

DOC # 841400  
04/23/2014 09:11AM Deputy: PK  
OFFICIAL RECORD

Requested By:  
Stewart Title - Carson  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 4 Fee: \$17.00  
BK-414 PG-4309 RPTT: 0.00



A.P.N. No.:	1318-15-110-004
Escrow No.:	01415-10352
Recording Requested By:	
Stewart Title	
When Recorded Mail To:	
Irwin Krauss NV Qual Per Res Trust	
2807 N.E. Mason St.	
Portland, OR 97211	

(for recorders use only)


**Certificate of Incumbency**  
**(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-

X 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)

  
Signature

Escrow Assistant  
Title

Kris Thorson  
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)



### CERTIFICATE OF INCUMBENCY

Whereas, Irwin Krauss was the Trustee under that certain Trust entitled the Irwin Krauss Nevada Qualified Personal Residence Trust dated May 4, 1994, and listed as Grantee under that certain GRANT, BARGAIN, SALE DEED recorded May 11, 1999 in Book 0599, as Document No. 1928, of Official Records, covering the following described property:

SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF

AND Whereas, Irwin Charles Krauss is one and the same as named on that certain Death Certificate attached hereto and made a part hereof, Michael David Krauss, is named as Co Successor Trustee under said Trust and is fully authorized to act in accordance with the terms of said Trust Agreement.

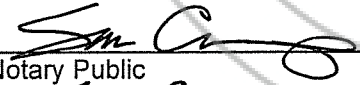
SUCCESSOR CO TRUSTEE

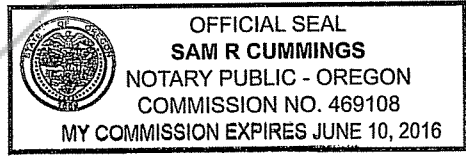
By:   
Michael David Krauss

State of OREGON )  
County of MULTNOMAH ) ss.

This instrument was acknowledged before me on the 11<sup>th</sup> day of APRIL, 2014.

By: MICHAEL D KRAUSS

Signature:   
Notary Public  
SAM CUMMINGS



**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF STATE HEALTH SERVICES  
VITAL STATISTICS UNIT**

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS  
AUG 31 2012  
STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER **142-12-110461**

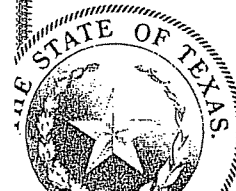
TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) <b>IRWIN CHARLES KRAUSS</b>				(Maiden)		2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy) <b>AUGUST 27, 2012</b>	
3. SEX <b>MALE</b>	4. DATE OF BIRTH (mm-dd-yyyy) <b>JULY 16, 1928</b>	5. AGE-Last Birthday (Years) <b>84</b>	IF UNDER 1 YR Mo Days		IF UNDER 1 DAY Hours Min		6. BIRTHPLACE (City & State or Foreign Country) <b>FOREST HILLS, NY</b>
7. SOCIAL SECURITY NUMBER <b>-7509</b>		8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)		
10a. RESIDENCE STREET ADDRESS <b>6201 GREENWAY ROAD</b>				10b. APT. NO.	10c. CITY OR TOWN <b>FORT WORTH</b>		
10d. COUNTY <b>TARRANT</b>		10e. STATE <b>TEXAS</b>		10f. ZIP CODE <b>76116</b>		10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11. FATHER'S NAME <b>MAX KRAUSS</b>				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE <b>LEAH ALISH</b>			
13. PLACE OF DEATH (CHECK ONLY ONE) IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)							
14. COUNTY OF DEATH <b>TARRANT</b>		15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO) <b>FORT WORTH, 76116</b>		16. FACILITY NAME (If not institution, give street address) <b>6201 GREENWAY ROAD</b>			
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED <b>BARBARA KRAUSS BUSHNER - DAUGHTER</b>				18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) <b>5803 RIDGE DRIVE, ARLINGTON, TX 76016</b>			
19. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>ELMER C. HARPER III, BY ELECTRONIC SIGNATURE - 6655</b>			21. <input type="checkbox"/> Unknown Section <b>BETH-EL</b> Block Lot <b>ONE SIXTEEN</b> Space <b>FOUR 1/2</b>		
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) <b>GREENWOOD MEMORIAL PARK</b>				23. LOCATION (City/Town, and State) <b>FORT WORTH, TX</b>			
24. NAME OF FUNERAL FACILITY <b>ROBERTSON MUELLER HARPER FUNERAL DIRECTORS</b>				25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) <b>1500 8TH AVENUE, FORT WORTH, TX 76104</b>			
26. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Justice of the Peace - 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.							
27. SIGNATURE OF CERTIFIER <b>LESCA HADLEY, BY ELECTRONIC SIGNATURE</b>		28. DATE CERTIFIED (mm-dd-yyyy) <b>AUGUST 29, 2012</b>		29. LICENSE NUMBER <b>K7754</b>		30. TIME OF DEATH (Actual or presumed) <b>14:45</b>	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) <b>LESCA HADLEY 2501 PARKVIEW DRIVE, STE 600, FORT WORTH, TX 76102</b>				32. TITLE OF CERTIFIER <b>MD</b>			
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.  IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <b>ESOPHAGEAL NEOPLASM</b> Due to (or as a consequence of):  Sequitely list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated, the events resulting in death) LAST b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____							
PART 2. ENTER OTHER CAUSE GIVEN IN PART 1.				34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year		39. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
40a. DATE OF INJURY (mm-dd-yyyy)		40b. TIME OF INJURY		40c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	
40e. LOCATION (Street and Number, City, State, Zip Code)				40f. COUNTY OF INJURY			
41. DESCRIBE HOW INJURY OCCURRED							
42a. REGISTRAR FILE NO. <b>06 5375</b>		42b. DATE RECEIVED BY LOCAL REGISTRAR <b>AUGUST 31, 2012</b>		42c. REGISTRAR <b>REGISTRAR - TARRANT COUNTY CLERK, ELECTRONICALLY FILED</b>			

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 192, 19891)

VS-112 REV 1/2006

BK 414  
PG-4311  
841400 Page: 3 of 4 04/23/2014



This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED

SEP 04 2012

*Geraldine R. Harris*  
GERALDINE R. HARRIS  
STATE REGISTRAR

GERALDINE R. HARRIS  
STATE REGISTRAR



WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND



**EXHIBIT "A"  
LEGAL DESCRIPTION**

File Number: 01415-10352

**PARCEL NO. 1**

Unit No. 4, as shown on the official plat of PINEWILD, A CONDOMINIUM, filed for record in the office of the County Recorder, Douglas County, Nevada, on June 26, 1973, as Document No. 67150.

**PARCEL NO. 2**

The exclusive right to the use and possession of those certain patio areas adjacent to said units designated as ""Restricted Common Areas"" on the Subdivision Map referred to in Parcel No. 1 above.

**PARCEL NO. 3**

An undivided interest as tenants in common in and to that portion of the real property described on the Subdivision Map referred to in Parcel No. 1, above, defined in the Amended Declaration of Covenants, Conditions and Restrictions of Pinewild, A Condominium Project, recorded March 11, 1978, in Book 374 of Official Records at Page 193. Limited Common Area and thereby allocated to the unit described in Parcel No. 1, above and excepting unto Grantor non-exclusive easements for ingress and egress, utility services, support encroachments, maintenance and repair over the common areas defined and set forth in said Declaration of Covenants, Conditions and restrictions.

**PARCEL NO. 4**

Non-exclusive easements appurtenant to Parcel No. 1 above, for ingress and egress, utility services, support encroachments maintenance and repair over the Common Areas as defined and set forth in the Declaration of Covenants, Conditions, and Restrictions of Pinewild, more particularly described in the description of Parcel No. 3, above.