

A.P.N. 5-173-05

When recorded mail to:

Sandra G. Lawrence
Dyer, Lawrence, Penrose,
Flaherty & Donaldson
2805 Mountain St.
Carson City, NV 89703



KAREN ELLISON, RECORDER

Grantees' Address:
Mail Tax Statements to:

Roberta Gerber, Trustee
1750 Big Boulder Ct.
Reno, Nevada 89521

The undersigned hereby affirm that this document, including exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

The undersigned hereby affirm that this document, including exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 440.380 Medical Cert of Death Signature/Contents.

**AFFIDAVIT- DEATH OF GRANTORS ROBERT L. SHARP AND RUTH SHARP
AND NOTICE OF ACTING TRUSTEE, ROBERTA R. GERBER, TRUSTEE**

STATE OF NEVADA)
) ss:
CARSON CITY)

Roberta R. Gerber, Trustee, residing at 1750 Big Boulder Court, Reno, NV 89521, being first duly sworn, does hereby swear under penalty of perjury under the laws of the State of Nevada, that the following statements are true:

1. Ruth Sharp, died on November 4, 2014, and is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person named as a party in the Sharp Family Trust dated December 18, 1990, Ruth Sharp, as a Grantor of said Trust. Ruth Sharp acted as Trustee of said Trust until her resignation on August 12, 2013.

2. Robert L. Sharp, died on January 15, 2014, and is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person named as a party in the Sharp Family Trust dated December 18, 1990, Robert L. Sharp, as a Grantor of said Trust. Robert L. Sharp acted as Trustee of said Trust until his resignation as Trustee on October 13, 2011.

3. I, Roberta R. Gerber, formerly known as Roberta R. McDonald, upon the resignation of Ruth Sharp as Trustee became the acting Trustee of the Sharp

Family Trust dated December 18, 1990, under the terms of the Trust.

4. The parcel of real property situated in the County of Douglas, State of Nevada, is a part of the trust estate of the Sharp Family Trust, and more particularly is described as follows, to-wit:

A.P.N. 5-173-05

LOT 5 IN BLOCK 4, AS SHOWN ON THE MAP OF ZEPHYR HEIGHTS SUBDIVISION, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON JULY 5, 1947

Commonly known as 626 Point Road, Zephyr Heights, Nevada.

5. This Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above-described real property and any other real property of the trust located in Douglas County, Nevada.

Dated this 2 day of December, 2014.



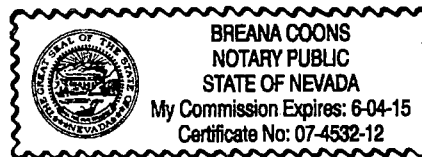
Roberta Gerber, Trustee

STATE OF NEVADA)
CARSON CITY) ss:

On the 2nd day of December, 2014, personally appeared before me, a Notary Public, ROBERTA GERBER, personally known or proven to me to be the persons whose name is subscribed to the above instrument, AFFIDAVIT - DEATH OF TRUSTORS, and who acknowledged that he executed the instrument.



NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2014018388
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Ruth Florence SHARP		2. DATE OF DEATH (Mo/Day/Year) November 04, 2014		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) 1750 Big Boulder Ct		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Residence	
	4. SEX Female		5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE - Last birthday (Years) 89		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A., name country) New York		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
	11. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)		13. SOCIAL SECURITY NUMBER 0128	
	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) System Analyst		14b. KIND OF BUSINESS OR INDUSTRY State Of Nevada		Ever in US Armed Forces? No	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Reno	
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) Walter Irwin OTTO		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Christine Marie FIESSLER			
	18a. INFORMANT - NAME (Type or Print) Roberta GERBER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1750 Big Boulder Ct Reno, Nevada 89521			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION - City or Town State Carson City Nevada 89706	
DISPOSITION	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER		20b. FUNERAL DIRECTOR LICENSE 823		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Roop, Carson City, NV 89706	
	TRADE CALL - NAME AND ADDRESS					
TRADE CALL	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) STEPHEN HAROLD BLOOMFIELD M.D.		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)			
	21b. DATE SIGNED (Mo/Day/Yr) November 06, 2014		21c. HOUR OF DEATH 08:33		22b. DATE SIGNED (Mo/Day/Yr)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
	21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
CERTIFIER	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Stephen Harold Bloomfield M.D. 1575 Delucchi Lane St 214 Reno, NV 89502				23b. LICENSE NUMBER 3741	
	24a. REGISTRAR (Signature) BRIDGES SANDI		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 12, 2014		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
	PART I				Interval between onset and death	
CAUSE OF DEATH	(a) End stage renal disease				Interval between onset and death	
	(b) Cerebrovascular dementia				Interval between onset and death	
	(c) Adult failure to thrive				Interval between onset and death	
	(d) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
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) No		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		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

553803

CERTIFIED COPY OF VITAL RECORDS

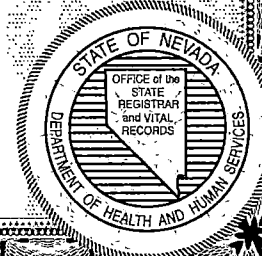
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **11/13/2014**

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

R. Bridges
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF NEVADA
CERTIFICATION OF VITAL RECORDS

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

2014000736
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST SUFFIX) Robert Lyle SHARP		2. DATE OF DEATH (Mo/Day/Year) January 15, 2014		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Zephyr Cove		3c. HOSPITAL OR OTHER INSTITUTION (Name (if not either, give street and number)) 626 Point Road		3e. If Hosp. or Inst. indicate DOA: OP/Emer. Rm. (Inpatient) (Specify) Home	
DECEDENT	4. SEX Male		5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 91		7b. UNDER 1 YEAR MOS: DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A. name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Ruth Florence OTTO		13. SOCIAL SECURITY NUMBER ██████████ 8858	
PARENTS	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life; Even If Retired) Civil Engineer		14b. KIND OF BUSINESS OR INDUSTRY State of Nevada		15. Ever in US Armed Forces? Yes	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Zephyr Cove	
DISPOSITION	15d. STREET AND NUMBER 626 Point Road		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Phillip SHARP	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Frances SHORT		18a. INFORMANT - NAME (Type or Print) Roberta GERBER		18b. MAILING ADDRESS (Street or R.F.D. No.; City or Town, State, Zip) 1750 Big Boulder Court Reno, Nevada 89521	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION: City or Town State Carson City Nevada 89706	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 823		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N. Rood, Carson City, NV 89706	
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) STEVEN LAURENCE BROOKS M.D. SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) January 21, 2014		21c. HOUR OF DEATH 15:12	
	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) Steven Laurence Brooks M.D. PO Box 5637 Stateline, NV 89449		23b. LICENSE NUMBER 5124		24a. REGISTRAR (Signature) STEVE GILBERT SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 23, 2014		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 Alzheimers Disease	
	25a. ACC., SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)		25b. DATE OF INJURY (Mo/Day/Yr)		25c. HOUR OF INJURY	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(a) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death 4 Years		(b) DUE TO, OR AS A CONSEQUENCE OF:	
	(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		(c) DUE TO, OR AS A CONSEQUENCE OF:	
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		(d) DUE TO, OR AS A CONSEQUENCE OF:		
(d) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		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) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a. ACC., SUICIDE, HOMICIDE, 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

514122

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: **01/23/2014**

R. J. [Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



VRS-Rev-20120523a