

DOC # 846923
07/25/2014 11:09AM Deputy: SG
OFFICIAL RECORD
Requested By:
eTRCo, LLC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 5 Fee: \$18.00
BK-714 PG-5819 RPTT: 0.00

APN# : 1420-28-511-021

Recording Requested By:
Western Title Company



When Recorded Mail To:
Holly M. Frei
420 Lochmoor Place
Eugene, OR
97405

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 contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature

Susan Lapin

Escrow Assistant

Affidavit - Death of Trustee

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)



APN: 1420-28-511-021
RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

Holly M. Frei
420 Lochmoor Place
Eugene, OR 97405

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

STATE OF Nevada)
) SS.
COUNTY OF Douglas)

Holly M. Frei, Surviving Trustee of legal age, being first duly sworn, deposes and says:

Julius A. Frei is the decedent mentioned in the attached certified copy of Certificate of Death, as Julius A. Frei is the same person named as Trustee in that certain Declaration of Trust, executed by Julius A. Frei and Holly M. Frei, Trustees of The Frei Family Trust, Dated February 26, 1993.

At the time of decedent's death, decedent was the owner, of certain real property acquired by a deed, Robert G. Bashford and Mary Patricia Bashford, Husband and Wife as Joint Tenants, Grantor, Grants to Julius A. Frei and Holly M. Frei, Trustees of The Frei Family Trust, Dated February 26, 1993, Grantee recorded on July 26, 1996, as Book 0796, at Page 4456, of Instrument No. 392939 in Official Records of Douglas County, Nevada, describing the following real property:

See Exhibit A attached hereto and made a part hereof.

Assessor's Parcel Number(s):

1420-28-511-021

Commonly known as: 1356 N. Santa Barbara Drive Minden, NV 89423

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 7-23-14



The Frei Family Trust, Dated February 26, 1993

Holly M. Frei
Holly M. Frei, Surviving Trustee

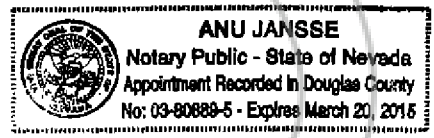
STATE OF Nevada
COUNTY OF Douglas

Subscribed and sworn to (or affirmed) before me on this 24th day
of July, 2014, 2012, by

Holly M. Frei, Surviving 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 Anu Jansse
Notary public



CERTIFICATION OF VITAL RECORD

COUNTY OF PLACER

Auburn, California 95603

CERTIFICATE OF DEATH

3200731002631

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY! NO BRASS/STAMPED WHITE OUTS OR ALTERATIONS VS 11/07/04 REV 1/04		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
JULIUS		ALFRED		FREI	
AKA: ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)				4. DATE OF BIRTH mm/dd/yyyy	
---				09/14/1929	
5. AGE Yrs.		6. UNDER ONE YEAR		7. UNDER 24 HOURS	
78		Months Days		Hours Minutes	
8. SEX		4. SEX			
M		M			
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
OR		5965		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at time of death)		7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hours)	
MARRIED		12/03/2007		0829	
13. EDUCATION - Highest Level/Degree (This includes on-line)		14.15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see reverse of back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
BACHELOR		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> NO WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		
FLIGHT ENGINEER			ENGINEERING		
19. YEARS IN OCCUPATION			34		
20. DECEDENT'S RESIDENCE (street and number or location)					
1356 N. SANTA BARBARA DR.					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
MINDEN		DOUGLAS		89423	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY		11	
NEVADA					
26. INFORMANT'S NAME, RELATIONSHIP					
HOLLY FREI, WIFE					
27. INFORMANT'S MAILING ADDRESS (Street and number or railroad route number, city or town, state, ZIP)					
1356 N. SANTA BARBARA DR., MINDEN, NV 89423					
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (Maiden Name)	
HOLLY		-		MCCLAY	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
JULIUS		-		FREI	
34. BIRTH STATE		SWITZRLND			
35. NAME OF MOTHER - FIRST		36. MIDDLE		37. LAST (Maiden)	
MARTHA		MARIE		ILG	
38. BIRTH STATE		SWITZRLND			
38. DISPOSITION DATE mm/dd/yyyy		39. PLACE OF FINAL DISPOSITION			
12/07/2007		RES. HOLLY FREI 1356 N. SANTA BARBARA DR., MINDEN, NV 89423			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
CR/TR/RES		NOT EMBALMED			
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
TRUCKEE-TAHOE MORTUARY		FD1191		RICHARD J. BURTON, MD	
47. DATE mm/dd/yyyy		48. SIGNATURE OF LOCAL REGISTRAR			
12/07/2007		E.O. 12812			
101. PLACE OF DEATH					
102. IF HOSPITAL, SPECIFY ONE					
103. IF OTHER THAN HOSPITAL, SPECIFY ONE					
104. COUNTY					
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)					
106. CITY					
107. CAUSE OF DEATH					
108. DEATH REPORTED TO CORONER?					
109. NATURAL NUMBER					
110. AUTOPSY PERFORMED?					
111. USED IN DETERMINING CAUSE?					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)					
114. SIGNATURE AND TITLE OF CERTIFIER					
115. LICENSE NUMBER					
116. DATE mm/dd/yyyy					
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
119. INJURED AT WORK?					
120. INJURY DATE mm/dd/yyyy					
121. HOUR (24 Hours)					
122. SIGNATURE OF CORONER/DEPUTY CORONER					
123. DATE mm/dd/yyyy					
124. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER					

BK 714
PG-5822
846923 Page: 4 of 5 07/25/2014

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF PLACER

SS DATE ISSUED
12/20/2007

000246678

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Health and Human Services Department.

Richard J. Burton, M.D.
HEALTH OFFICER AND LOCAL REGISTRAR

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

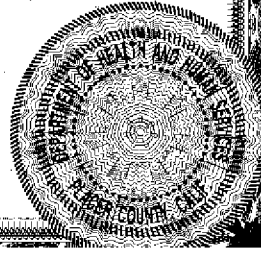




EXHIBIT "A"

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

Lot 29 in Block B as shown on the map of MISSION HOT SPRINGS UNIT NO. 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 Certificate of Amendment recorded on October 19, 1990 in Book 1090, at Page 2954 as Document No. 237002, Official Records.

**Assessor's Parcel Number(s):
1420-28-511-021**

