

Requested By:
First American Title Minder
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: \$17.00
BK-114 PG-2224 RPTT: 0.00



APN# 1420-28-511-003

Recording Requested by:

Name: First American Title Insurance
Company
Address: 300 South Curry, Suite 5
City/State/Zip: Carson City, NV 89703
Order Number: 12142-2458817

AFFIDAVIT OF DEATH OF TRUSTEE
(Title of Document)

(for Recorder's use only)

Recorder Affirmation Statement

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:

(State specific law)
Signature: [Handwritten Signature] Title: Escrow Officer
Print Signature: M. Omchundro

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)



RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
Patricia L. Schultz
1383 N. Santa Barbara
Minden, NV 89423

Space Above This Line for
Recorder's Use Only

A.P.N. 1420-28-511-003

File No.: 12142-2458817 (MO)

Affidavit - Death of Trustee

State of Nevada)
)ss.
County of Carson City)

Patricia L. Schultz ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Eldon F. Schultz** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **March 6, 2006** at **Minden, NV** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **December 8, 2003** executed by **Eldon F. Schultz and Patricia L. Schultz** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant Deed** dated **December 8, 2003** which was recorded as Instrument No. **0599149** in Book **1203**, Page **04388**, of Official Records of **Douglas County** County, Nevada as legally described as follows:

LOT 3, BLOCK A AS SHOWN ON THE MAP OF MISSION HOT SPRINGS, UNIT 2, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON SEPTEMBER 14, 1988, IN BOOK 988, PAGE 1249, AS DOCUMENT NO. 186262, AND BY CERTIFICATE OF AMENDMENT RECORDED OCTOBER 19, 1990, IN BOOK 1090, PAGE 2954, IN DOCUMENT NO. 237002.



4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: 1-10-14

DECLARANT:

 *successor Trustee*
Patricia L. Schultz, Successor Trustee



State of Nevada)
)ss
County of Carson City)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Carson City and State Nevada, this 10th day of January, 2014 by Patricia L. Schultz, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal

This area for official notarial seal

Signature: 

My Commission Expires: 1-27-2016

Notary Name: M. Omohundro Notary Phone: 715-671-3738

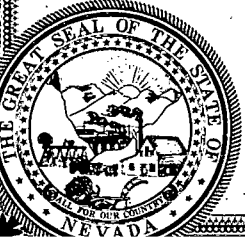
Notary Registration Number: 99-57872-5 County of Principal Place of Business: Carson City

CERTIFICATION OF VITAL RECORD

**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**

TYPE OR PRINT IN PERMANENT BLACK INK
PRECEDENT
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF EVIDENCE ITEMS
PARENTS
POSITION
CERTIFIER
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH LIST THE UNDERLYING CAUSE LAST
USE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Eldon Frederick SCHULTZ		2. March 6, 2006		3a. Douglas			
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)		SEX	
3b. Minden		3c. 1383 N. Santa Barbara Dr.		3e.		4. Male	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6.		7a. 68		8. February 25, 1938	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. Illinois		9b. U.S.A.		10. 12		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name)	
13. [REDACTED]-2639		14a. Divisional Superintendent		14b. Insurance Company		15. Patricia L. Phillips	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Douglas		15c. Minden		15d. 1383 N. Santa Barbara	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		INSIDE CITY LIMITS (Specify Yes or No)		15e. NO	
16. Frederick Edwin Schultz		17. Elva Leona Fritz					
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Patricia L. Schultz		18b. 1383 N. Santa Barbara Drive, Minden, Nevada 89423					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Removal/Burial		19b. Grimes-Neely Cemetery		19c. Jerseyville Illinois			
FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. [Signature]		20b. 09		20c. 1281 N. Roop St., Carson City, Nevada 89706			
21. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)		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)		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. 3/06/06		21c. 08:10		22b.		22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. ON		22e. AT		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.						PRONOUNCED DEAD (Hour)	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER					
23a. John Kelly, M.D., 2874 N. Carson St. #210, Carson City, NV 89706		23b. 6376					
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. [Signature]		24b. March 7, 2006		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death			
PART I (a) Pancreatic Cancer				: 1 Month			
(b)				Interval between onset and death			
(c)				Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
		26. No		27. No			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c. M		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.		STREET OR R.F.D. No. CITY OR TOWN STATE	
28e.		28f.		28g.			



106264

STATE REGISTRAR



836765 Page: 4 of 4 01/15/2014

CERTIFIED COPY OF VITAL RECORDS

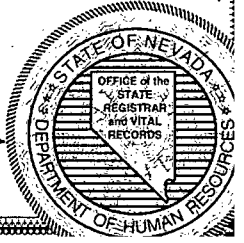
No. 336103

BK 114
PG-2227

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: MAR - 7 2006

[Signature]
STATE REGISTRAR



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