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APN: 1319-03-811-010

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KAREN ELLISON, RECORDER

FOR RECORDER'S USE ONLY

AFFIDAVIT OF DEATH OF TRUSTEE

TITLE OF DOCUMENT

I. the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain personal information of any person or persons. (NRS 239B.030)

I. the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain personal information of any person or persons as required by law.

NRS 440.380(1)(a) and NRS 40.525(5)

Beverly Wurtele
Signature

Beverly Wurtele
Print name

WHEN RECORDED MAIL TO:

Beverly Wurtele
P.O. Box 490
Genoa, NV 89411

THE UNDERSIGNED HEREBY AFFIRMS THAT
THIS DOCUMENT CONTAINS A SOCIAL
SECURITY NUMBER PER NRS 440.380.

APN: 1319-03-811-010

WHEN RECORDED MAIL TO:

Beverly Wurtele
P.O. Box 490
GENOA, NEVADA 89411

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

AFFIDAVIT OF DEATH OF TRUSTEE

BEVERLY J. WURTELE, of legal age, being first duly sworn, deposes and says:

1. By instrument dated August 28, 1991, amended on October 3, 2011, and amended again on January 6, 2014, EDWARD CONRAD WURTELE and BEVERLY JEAN WURTELE executed the WURTELE FAMILY TRUST.
2. Said Trust appointed me to serve as a Co-Trustee upon the death or incapacity of EDWARD CONRAD WURTELE.
3. EDWARD CONRAD WURTELE deceased on May 31, 2014, at Carson City, Nevada a resident of Douglas County, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said EDWARD CONRAD WURTELE.
4. Pursuant to the terms of the Trust, I have assumed the responsibilities of Co-Trustee.
5. The following described real property is part of the Trust estate: See Exhibit "B" attached.
6. I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Co-Trustee with respect to the Trust's interest in the described property.
7. We, BEVERLY JEAN WURTELE and DONNA J. WOOD, LYNN A. BROWN and CONNIE L. ROTH all have a right to the interest of the Trust in the described property.

-LOOSE CERTIFICATE ATTACHED-


8. No other person has a right to the interest of the Trust in the described property.
9. The described property shall be transferred to BEVERLY JEAN WURTELE and DONNA J. WOOD, LYNN A. BROWN and CONNIE L. ROTH as Co-Trustees of the WURTELE FAMILY TRUST.

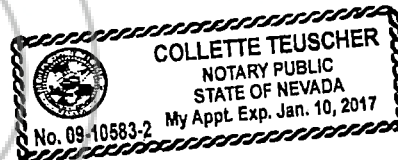
Executed this 18 day of December, 2014, at Carson City, Nevada.


BEVERLY J. WURTELE, Co-Trustee

State of Nevada)
) ss
Carson City)

Subscribed and Sworn to before me on December 18, 2014, by BEVERLY J. WURTELE, Surviving Trustee.


NOTARY PUBLIC



THIS JURAT IS ATTACHED TO AN AFFIDAVIT OF DEATH
OF TRUSTEE
DATED December 18, 2014

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2014008872
STATE FILE NUMBER

PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF
ANY WHICH
HAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Edward C WURTELE JR		2. DATE OF DEATH (Mo/Day/Year) May 31, 2014		3. COUNTY OF DEATH Carson City	
7. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Inpatient	
5. RACE White		8. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 83	
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		7d. UNDER 1 MIN MIN	
9a. STATE OF BIRTH (If not U.S.A. name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 18	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Beverly J HAND		8. DATE OF BIRTH (Mo/Day/Yr) September 18, 1930	
13. SOCIAL SECURITY NUMBER 5877		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Store Owner		14b. KIND OF BUSINESS OR INDUSTRY Indian Arts & Crafts	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Genoa	
15d. STREET AND NUMBER 354 Genoa Springs Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? No	
16. FATHER/PARENT NAME (First Middle Last Suffix) Edward Conrad WURTELE			17. MOTHER/PARENT NAME (First Middle Last Suffix) Martha HERRMANN		
19a. INFORMANT NAME (Type or Print) Beverly J WURTELE		19b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 354 Genoa Springs Drive Genoa, Nevada 89411			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 969 West Moana Lane Reno NV 89509	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) CRAIG RAU M.D. SIGNATURE AUTHENTICATED			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) June 04, 2014		21c. HOUR OF DEATH 06:47		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Craig Rau, M.D. 1600 Medical Parkway Carson City, NV 89703			
23b. LICENSE NUMBER 10991		24a. REGISTRAR (Signature) BIANCA GALEANO SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 06, 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					
(a) Cardiorespiratory Failure					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death Minutes	
(b) Aspiration Pneumonitis					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death Hours	
(c) Dysphagia					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death Days	
(d) Cause Otherwise Unknown					
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 I.					
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

3774278

533541

CERTIFIED COPY OF VITAL RECORDS

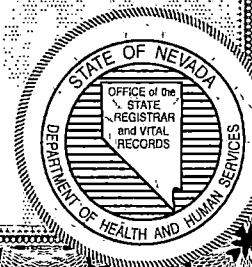
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records:

DATE ISSUED: **06/06/2014**

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

VRS-Rev. 20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "B"

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

PARCEL I

Lot 10, Block A, as said Lot and Block is set forth on the Final Map of GENOA LAKES PHASE 2, a Planned Unit Development. Recorded June 2, 1994 in the Official Records of Douglas County Nevada as Document Number 338683

PARCEL II

That Certain Exclusive Use and Landscape Easement described as follows:

COMMENCING at the Northwesterly corner of Unit 10 as shown on the Final Map for Genoa Lakes Phase 2 Planned Unit Development Document No. 338683 of the Douglas County Recorder's Office, said point bears North 26°12'41" West, 128.24 feet from Tie Point "C" as shown on the Genoa Lakes Phase 2 Final Map;

Thence North 42°52'19" East, along the Northerly line of said Unit 10, 56.33 feet to the TRUE POINT OF BEGINNING;

Thence North 42°52'19" East, 33.00 feet;

Thence South 43°48'14" East, 78.73 feet;

Thence South 48°48'03" West, 35.00 feet to the Northeasterly corner of Unit 11, as shown on said Genoa Lakes Phase 2 Final Map;

Thence South 48°48'03" West, along the Northerly line of said Unit 11, 24.00 feet;

Thence North 41°11'57" West 4.00 feet;

Thence South 48°48'03" West, 12.56 feet;

Thence North 47°07'41" West, 12.23 feet to a point on the Southerly line of Unit 10 being amended to the Typical House Plan 3 as shown on said Genoa Lakes Phase 2 Final Map;

Thence along the Southerly and Easterly boundary lines of said amended Unit 10 the following 8 courses:

1. North 42°52'19" East, 64.00 feet;
2. North 47°07'41" West, 2.33 feet;
3. North 42°52'19" East, 2.00 feet;
4. North 47°07'41" West, 12.50 feet;
5. South 42°52'19" West, 2.00 feet;
6. North 47°07'41" West, 2.33 feet;
7. South 42°52'19" West, 21.67 feet;
8. North 47°07'41" West, 37.83 feet to the POINT OF BEGINNING.

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