

APN: 1022-10-002-018,  
formerly 037-252-06



KAREN ELLISON, RECORDER

Tax Statements to:  
James Mertis Baust, Trustee  
Baust Family 1996 Trust  
P.O. Box 277  
Wellington, NV 89444

When Recorded, Return to:  
Wayne S. Chimarusti, Esq.  
300 West Second Street  
Carson City, NV 89703

The undersigned affirms that this document contains a social security number due to the requirements of NRS 440.380.

AFFIDAVIT OF DEATH OF TRUSTEE  
Decedent: JEANNETTE JOY BAUST

The legal description contained in this document is taken from that certain Trust Transfer Deed recorded in the Official Records of the Recorder of Douglas County Nevada on February 9, 1996, in Book 0296 at Page 1515 as Document Number 380935.

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA )  
  :  
CARSON CITY      )          ss.

JAMES MERTIS BAUST, being duly sworn, under penalty of perjury, deposes and says as follows:

1. JEANNETTE JOY BAUST, also known as JEANNETTE J. BAUST, died on December 7, 2014. A copy of her Certificate of Death is attached to this affidavit. She was one of the two grantors of the BAUST FAMILY 1996 TRUST, and acted as a co-trustee thereof until her incapacity.

WAYNE S. CHIMARUSTI, ESQ.  
300 West Second Street  
Carson City, NV 89703  
(775) 885-9066

2. Affiant is the surviving grantor of the BAUST FAMILY 1996 TRUST, AND the sole trustee of the BAUST FAMILY 1996 TRUST.

3. The BAUST FAMILY 1996 TRUST holds title to certain real property in the County of Douglas, State of Nevada, commonly known as 3860 Topaz Ranch Road, Wellington, and more particularly described as follows:

Lot 130 of TOPAZ RANCH ESTATES UNIT NO. 2 as shown on the official map thereof filed in the Office of the County Recorder of Douglas County, State of Nevada on February 20, 1967, as Document No. 35464.

Former APN: 037-252-06  
Current APN: 1022-10-002-108

4. 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 property owned by the BAUST FAMILY 1996 TRUST situate in Douglas County, Nevada.

Further Affiant sayeth naught.

DATED this 2 day of March, 2015.

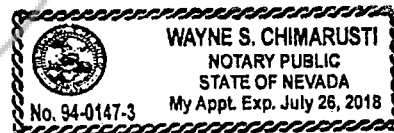
  
JAMES MERTIS BAUST

SUBSCRIBED and SWORN to before me by

JAMES MERTIS BAUST

this 2<sup>nd</sup> day of March, 2015.

  
NOTARY PUBLIC



WAYNE S. CHIMARUSTI, ESQ.  
300 West Second Street  
Carson City, NV 89703  
(775) 885-9066

# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

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

#### CERTIFICATE OF DEATH

2014020269

STATE FILE NUMBER

TYPE OR 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 GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) <b>Jeannette J BAUST</b>			2. DATE OF DEATH (Mo/Day/Year) <b>December 07, 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 city) <b>1189 Kimmerling Rd.</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Residential Care Facility</b>		4. SEX <b>Female</b>
5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	7a. AGE-Last birthday (Years) <b>90</b>	7b. UNDER 1 YEAR <b>MOS</b> <b>DAYS</b> <b>HOURS</b> <b>MINS</b>	7c. UNDER 1 DAY <b>HOURS</b> <b>MINS</b>	
9a. STATE OF BIRTH (If not U.S.A.) <b>Colorado</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	10. EDUCATION <b>12</b>	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>James. BAUST</b>
13. SOCIAL SECURITY NUMBER <b>0122</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) <b>Real Estate Agent</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Real Estate</b>		Ever in US Armed Forces? <b>Yes</b>
15a. RESIDENCE - STATE <b>Nevada</b>	15b. COUNTY <b>Douglas</b>	15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>		15d. STREET AND NUMBER <b>1189 Kimmerling Rd.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Vincent HUNGERFORD</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Ethlyn G CREESE</b>			
18a. INFORMANT - NAME (Type or Print) <b>James BAUST</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>PO Box 227 Wellington, Nevada 89444</b>				
19a. BURIAL, CREMATION; REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION - City or Town - State <b>Carson City Nevada 89706</b>		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CURT KOESTLER</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>823</b>	20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> <b>1521 Church Street Gardnerville NV 89410</b>			
TRADE CALL - NAME AND ADDRESS						
21a. To the best of my knowledge, death occurred at the time, date and place and due to <b>SIGNATURE AUTHENTICATED</b> <b>NITA SCHWARTZ M.D.</b>			22a. On the basis of examination and/or investigation, in my opinion, death occurred at the date and place and due to the cause(s) stated. (Signature & Title)			
21b. DATE SIGNED (Mo/Day/Yr) <b>December 10, 2014</b>		21c. HOUR OF DEATH <b>12:15</b>		22b. DATE SIGNED (Mo/Day/Yr)	22c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER			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) <b>Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703</b>					23b. LICENSE NUMBER <b>9114</b>	
24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> <b>SIGNATURE AUTHENTICATED</b>			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 11, 2014</b>	24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>		
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I: (a) <b>Alzheimers Dementia</b> DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____					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) <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

380555

557284

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.

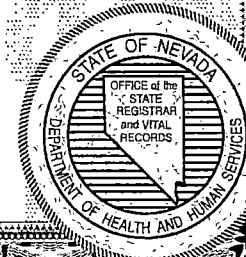
DATE ISSUED:

12/17/2014

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

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

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE