

APN#: 1220-09-810-071

Recording Requested By:

Western Title Company, Inc.

Escrow No.: 056553-MHK

When Recorded Mail To:

Elvira Branstner

P.O. 3048

Gardnerville, NV 89410

DOC # 822372

04/24/2013 10:51AM Deputy: PK

OFFICIAL RECORD

Requested By:

Western Title Company

Douglas County - NV

Karen Ellison - Recorder

Page: 1 of 4 Fee: \$17.00

BK-413 PG-7011 RPTT: 0.00



Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

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)

Signature _____

M Kelsh

Escrow Officer

Affidavit of Death of Trustee

This page added to provide additional information required by NRS 111.312
(additional recording fee applies)



Commonly known as: 1347 Dresslerville Road, Gardnerville, NV

I am the 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 4-22-13

**Elvira L. Branstner, Trustee of the Loyd C. Branstner and Elvira L. Branstner
1990 Revocable Trust**

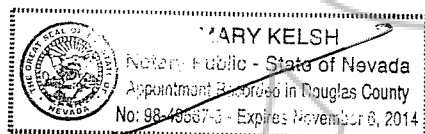
Elvira L. Branstner, Trustee
Elvira L. Branstner, Successor Trustee

STATE OF NV,
COUNTY OF Douglas

Subscribed and sworn to (or affirmed) before me on this 22 day
of April, 2013, by Elvira L. Branstner, Successor Trustee 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 Mary Kelsh
Notary public



STATE OF NEVADA

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

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

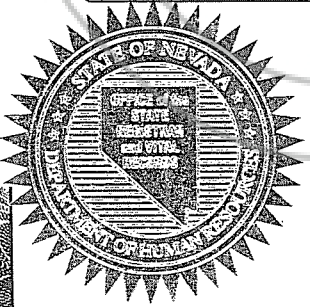
PARENTS**DISPOSITION****CERTIFIER**

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

CAUSE OF DEATH

DECEASED—NAME First Middle Last 1. Loyd Chase BRANSTNER			DATE OF DEATH (Month, Day, Year) 2. March 6, 2002		COUNTY OF DEATH 3a. Douglas				
CITY, TOWN OR LOCATION OF DEATH 3b. Gardnerville		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 1347 Dresslerville Rd.		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e.	SEX 4. Male				
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		AGE—Last Birthday (Years) 7a. 74	UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :	DATE OF BIRTH (Mo., Day, Yr.) 8. June 1, 1927		
STATE OF BIRTH (If not U.S.A., name country) 9a. Minnesota		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		Decedent's Education. Specify highest grade completed. 10. 8 Years		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married		SURVIVING SPOUSE (If wife, give maiden name) 12. Elvira Marsh	
SOCIAL SECURITY NUMBER 13. ██████████6662		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Electrician		KIND OF BUSINESS OR INDUSTRY 14b. Electrical					
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas		CITY, TOWN, OR LOCATION 15c. Gardnerville		STREET AND NUMBER 15d. Dresslerville Rd. 1347		INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes	
FATHER—NAME First Middle Last 16. August Carl Branstner			MOTHER—MAIDEN NAME First Middle Last 17. Julia Chase						
INFORMANT—NAME (Type or Print) 18a. Elvira Branstner - Wife			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1347 Dresslerville Rd. Gardnerville, Nv 89410						
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—NAME 19b. Eastside Memorial Park		LOCATION City or Town State 19c. Minden, Nevada					
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 217		NAME AND ADDRESS OF FACILITY 20c. Home, 1380 Hwy 395 Gardnerville, Nevada 89410					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 21b. 3/8/02		21c. HOUR OF DEATH 0650		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) and manner stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 22b. :		22c. HOUR OF DEATH 22c. :		22e. AT 22e. AT	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		22d. ON 22d. ON		22e. AT 22e. AT					
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Gerrie Gardner M.D., 704 W. Nye Ln. Carson City, Nv 89703			LICENSE NUMBER 23b. 822						
REGISTRAR 24a. (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. 3-11-02		DEATH DUE TO COMMUNICABLE DISEASE 24c. 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) arrhythmia DUE TO, OR AS A CONSEQUENCE OF: (b) acute coronary thrombus DUE TO, OR AS A CONSEQUENCE OF: (c) chronic coronary atherosclerosis		Interval between onset and : minute Interval between onset and : minutes Interval between onset and : years							
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. 26. No		AUTOPSY (Specify Yes or No) 27. Yes							
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.		HOUR OF INJURY 28c.		DESCRIBE HOW INJURY OCCURRED 28d.			
INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		LOCATION. 28g.		STREET OR R.F.D. No.		CITY OR TOWN STATE	

BK 413 PG-7014 822372 Page: 4 of 4 04/24/2013



STATE REGISTRAR

No. 216101

[Signature]

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: **MAR 11 2002**

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT