	DOC # 822372					
APN #: 1220-09-810-071	04/24/2013 10:51AM Deputy: PK OFFICIAL RECORD Requested By:					
Decording Degreeted Pro	Requested By: Western Title Company					
Recording Requested By: Western Title Company, Inc.	Douglas County - NV Karen Ellison - Recorder					
Escrow No.: 056553-MHK	Page: 1 of 4 Fee: \$17.00					
ESCROW NO.: USOSSS-MITIK	BK-413 PG-7011 RPTT: 0.00					
When Recorded Mail To: Elvira Branstner						
P.O. 3048	\ \					
Gardnerville, NV 89410						
Mail Tax Statements to: (deeds only)						
	(space above for Recorder's use only)					
I the undersigned hereby affirm that the att	ached document, including any exhibits, hereby					
	social security number of any person or persons.					
(Per NR	LS 239B.030)					
	. \ /					
Signature MUCLSA						
M Kelsh	Escrow Officer					
/ /						
	\ \					
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]]					
Affidavit of Death of Trustee						
Allicavit of Death of Hustee						
This page added to provide additional information required by NRS 111.312						
(additional recording fee applies)						

BK 413

PG-7012 822372 Page: 2 of 4 04/24/2013

APN: 1220-09-810-071

RECORDING REQUESTED BY: Western Title Company 1513 Highway 395, Suite 101 Gardnerville, NV 89410

AND WHEN RECORDED MAIL TO:

Elvira L. Branstner P.O. Box 3048 Gardnerville, NV 89410

> SPACE ABOVE THIS LINE FOR RECORDER'S USE AFFIDAVIT - DEATH OF TRUSTEE

NEVADA STATE OF) SS. **COUNTY OF** DouGlas

Elvira L. Branstner, Successor Trustee of legal age, being first duly sworn, deposes and says:

Loyd C. Branstnerr is the decedent mentioned in the attached certified copy of Certificate of Death, as Loyd C. Branstner is the same person named as Trustee in that certain Declaration of Trust, executed by Loyd C. Branstner and Elvira L. Branstner, Trustees of the Loyd C. Branstner and Elvira L. Branstner 1990 Revocable Trust...

At the time of decedent's death, decedent was the owner, of certain real property acquired by a deed, Eldon Jefferson Scheuermann and Florence Margaret Scheuermann, Trustees of the Eldon Jefferson Scheuermann and Florence Margaret Scheuermann Family Trust Dated August 25, 1997, Grantor and Loyd C. Branstner and Elvira L. Branstner, Trustees of the Loyd C. Branstner and Elvira L.Branstner 1990 Revocable Trust, Grantee recorded on April 30, 1999, as Book 0499, at Page 7108 Instrument No. 0467098 in Official Records of Douglas County, Nevada, describing the following real property:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 317, as shown on the map of Gardnerville Ranchos Unit No. 2, filed in the office of the County Recorder of Douglas County, State of Nevada, on June 1, 1965, in Book 31, Page 686, as Document No.28309, and Amended Title Sheet recorded on June 4, 1965, in Book 31, Page 797, as Document No. 28377.

Assessor's Parcel Number(s): 1220-09-810-071

822372 Page: 3 of 4 04/24/2013

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, Successor Trustee

STATE OF NV COUNTY OF DOUGLOS

Subscribed and sworn to (or affirmed) before me on this 22 day

of Horr , 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

ARY KELSH Fublic - State of Nevada corded in Dauglas County

Notary public

5 - Expires Novembor 6, 2014

MARY KELSH Notary Public - State of Nevada Appointment Recorded in Douglas County No: 98-49567-5 - Expires November 6, 2014

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	DECEASED—NAME First	Middle	Last	DATE OF DEATH (Month, Day, Year	COUNTY OF DEATH		
IN ERMANENT	1. Lovd	Chase	BRANSTNER	² March 6, 2002			
BLACK INK	CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER	R INSTITUTION—Name (If not either, give s	treet and number) If Hosp, or Inst. Rm. Inpatient (S	Indicate DOA, OP/Emer. SEX pecify)		
	3b. Gardnerville	3c. 1347 Dr	esslerville Rd.	3e.	4. Male		
(GEDENT	RACE—(e.g., White, Black, American Indian, etc.) (Specify)	/as Decedent of Hispanic Ong	gin? Specify ☐ yes ☐ no If yes, AGE—La b Rican, etc. AGE—La		R 1 DAY DATE OF BIRTH (Mo., Day, Yr.)		
	5. White		7a. 74	. 1	8. June 1, 1927		
IF DEATH	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUN-	 Decedent's Education. Specify highes grade completed. 	WIDOWED, DIVORCED	SURVIVING SPOUSE (If wife, give maiden name)		
OCCURRED IN INSTITUTION	9a. Minnesota	9b. II S A	10. 8 Years	(Specify) Married	12. Elvira Marsh		
SEE HANDBOOK REGARDING	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Giv Working Life, Even if Retire	ve Kind of Work Done Dunng Most of	KIND OF BUSINESS OR INDUS	TRY		
COMPLETION OF ESIDENCE ITEMS	13. 6662	14a.	Electrician	14b. Electrica	1		
1.1	RESIDENCE—STATE COUNT	Y	CITY, TOWN, OR LOCATION	STREET AND NUMBER	1347 INSIDE CITY LIMITS (Specify Yes or No)		
		Douglas	15c. Gardnerville	15dDresslery			
ARENTS	FATHER—NAME First	Middle	Last MOTHER—MAI		Middle Last		
HI HORE	16. August	Carl :	Branstner 17.	Julia	Chase		
	INFORMANT—NAME (Type or Print)		MAILING ADDRESS	(Street or R.F.D. No., City or			
	18a. Elvira Branstne		18b. 1347 Dress	lerville Rd. Gar	cdnerville, Nv 89410		
	BURIAL, CREMATION, REMOVAL, OTHER	' ' '	RY OR CREMATORY—NAME	LOCATION	,		
SPOSITION	^{19a.} Burial	19b. <u>E</u>	astside Memorial P	ark 19c. I	Minden, Nevada		
O'SOO!!!OIL	FUNERAL DIBECTOR—SIGNATURE (Or Person Actin) as Such)	FUNERAL	DIRECTOR NAME AND ADDRESS OF NUMBER	FitzHenry's	Carson Valley Funeral		
Ĺ	20a. And Att	20b. 2		80 Hwy 395 Gardi	nerville, Nevada 89410		
	Z 21z To the best of my knowledge, d due to the cause(s) stated.	eath occurred at the time, dat	e and place and		Vor investigation, in my opinion death occurred due to the cause(s) and manner stated.		
	due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) PART OF ATTENDING PHYSIC ANAME OF ATTENDING PHYSIC 21d.	grands	the part of the pa	(Signature and Title) DATE SIGNED (Mo., Day, Yr.) 22b.	HOUR OF DEATH		
	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DE	-AIH	o DATE SIGNED (MO., Day, Tr.)	14		
	21b. 310/02 NAME OF ATTENDING PHYSIC	21c.		PRONOUNCED DEAD (Mo., Day, YI	22c. T 7 C C C C C C C C C C C C C C C C C C		
القاسلانية الشاهد	PH NAME OF ATTENDING PHYSIC	CIAN IF OTHER THAN CERT	P (Type of Film)) THOROGIOES SEAS (Mai, Say, 17	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
	Ö 21d.	DTIELED (DHYSICIAN ATTEN	IDING PHYSICIAN, MEDICAL EXAMINER,	OR CORONER), (Type or Print.)	LICENSE NUMBER		
					3 23b. 822 — 4		
	REGISTRAR 23a. Gerrie Garo	iner M.D., /U	4 W. Nye Ln. Cars	EGISTRAR (Mo., Day, Yr.) DEATH DU	E TO COMMUNICABLE DISEASE		
ONDITIONS IF ANY HICH GAVE		10 67 7 14	18 24 24b. 3-11-0		s□ note == 4		
RISE TO MMEDIATE	24a. (Signature) 25. IMMEDIATE CAUSE (ENTER ON	NLY ONE CAUSE PER LINE			• Interval between onset and		
CAUSE TATING THE		/ /			minutc==		
NDERLYING AUSE LAST	ING PART (a) UT POPT PUT AC						
1 /	DUE TO, OR AS A CONSEQUENCE OF: (b) A WHE COYD NAY HYMBUS DUE TO, OR AS A CONSEQUENCE OF: (c) MYON I L OYONAY WHYMBUS CLEVOS IS OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY (Specify WAS CASE REFERRED TO TO THE SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY (Specify WAS CASE REFERRED TO TO THE SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY (Specify WAS CASE REFERRED TO TO THE SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY						
-	DUE TO, OR AS A CONSE	EQUENCE OF:	1	1	• Interval between onset and		
	chronic	L 108010	my athero	scierosis	: Yeurs ≡≥		
AUSE OF DEATH	PART OTHER SIGNIFICANT CONDIT	TIONS—Conditions contributing	g to death but not resulting in the underlying	g cause given in Part 1. AUTOPSY	(Specify WAS CASE REFERRED TO Yes or No) CORONER (Specify Yes or		
DEATH	ii ·		•	26. No	27. Yes		
	ACC., SUICIDE, HOM., UNDET., DATE OR PENDING INVEST.	OF INJURY (Mo., Day, Yr.) HO	OUR OF INJURY DESCRIBE HOW	INJURY OCCURRED			
-\-	(Specify) 28a. 28b.	280	c. ivi 28d.				
-\	INJURY AT WORK PLACE	E OF INJURY—At home, farm building, etc. (S	n, street, factory, office LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN STATE		
1	(Specify Yes or No) 28e. 28f.	January, Etc. (O	28g.				
,	AAAAA.	/ /			No. 216101		
A.		STATE	REGISTRAR		IAO. CIOIOI		
No.							
- THE PARTY NO.		APP	A		4 4		

This is to certify that the above is a true and correct copy

Date Issued:

MAR 1 1 2002

of the certificate on file in this office.

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT