

APN: 1420-34-301-007



KAREN ELLISON, RECORDER

**Recording Requested by and
Mail Tax Statements to:**

Christine Burchiel
2664 Kayne
Minden, NV 89423

Affidavit of Successor Trustee
Title of Document
(Required Field)

FILL IN ALL THAT APPLY:

The Undersigned Hereby Affirms That This Document Submitted For Recording Contains Personal Information As Required By Law*:

440.380 (1)(A)
Specify Law*

Signature

40.525 (5)
Specify Law*

Christine Burchiel, Successor Trustee
Print Name Title

*If there is no applicable State or Federal Law, Personal Information must be removed prior to recording.

If this document is a re-record or correction, fill out below:

Correcting Document#: _____ Amending: _____

Reason for re-record:

(For Re-records, all pages from original document must be included, \$25 Non-conforming Fee Applies)

If legal description is in metes & bounds, indicate where it was obtained:

_____ (Document Title), Book _____ Page _____ or

Document # _____ recorded _____ (date) in the
Lyon County Recorder's Office.

-OR-

If prepared by a surveyor, provide name and address:

Personal information means a natural person's first name or first initial and last name in combination with any one or more of the following data elements:

- 1. Social security number.
- 2. Driver's license number or identification card number.
- 3. Account number, credit card number or debit card number, in combination with any required security code, access code or password .

This page added to provide additional information required by NRS 111.312 Sections 1-4.
(\$1.00 Additional Recording Fee Applies)

Recording requested by and

APN: 1420-34-301-007

Mail Tax Statements to:

Christine Burchiel
2664 Kayne
Minden, NV 894239

Successor Trustee Affidavit

I, **Christine Burchiel**, being first duly sworn, depose and say that:

1. By instrument dated March 31, 2010, Thomas E. Burchiel executed **The Thomas E. Burchiel Trust, dated March 10, 2010.**
2. Said trust appointed Thomas E. Burchiel to serve as Trustee.
3. **Thomas E. Burchiel** died on February 14, 2015, in Douglas County, Nevada. A resident of Douglas County, Nevada pursuant to the attached certified copy of the Certificate of Death.
4. Pursuant to the terms of the Trust, I have assumed the responsibilities of Successor Trustee.
5. The real property is part of the Trust Estate, situated in the County of Douglas, State of Nevada, bounded and described as follows:

SITUATE IN THE NORTHWEST $\frac{1}{4}$ OF THE SOUTHWEST $\frac{1}{4}$ OF SECTION 34, TOWNSHIP 14 NORTH, RANGE 20 EAST, M.D.B. & M. PARCEL 2, AS SHOWN ON THE PARCEL MAP FOR CHARLES MANCHESTER, RECORDED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON APRIL 25, 1977, IN BOOK 477, PAGE 1095, AS DOCUMENT No. 08627.

That Affiant certifies and declares under penalty of perjury that the foregoing is true and correct.

DATED: March 2, 2015.

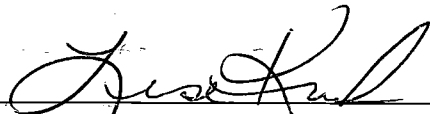


Christine Burchiel, Successor Trustee of
The Thomas E. Burchiel Trust, dated
March 31, 2010

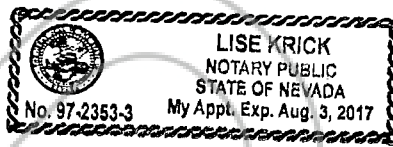
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STATE OF NEVADA)
Carson City)

This instrument was acknowledged before me on this 2nd day of March, 2015, by
Christine Burchiel.



Notary Public



COPIES

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2015002391
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) Thomas Earl BURCHIEL		2. DATE OF DEATH (Mo/Day/Year) February 14, 2015		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street or 2664 Kayne Ave		3e. If Hosp. or Inst. indicate DOA,OP, Emer. Rm. 4. SEX Inpatient (Specify) Home Male	
5. RACE, White (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 68	
9a. STATE OF BIRTH (if not U.S.A.) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		12. SURVIVING SPOUSE (Maiden name)		8. DATE OF BIRTH (Mo/Day/Yr) July 18, 1946	
13. SOCIAL SECURITY NUMBER ██████████-8605		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Supervisor		14b. KIND OF BUSINESS OR INDUSTRY Injection Molding	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2664 Kayne Ave		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Earl BURCHIEL			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Evelyn STULC		
18a. INFORMANT - NAME (Type or Print) Richard Earl BURCHIEL			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 8600 Toro Creek Road Atascadero, California 93422		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Independence Cemetery		19c. LOCATION - City or Town - State Independence California	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N. Lompá Ln Carson City NV 89701	
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) NITA SCHWARTZ M.D. SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) February 17, 2015		21c. HOUR OF DEATH 19:00	
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)	
				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) Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703				23b. LICENSE NUMBER 9114	
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 17, 2015		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: Renal Cell Cancer, Metastatic				Interval between onset and death	
(a) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(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 I.				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

566355

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:

2/20/2015

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

STATE REGISTRAR
R. D. White
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

