

APN# : 1220-25-501-001

Recording Requested By:

Western Title Company, Inc.

Escrow No.: 061489-ARW

When Recorded Mail To:

Martha A. Fritz and Christine E.

Vido

P.O. Box 2865

Gardnerville, NV 89410


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



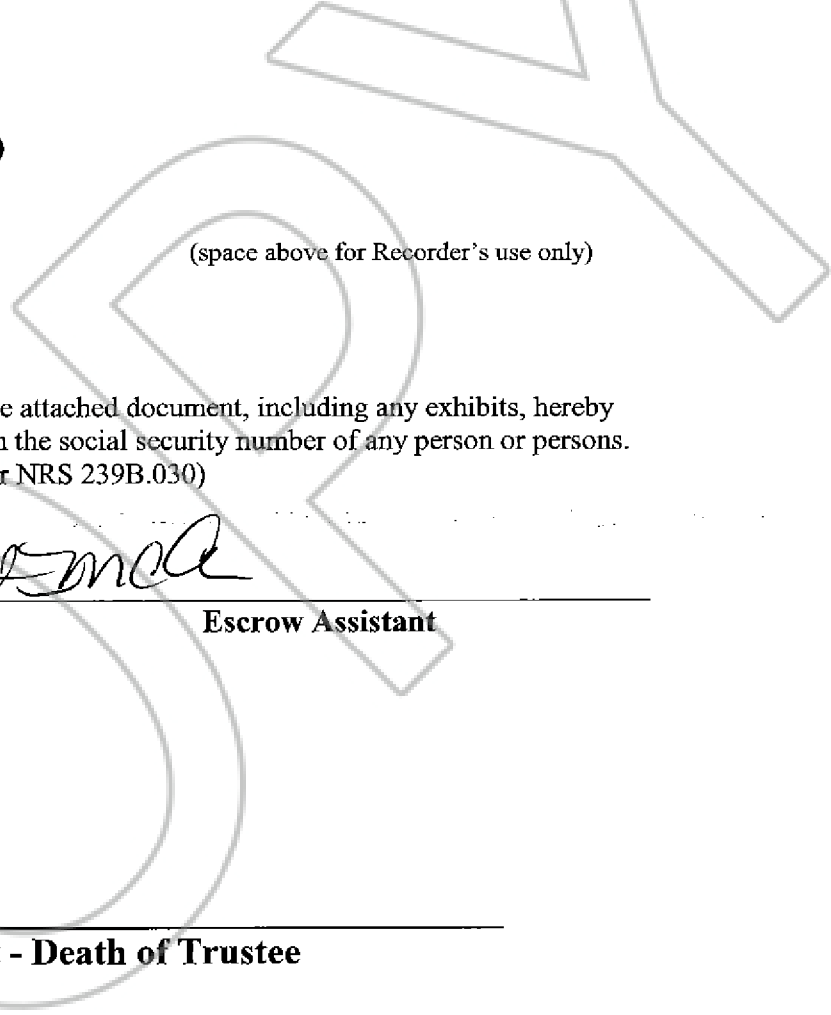
Annette McClean

Escrow Assistant

Affidavit - Death of Trustee

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

DOC # 836144
12/30/2013 02:55PM Deputy: AR
OFFICIAL RECORD
Requested By:
eTRCO, LLC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 5 Fee: \$18.00
BK-1213 PG-5439 RPTT: 0.00





APN: 1220-25-501-001

RECORDING REQUESTED BY:
Western Title Company
1513 Highway 395, Suite 101
Gardnerville, NV 89410
AND WHEN RECORDED MAIL TO:

Martha A. Fritz
Christine E. Vido
P.O. Box 2865
Gardnerville, NV 89410

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

STATE OF Nevada

) SS.

COUNTY OF Douglas

Martha A. Fritz and Christine E. Vido, Co-Trustee's of legal age, being first duly sworn, deposes and says:

Robert L. Fritz is the decedent mentioned in the attached certified copy of Certificate of Death, as Robert Lee Fritz is the same person named as Co-Trustee of the Robert L. Fritz and Martha A. Fritz, Co-Trustees of The Fritz Family Trust created 11/21/00.

At the time of decedent's death, decedent was the owner, of certain real property acquired by a deed, recorded on June 17, 2004, in Book 0604 Page 08698 as Document no. 0616349, 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:

SEE EXHIBIT "A" ATTACHED

Assessor's Parcel Number(s):

1220-25-501-001

Commonly known as: 1912 Wiseman Lane, Gardnerville, NV 89410

We are the Successor Co-Trustees of the same trust under which said decedent held title as trustee pursuant to the deed described above, and we are designated and empowered pursuant to the terms of said trust to serve as Co-Trustees thereof.



Dated: December 26, 2013

Martha A. Fritz Co-Trustee
Martha A. Fritz, Co-Trustee

Christine E. Vido Co-Trustee
Christine E. Vido, Co-Trustee

**STATE OF NEVADA,
COUNTY OF DOUGLAS**

Subscribed and sworn to (or affirmed) before me on this 27th day
of December, 2013, by Martha A. Fritz, Co-Trustee and Christine
E. Vido, Co-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 Jodi O. Stovall
Notary public

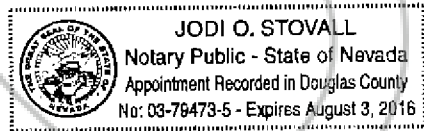




EXHIBIT "A"

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

Parcel B, as set forth on Parcel Map #1 for Richard M. and Margaret A. Wiseman, being a portion of the Northwest 1/4 of the Northeast 1/4 and the Northeast 1/4 of the Northwest 1/4 of Section 25, Township 12 North, Range 20 East, M.D. B. & M., filed for record September 13, 1983, in Book 983, Page 811, Document No. 86761, Official Records of Douglas County, State of Nevada.

**Assessor's Parcel Number(s):
1220-25-501-001**



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2011020225
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Robert Lee FRITZ		2. DATE OF DEATH (Mo/Day/Year) December 19, 2011		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) 1912 Wiseman Lane		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) 85		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) June 03, 1926		9a. STATE OF BIRTH (If not U.S.A. name country) Pennsylvania		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Martha CLAY	
PARENTS	13. SOCIAL SECURITY NUMBER 6742		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Heavy Construction		14b. KIND OF BUSINESS OR INDUSTRY Highway /roads	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
ISPOSITION	15d. STREET AND NUMBER 1912 Wiseman Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Clarence FRITZ	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Levona SWEENEY		18a. INFORMANT - NAME (Type or Print) Martha FRITZ		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1912 Wiseman Lane Gardnerville, Nevada 89410	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION: City or Town State Carson City Nevada 89701	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1390 Highway 395 N Gardnerville NV 89410	
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) SIGNATURE AUTHENTICATED RALPH HERBIG DO		21b. DATE SIGNED (Mo/Day/Yr) December 21, 2011		21c. HOUR OF DEATH 01:35	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. Ralph Herbig DO 1540 Hwy 395 N, Ste E Gardnerville, NV 89410		23b. LICENSE NUMBER 984		24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 26, 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) Metabolic Disturbance		(c) Pulmonary Effusion		Interval between onset and death Hours	
	(d) Lymphoma		Interval between onset and death Months		Interval between onset and death Months	
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) No		
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



BK 1213
PG-5443

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VRS Rev. 20111014

417971

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: 01/10/2012

Rod Whelan
DATE REGISTERED
SIGNATURE AUTHENTICATED

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

