

APN# : 1320-02-001-100

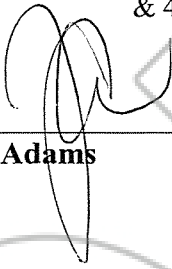
DOC # 849798  
09/24/2014 11:03AM Deputy: PK  
**OFFICIAL RECORD**  
Requested By:  
eTRCo, LLC  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 4 Fee: \$17.00  
BK-914 PG-4243 RPTT: 0.00

**Recording Requested By:**  
eTRCo, LLC.

**When Recorded Mail To:**  
Robert C. Clark  
4521 Gentry Lane  
Carson City, NV 89701



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**   
\_\_\_\_\_  
**Traci Adams** **Escrow Officer**

\_\_\_\_\_  
**Affidavit Death of Trustee**

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



### AFFIDAVIT - DEATH OF TRUSTEE

Robert C. (Lucky) Clark, Successor Trustee, of legal age, being first duly sworn, deposes and says:

That Thomas L. Stroncer, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Thomas L. Stroncer named as one of the parties in that certain Grant, Bargain, Sale Deed dated 12/11/2012 executed by Thomas L. Stroncer to Thomas L. Stroncer, Trustee of the Thomas L. Stroncer Revocable Trust as joint tenants, recorded as instrument No. 0814699, on 12/17/2012, in Book 1212, Page 4642, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

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

Lot 22 of PIONEER HEIGHTS SUBDIVISION UNIT NO. 1, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on March 13, 1961 as Document No. 17360.

Dated 09-15-14 \_\_\_\_\_



The Thomas L. Stroncer Revocable Trust

Robert C. (Lucky) Clark TTE.  
Robert C. (Lucky) Clark, Successor Trustee

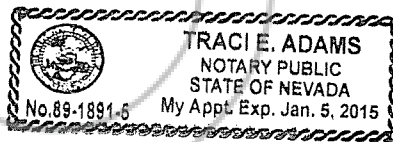
STATE OF NEVADA } SS

COUNTY OF Douglas

This instrument was acknowledged before me on  
September 15, 2014,

by Robert C. (Lucky) Clark.

Traci E. Adams  
Notary Public



**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
VITAL STATISTICS**

**CERTIFICATE OF DEATH**

**2014008113**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) <b>Thomas L STRONGER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>May 13, 2014</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) <b>Gardnerville Health and Rehabilitation Center</b>		3e. If Hosp. or inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Nursing Home</b>	
DECEDENT	4. SEX <b>Male</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
	7a. AGE-Last birthday (Years) <b>73</b>		7b. UNDER 1 YEAR <b>MOS   DAYS</b>		7c. UNDER 1 DAY <b>HOURS   MINS</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) <b>April 22, 1941</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>New Hampshire</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
	10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name)	
PARENTS	13. SOCIAL SECURITY NUMBER <b>1826</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Mechanic</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Automotive</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
DISPOSITION	15d. STREET AND NUMBER <b>2577 Nye Dr</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Harold STRONGER</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Florence DORSET</b>		
ALL	18a. INFORMANT- NAME (Type or Print) <b>Robert C CLARK</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>4521 Gentry Ln Carson City, Nevada 89701</b>			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenrys Funeral Home</b> <b>3945 Fairview Dr Carson City NV 89701</b>	
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>CRAIG RAU M.D.</b> SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) <b>May 16, 2014</b>			
REGISTRAR	21c. HOUR OF DEATH		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)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Aguirre, Jose</b>		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Craig Rau M.D. 1600 Medical Parkway Carson City, NV 89703</b>		23b. LICENSE NUMBER <b>10991</b>		24a. REGISTRAR (Signature) <b>BIANCA GALEANO</b> SIGNATURE AUTHENTICATED	
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 22, 2014</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I		(a) <b>Cardiorespiratory Failure</b>		Interval between onset and death <b>Minutes</b>	
	(b) <b>Acute Myocardial Infarction</b>		(c) <b>Cause Otherwise Unknown</b>		Interval between onset and death <b>Hours</b>	
(c) <b>Cause Otherwise Unknown</b>		(d) <b>Cause Otherwise Unknown</b>		Interval between onset and death		
(d) <b>Cause Otherwise Unknown</b>		PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.		26. AUTOPSY (Specify Yes or No) <b>No</b>		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		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



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BK 914  
PG-4246

VRS-Rev-20120523a

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: **05/22/2014**

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

STATE REGISTRAR  
**R. D. Whelan**  
SIGNATURE AUTHENTICATED

