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).

Title Officer

SIGNATURE

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

PG-1303 810302 Page: 2 of 7 10/05/2012

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

BK 1012 PG-1304 810302 Page: 3 of 7 10/05/2012

Dated:	
Westmyer Family Trust	Westmyer Family Trust
Signed in Counter part  Bank of America, National Association, Successor Trustee  Frederick A. Schifferle, Senior Vice President Hamilton Kipp  State of	Munulfallof Successor Trustee
County of	
SUBSCRIBED AND SWORN TO before me on this A. Schifferle, Senior Vice President of Bank of Amer	day of by Frederickica, National Association
NOTARY PUBLIC	
State of California County of LOS Angeles SUBSCRIBED AND SWORN TO before me on this Mulhorland  HAMMAN BAWAN NOTARY PUBLIC	RHONDA D. BASKINS Commission # 1894003 Notary Public - California Los Angeles County My Comm. Expires Jun 27, 2014

SPACE BELOW FOR RECORDER

BK 1012 PG-1305 810302 Page: 4 of 7 10/05/2012

Dated:		
Westmyer Family Trust	Westmyer Family Trust	
Bank of America, National Association, Successor Trustee	Signed in Country Terry Mulholland, Successor 1	rustee
Hamilton Kipp, Vice President State of		
County ofSUBSCRIBED AND SWORN TO before me on thisA. Schifferle, Senior Vice President of Bank of Ameri	day of ica, National Association	by Frederick
NOTARY PUBLIC		
State of		
County of SUBSCRIBED AND SWORN TO before me on this Mulholland	day of	by Terry
NOTARY PUBLIC		

SPACE BELOW FOR RECORDER

810302 Page: 5 of 7 10/05/2012

# 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.

(Notary seal)



## **OPTIONAL INFORMATION**

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)

## 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

2008 Version CAPA v1.9.07 800-873-9865 www.NotaryClasses.com



BK 1012 PG-1307

# 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)		2. AKA'S (IF ANY)   3. DATE OF DEATH SEPTEMBER C						
ROBERT C WESTMYER				\ \	2011			
	SOCIAL SECURITY NUMBER:	6. DATE	OF BIRTH	7. AGE	1	JNDER 1 YEAR	<del></del>	UNDER 1 DAY
		07-17-		90	8. MONTHS	9. DAYS	10 HOURS	11. MINUTES
MALE 12. PLACE OF DEATH	-1229	07-17-	13 PLACE OF D	FATH - OTHER TH	AN HOSPITAL:			
	E.R./OUTPATIENT DEAD C	N ABBIVAL	D NURSING HO	OME OR LONG TER	M X RESIDEN	CE HOSPICE FACILI	TY OTHER	
	STREET ADDRESS IF NOT A FACIL		JE CARE FACIL	(1)	15. CITY, TOWN	& ZIP CODE OR LOCATI	ON OF DEATH:	16. COUNTY OF DEATH
5236 E ARROYO I	,		•		PARADISE V	ALLEY 85253		MARICOPA
	AND STATE OR FOREIGN COUN	TRY)	18	3. MARITAL STATU	5 AT TIME OF	19. NAME OF SURV	IVING SPOUSE (M	AIDEN NAME IF WIFE)
LOS ANGELES, C	ALIFORNIA		M	DEATH: IARRIED		ROSEMARY FE	EHNER	
	AL RESIDENCE STREET ADDRE	SS: 8	21. CITY AND COU	INTY:	-	22. STATE	23. ZIP CODE	24. EVER IN THE ARMED FORCES
5236 E ARROYO			PARADISE VA	LLEY, MARIC	)PA	ARIZONA	85253	YES
25. WAS DECEDENT O		6. DECEDEN  WHITE	T'S RACE(S):	<b>5</b> 0	CUED ACIAN (CO	ALCORNO .	27. IF AMERICAN INDI SPECIFY UP TO 4	AN OR ALASKA NATIVE. FRIBES
	HISPANIC OR LATINO XICAN AMERICAN, CHICANO	☐ BLACK	, AFRICAN AMERI	CAN	THER ASIAN (SP	PEUR Y)	PRIMARY OR ENRI	OLLED TRIBE
YES, PUERTO RICA	i	☐ NATIVE	E HAWAIIAN INDIAN		THER PACIFIC IS	SLANDER (SPECIFY)	ADDITIONAL TRIBI	
☐ YES, CUBAN		CHINE:		< <		III.	ADDITIONAL TAID	
TYES, OTHER (SPEC	CIFY)	☐ JAPAN			HER (SPECIFY	)	ADDITIONAL TRIBI	
UNKNOWN		☐ KOREA	AN	ALLO CONTRACTOR OF THE CONTRAC	STATE OF THE PARTY.	2		
28. OCCUPATION:		□ VIETNA		□ Ū	NKNOWN	. / !/	ADDITIONAL TRIB	
FINANCIER			CAN INDIAN OR A					
29. FATHER'S NAME (F	FIRST, MIDDLE, LAST)	, di 12 20 20	27	30, MOTHER'S NA	ME (FIRST, MIDE	DLE, & LAST NAME PRI	OR TO FIRST MAR	PIAGE)
THEODORE A W	ESTMYER	·		ANNA B LETZ				
31, INFORMANT'S NAM	ME	1		32 RELATIONSHIP	Call Section Control of the Control	NT'S MAILING ADDRES	1.8	the many that the
ROSEMARY WES				SPOUSE		ROYO RD , PARA	DISE VALLEY,	
	SS OF FUNERAL FACILITY:			(1) (2) (X) (X) (X) (X) (X) (X) (X) (X) (X) (X	35. FUNERAL	DIRECTOR:		36. LICENSE NUMBER:
MESSINGER INDIAN SCHOOL MONTOARY 7601 E. INDIAN SCHOOL RD								
SCOTTSDALE, A		OCATION O	F 1st DISPOSITION	V FACILITY: 1)		NAME AND LOCATION		1
		P 1 1	EMATORY, INC.	1989 B. 183	DIZONA INO	NE /		
CREMATION						PART 1	ereri ereriada	
IMMEDIATE CAUSE	40. A	d -	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	5 7 (1)	4 12 24			MATE INTERVAL:
OF DEATH	CORONARY ARTERY D	ISEASE				UNKNOW	WN '	
DUE TO OR AS A	42. B	1	The state of the s	44, 744		1	43. APPROXII	MATE INTERVAL:
CONSEQUENCE OF:		\ \	The state of the s	,	1 1	74		
DUE TO OR AS A	44. C	_ \		The second		Š	45 APPROXII	MATE INTERVAL:
CONSEQUENCE OF:		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Marie Control	100	/. /	i i		
DUE TO OR AS A	46. D	1	****		Test to the type	traction based to a country	47. APPROXI	MATE INTERVAL:
CONSEQUENCE OF:		75%	The state of the s					
49 OTHER SIGNIFICA	NT CONDITIONS CONTRIBUTING	TODEATH		USE OF DEATH P	ARTII		51. MANNER OF D	EATH 52. TIME OF DEATH
	NG CAUSES GIVEN ABOVE:	TO DEATH D	JOT HOT RESOLUTE		i i	NO	NATURAL DEA	
				53. WAS AN AUTO	NDINGS AVAILABLE TO			
COMPLETE THE CAUSE OF DEATH?							USE OF DEATH?	
CAUSE AND MANNER OF DEATH CERTIFICATION								
X Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my 55. NAME OF PERSON COMPLETING CAUSE OF DEATH: 56. DATE CERTIFIED:								
Medical Examiner/Tribal Law Enforcement Authority - On the basis of examination,								
a i and/or nivestigation	I allarge investigation, in my opinion, death occurred at the time take, and place, and increment in the time take, and in the					09-02-2011		
						59.DATE REGISTERED		
8	ito E FLOWER ST PHOENIX, AZ 85014 MICHELE CASTANEDA-MARTINEZ 09-08-2011					09-08-2011		
1	J. 1. 1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.							

Date Issued: 09-09-2011

G7019697

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 ASSISTANT STATE REGISTRAR

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





PG-1308

BK 1012

# 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)		2. AKA'S (IF ANY) 3. DATE OF DEATH					
DOOF MARY MERTANER		1	SEPTEMBER 09, 2011				
ROSEMARY WESTMYER 4. SEX 5. SOCIAL SECURITY NUMBER	6. DATE OF BIRTH	7. AGE	UN	DER 1 YEAR		IDER I DAY	
			8. MONTHS	9. DAYS	10 HOURS	11. MINUTES	
FEMALE -2936	12-03-1920	90	LUGGOVEAU				
12. PLACE OF DEATH - HOSPITAL:	NURSING H	DEATH - OTHER THAN	FOSPITAL:	HOSPICE FACILIT	гу Потнев		
INPATIENT E.R./OUTPATIENT DEAD		LITY	CITY TOWN &	ZIP CODE OR LOCATION	N OF DEATH	16, COUNTY OF DEATH:	
	ишту			LLEY 85253	SIT OF BEATTE	MARICOPA	
5236 E ARROYO RD	amova II				IVING SPOUSE MAI	EQUADE TALK A C	
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)  18. MARITAL STATUS AT TIME OF DEATH: DEATH: WIDOWED  19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) DEATH: WIDOWED							
EAST SAINT LOUIS, ILLINOIS 20. DECEDENT'S USUAL RESIDENCE STREET ADDR	1			22. STATE	23. ZIP CODE 12	4. EVER IN THE ARMED	
	· •	ALLEY, MARICOF	Α	ARIZONA	85253 N	FORCES IO	
5236 E ARROYO RD, 25. WAS DECEDENT OF HISPANIC ORIGIN?	26. DECEDENT'S RACE(S):	ALLET, WARIOUP	^		7, IF AMERICAN INDIAN SPECIFY UP TO 4 TR	76. 76.	
MO. NOT SPANISH, HISPANIC OR LATINO	MHITE STATE	The other	ER ASIAN (SPE	OIE/Y)	SPECIFY UP TO 4 TR PRIMARY OR ENROL	IBES LED TRIBE	
T YES, MEXICAN, MEXICAN AMERICAN, CHICANO	☐ BLACK, AFRICAN AMER ☐ NATIVE HAWAIIAN	ICAN			1,11		
☐ YES, PUERTO RICAN	ASIAN INDIAN	□ отн	ER PACIFIC ISL	ANDER (SPECIFY)	ADDITIONAL TRIBE:		
☐ YES, CUBAN	☐ FILIPINO	< ~					
YES, OTHER (SPECIFY)	☐ JAPÄNESE ☐ GUAMANIAN OFI CHAMO ☐ KORËAN	ORRO DOTH	ER (SPECIFY)	1 martine	ADDITIONAL TRIBE	January (1)	
UNKNOWN 28. OCCUPATION:	U VIETNAMESE	ПUNK	NOWN		ADDITIONAL TRIBE:		
HOMEMAKER	☐ SAMOAN ☐ AMERICAN INDIAN OR A	· 17 17 15 14 1 15 15 15 15 15 15 15 15 15 15 15 15 1		1,			
29. FATHER'S NAME (FIRST, MIDDLE, LAST)	<b>3</b> 2 2	10 11 21 11 11 11 11 11	(FIRST, MIDDL	E, & LAST NAME PRIC	OR TO FIRST MARRIA	AGE)	
HARRY FEHNER							
31. INFORMANT'S NAME		32 RELATIONSHIP	33: INFORMANT	'S MAILING ADDRES	<b>3</b>		
JOSEPH FEHNER		BROTHER	22431 N 49T	H PL , PHOENIX	, ARIZONA 850	54	
34. NAME AND ADDRESS OF FUNERAL FACILITY:	A Committee	40 100 110 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1	5 FUNERAL D	IRECTOR:		36. LICENSE NUMBER:	
MESSINGER INDIAN SCHOOL MORTU	RY 7601 E. INDIAN SCH	IOOL RD		DDIDE FUNED	N DIDECTOR	F0792	
SCOTTSDALE, AZ	LOCATION OF 1st DISPOSITIO	total and the formational		BRIDE , FUNERA			
				'TY # 1	7. 21.0 B.O. GO. 7.01.		
	EMORIAL CREMATORY, INC.,	SCOTTSDALE, ARI	ONA NON	E ART 1	Social services and well-was	THE STATE OF THE S	
IMMEDIATE CAUSE 40. A	MEDICAL CERTIFICA	TION SECTION CAU	E VE DEATH F	Ani Carana Sana	41. APPROXIMA		
DE DE ATIL	ETASTATIO STAGE IV CI	ELL LINIKNOWN			UNKNOWN	, ,	
DUE TO OR AS A 42. B	TASTATIO STAGE IV OF	ELL OMMINOWN	gotta Andrews		43. APPROXIMA	TE INTERVAL:	
CONSEQUENCE OF:		8		ý			
DUE TO OR AS A 44. C		The same of the sa	<del>/                                    </del>		45. APPROXIMA	TE INTERVAL:	
CONSEQUENCE OF:		Salar S	' /	į.			
DUE TO OR AS A 46. D			48.		47. APPROXIMA	TE INTERVAL	
CONSEQUENCE OF:		and the same of th					
CAUSE OF DEATH PART III THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PART III THE PROPERTY OF THE PART III THE PART							
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RESULT	NG 4	9. INJURY? 50	INJURY AT WORK?	51. MANNER OF DE	ATH 52. TIME OF DEATH	
IN THE UNDERLYING CAUSES GIVEN ABOVE:		N	io Ni		NATURAL DEAT		
		5	. WAS AN AUTOP	SY PERFORMED?	54. WERE AUTOPSY FIND COMPLETE THE CAUS		
COLITIS		1	10				
grains a securition in commence of the commenc					Prince of the Contraction		
Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my  S5. NAME OF PERSON COMPLETING CAUSE OF DEATH:  56. DATE CERTIFIED:							
knowledge, death occurred due to the cause(s) and manner stated.  Medical Examiner/Initial Law Enforcement Authority - On the basis of examination, in the control of the basis of examination, and the control of the basis of examination, and the control of 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.  UEFF BAIRD, D.O.  09-12-2011							
					59.DATE REGISTERED		
PO BOX 3550 PARKER, AZ 85344 MICHELE CASTANEDA-MARTINEZ 09-16-2011					09-16-2011		

Date Issued: 09-20-2011

G7027073

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 ASSISTANT STATE REGISTRAR

Patricia adams

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

Arizona

Department of
Health Services