

Recording requested by:
Paul Schmidt
3158 Hobo Hot Springs Rd.
Minden, NV 89423

And when recorded, mail to:
Paul Schmidt
3158 Hobo Hot Springs Rd.
Minden, NV 89423

APN: 1121-25-513-015

DOUGLAS COUNTY, NV **2015-860897**
Rec:\$15.00
Total:\$15.00 **04/24/2015 10:15 AM**
PAUL SCHMIDT Pgs=2



KAREN ELLISON, RECORDER

AFFIDAVIT OF DEATH OF TRUSTEE

State of Nevada)
) ss.
County of Douglas)

Paul Schmidt, of legal age, being first duly sworn, deposes and says:

1. Pearl K. Schmidt, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Pearl K. Schmidt named as Trustee in the Declaration of Trust executed by Melvin O. Schmidt (previously deceased) and Pearl K. Schmidt as Grantors and Melvin O. Schmidt (previously deceased) and Pearl K. Schmidt as Trustees.
2. At the time of the decedent's death, decedent was the record owner, as Surviving Trustee, of certain property, which property is described in Assignment of Lease which was executed by Melvin O. Schmidt and Pearl K. Schmidt as Grantor on August 24, 2004, and recorded as Document No. 0622551, of Official Records of Douglas County, Nevada.
3. The legal description of said property is as follows:
Lot 107, as set forth on Record of Survey for PINEVIEW DEVELOPMENT, UNIT NO. 4, filed for record in in the office of the Douglas County Recorder on August 28, 2002, in Book 0802, Page 9714, as Document No. 550737 and amended by record of survey recorded December 23, 2002, in Book 1202, at Page 10400, as Document 561783, Official Records.
4. I am the Successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Dated 4/24/2015

Paul Schmidt

State of Nevada
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 24th day of APRIL, 2015, by Paul Schmidt, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature

JODI O. STOVALL
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 03-79473-5 - Expires August 3, 2016

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2015006118
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) Pearl K SCHMIDT		2. DATE OF DEATH (Mo/Day/Year) April 08, 2015		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street or apt. No.) Gardnerville Health and Rehab		3a. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Nursing Home	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 94		7b. UNDER 1 YEAR MOS DAYS HOURS MIN.		7c. UNDER 1-DAY	
8. DATE OF BIRTH (Mo/Day/Yr) April 15, 1920		9a. STATE OF BIRTH (If not U.S.A.) Minnesota			
9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 18		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
12. SURVIVING SPOUSE (Maiden name)		13. SOCIAL SECURITY NUMBER -7080		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of School-Teacher)	
14b. KIND OF BUSINESS OR INDUSTRY Education		15a. RESIDENCE- STATE Nevada		15b. COUNTY Douglas	
15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 27 Conner Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
16. FATHER/PARENT - NAME (First Middle Last, Suffix) Albert KROLL			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Amelia NICHOLSON		
18a. INFORMANT- NAME (Type or Print) Melinda SCHMIDT			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 27 Conner Way, Gardnerville, Nevada 89410		
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		20b. FUNERAL DIRECTOR LICENSE NUMBER 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
21. SIGNATURE AUTHENTICATED					
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) VIJAY MAIYA MD					
21b. DATE SIGNED (Mo/Day/Yr) April 13, 2015		21c. HOUR OF DEATH 19:30		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Vijay Maiya MD 1600 Medical Parkway Carson City, NV 89703					23b. LICENSE NUMBER 11909
24a. REGISTRAR (Signature) NICOLE SHORE		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 14, 2015		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a. SIGNATURE AUTHENTICATED					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER-LINE FOR (a); (b); AND (c).)					
PART I:				Interval between onset and death	
(a) Cardiopulmonary Arrest					
(b) Chronic Obstructive Pulmonary Disease					
(c) Atrial Fibrillation					
(d) Dementia					
PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Unknown Etiology				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	
28a. INJURY AT WORK (Specify Yes or No)		28d. DESCRIBE HOW INJURY OCCURRED		28e. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	
28b. PLACE OF INJURY- At home, farm, street, factory, office, building, etc. (Specify)					

STATE REGISTRAR

574699 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: 4/16/2015

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

R. J. [Signature]
SIGNATURE AUTHENTICATED

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a

