41604, Official Records of Douglas County, State of Nevada.

This document is signed in counterpart
all of which shall constitute one original document



SPACE BELOW FOR RECORDER



Dated: _____

Westmyer Family Trust

Westmyer Family Trust

Signed in Counterpart
Bank of America, National Association,
Successor Trustee
~~Frederick A. Schifferle, Senior Vice President~~
Hamilton Kipp

Manuel Holland, Successor Trustee
Terry Mulholland, Successor Trustee

State of _____

County of _____

SUBSCRIBED AND SWORN TO before me on this _____ day of _____ by Frederick
A. Schifferle, Senior Vice President of Bank of America, National Association

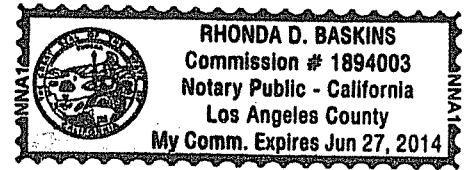
NOTARY PUBLIC

State of California

County of Los Angeles

SUBSCRIBED AND SWORN TO before me on this 02 day of October, 2012 by Terry
Mulholland

Rhonda D Baskins
NOTARY PUBLIC



SPACE BELOW FOR RECORDER _____



Dated: _____

Westmyer Family Trust

Hamilton Kipp

Bank of America, National Association,
Successor Trustee
Hamilton Kipp, Vice President

Westmyer Family Trust

Signed in Counterpart
Terry Mulholland, Successor Trustee

State of _____

County of _____

SUBSCRIBED AND SWORN TO before me on this _____ day of _____ by Frederick
A. Schifferle, Senior Vice President of Bank of America, National Association

NOTARY PUBLIC

State of _____

County of _____

SUBSCRIBED AND SWORN TO before me on this _____ day of _____ by Terry
Mulholland

NOTARY PUBLIC

SPACE BELOW FOR RECORDER



Jurat

State of California

County of San Francisco

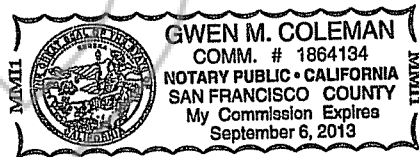
Subscribed and sworn to (or affirmed) before me on this 3rd day of October,

2012 by Hamilton Kipp,

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature

(Notary seal)



OPTIONAL INFORMATION

INSTRUCTIONS FOR COMPLETING THIS FORM

The wording of all Jurats completed in California after January 1, 2008 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one which does contain proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
 - ❖ Additional information is not required but could help to ensure this jurat is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document

DESCRIPTION OF THE ATTACHED DOCUMENT

Affidavit - Death of Trustee
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages _____ Document Date _____

(Additional information)



STATE OF ARIZONA

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

State File NO. 102-2011-032761

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) ROBERT C WESTMYER		2. AKA'S (IF ANY)		3. DATE OF DEATH SEPTEMBER 01, 2011	
4. SEX MALE	5. SOCIAL SECURITY NUMBER: ██████-1229	6. DATE OF BIRTH 07-17-1921	7. AGE 90	8. MONTHS UNDER 1 YEAR	9. DAYS UNDER 1 DAY
12. PLACE OF DEATH - HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL		13. PLACE OF DEATH - OTHER THAN HOSPITAL: <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER			
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY): 5236 E ARROYO RD			15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH: PARADISE VALLEY 85253		16. COUNTY OF DEATH MARICOPA
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) LOS ANGELES, CALIFORNIA		18. MARITAL STATUS AT TIME OF DEATH: MARRIED		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) ROSEMARY FEHNER	
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: 5236 E ARROYO RD,		21. CITY AND COUNTY: PARADISE VALLEY, MARICOPA		22. STATE ARIZONA	23. ZIP CODE 85253
25. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN		26. DECEDENT'S RACE(S): <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> OTHER ASIAN (SPECIFY) <input type="checkbox"/> OTHER PACIFIC ISLANDER (SPECIFY) <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN		27. IF AMERICAN INDIAN OR ALASKA NATIVE, SPECIFY UP TO 4 TRIBES, PRIMARY OR ENROLLED TRIBE ADDITIONAL TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE:	
28. OCCUPATION: FINANCIER		29. FATHER'S NAME (FIRST, MIDDLE, LAST) THEODORE A WESTMYER		30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE) ANNA B LETZCUS	
31. INFORMANT'S NAME ROSEMARY WESTMYER		32. RELATIONSHIP SPOUSE	33. INFORMANT'S MAILING ADDRESS: 5236 E ARROYO RD, PARADISE VALLEY, ARIZONA 85253		
34. NAME AND ADDRESS OF FUNERAL FACILITY: MESSINGER INDIAN SCHOOL MORTUARY 7601 E. INDIAN SCHOOL RD SCOTTSDALE, AZ		35. FUNERAL DIRECTOR: BRIAN J MCBRIDE, FUNERAL DIRECTOR		36. LICENSE NUMBER: F0792	
37. METHOD(S) OF DISPOSITION: CREMATION		38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: PARADISE MEMORIAL CREMATORY, INC., SCOTTSDALE, ARIZONA		39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY: NONE	
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I					
IMMEDIATE CAUSE OF DEATH	40. A CORONARY ARTERY DISEASE		41. APPROXIMATE INTERVAL: UNKNOWN		
DUE TO OR AS A CONSEQUENCE OF:	42. B		43. APPROXIMATE INTERVAL:		
DUE TO OR AS A CONSEQUENCE OF:	44. C		45. APPROXIMATE INTERVAL:		
DUE TO OR AS A CONSEQUENCE OF:	46. D		47. APPROXIMATE INTERVAL:		
CAUSE OF DEATH PART II					
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE:			49. INJURY? NO	50. INJURY AT WORK? NO	51. MANNER OF DEATH NATURAL DEATH
			53. WAS AN AUTOPSY PERFORMED? NO	52. TIME OF DEATH 2222	
			54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?		
CAUSE AND MANNER OF DEATH CERTIFICATION					
<input checked="" type="checkbox"/> Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated.		55. NAME OF PERSON COMPLETING CAUSE OF DEATH: DEREK L THOMPSON, M.D.		56. DATE CERTIFIED: 09-02-2011	
<input type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - 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) and manner stated.		57. CERTIFIER'S ADDRESS: 1510 E FLOWER ST PHOENIX, AZ 85014		58. NAME OF REGISTRAR: MICHELE CASTANEDA-MARTINEZ	
				59. DATE REGISTERED 09-08-2011	

Date Issued: 09-09-2011

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA. Revised 04/2010

Patricia Adams

PATRICIA ADAMS
ASSISTANT STATE REGISTRAR

Arizona
Department of
Health Services

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT



STATE OF ARIZONA

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

State File NO. 102-2011-034052

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) ROSEMARY WESTMYER		2. AKA'S (IF ANY)		3. DATE OF DEATH SEPTEMBER 09, 2011	
4. SEX FEMALE	5. SOCIAL SECURITY NUMBER [REDACTED]-2936	6. DATE OF BIRTH 12-03-1920	7. AGE 90	8. UNDER 1 YEAR 9. UNDER 1 DAY	
12. PLACE OF DEATH - HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL		13. PLACE OF DEATH - OTHER THAN HOSPITAL: <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER			
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY): 5236 E ARROYO RD			15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH PARADISE VALLEY 85253		16. COUNTY OF DEATH MARICOPA
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) EAST SAINT LOUIS, ILLINOIS		18. MARITAL STATUS AT TIME OF DEATH WIDOWED		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)	
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: 5236 E ARROYO RD,		21. CITY AND COUNTY: PARADISE VALLEY, MARICOPA		22. STATE ARIZONA	23. ZIP CODE 85253
25. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN		26. DECEDENT'S RACE(S): <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> OTHER ASIAN (SPECIFY) <input type="checkbox"/> OTHER PACIFIC ISLANDER (SPECIFY) <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN		27. IF AMERICAN INDIAN OR ALASKA NATIVE, SPECIFY UP TO 4 TRIBES, PRIMARY OR ENROLLED TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE:	
28. OCCUPATION: HOMEMAKER		30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE) JOANN GRAY			
29. FATHER'S NAME (FIRST, MIDDLE, LAST) HARRY FEHNER		31. INFORMANT'S NAME JOSEPH FEHNER		32. RELATIONSHIP BROTHER	
34. NAME AND ADDRESS OF FUNERAL FACILITY: MESSINGER INDIAN SCHOOL MORTUARY 7601 E. INDIAN SCHOOL RD SCOTTSDALE, AZ		35. FUNERAL DIRECTOR: BRIAN J MCBRIDE, FUNERAL DIRECTOR		36. LICENSE NUMBER: F0792	
37. METHOD(S) OF DISPOSITION: CREMATION		38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: PARADISE MEMORIAL CREMATORY, INC., SCOTTSDALE, ARIZONA		39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY: NONE	
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I					
40. A IMMEDIATE CAUSE OF DEATH	41. APPROXIMATE INTERVAL: UNKNOWN				42. B OVARIAN CANCER METASTATIC STAGE IV CELL UNKNOWN
43. APPROXIMATE INTERVAL:	44. C				44. C DUE TO OR AS A CONSEQUENCE OF:
45. APPROXIMATE INTERVAL:	46. D				46. D DUE TO OR AS A CONSEQUENCE OF:
CAUSE OF DEATH PART II					
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE: COLITIS			49. INJURY? NO	50. INJURY AT WORK? NO	51. MANNER OF DEATH NATURAL DEATH
			53. WAS AN AUTOPSY PERFORMED? NO	52. TIME OF DEATH 1521	
			54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?		
CAUSE AND MANNER OF DEATH CERTIFICATION					
<input checked="" type="checkbox"/> Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated.		55. NAME OF PERSON COMPLETING CAUSE OF DEATH: JEFF BAIRD, D.O.		56. DATE CERTIFIED: 09-12-2011	
<input type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - 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) and manner stated.		57. CERTIFIER'S ADDRESS: PO BOX 3550 PARKER, AZ 85344		58. NAME OF REGISTRAR: MICHELE CASTANEDA-MARTINEZ	
				59. DATE REGISTERED: 09-16-2011	

Date Issued: 09-20-2011

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA.
Revised 04/2010

Patricia Adams

PATRICIA ADAMS
ASSISTANT STATE REGISTRAR

Arizona
Department of
Health Services

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.