DOUGLAS COUNTY, NV Rec:\$18.00

KAREN ELLISON, RECORDER

2015-861720

\$18.00 Pgs=5

05/08/2015 03:39 PM

APN#: 1220-24-701-034 ETRCO, LLC

Recording Requested By:

Western Title Company, Inc. Escrow No.: 071295-MHK

When Recorded Mail To:

C/O Matuska Law Office
2310 South Carson Street Ste 6
Carson City NV 89701

Mail	Tax	Statements	to:	(deeds	only)
------	-----	------------	-----	--------	-------

(space above for Recorder's use only)

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

Signature

M kelsh

Escrow Officer

Affidavit of Death

This page added to provide additional information required by NRS 111.312 (additional recording fee applies)

When Recorded Mail to:

Matuska Law Offices, Ltd. 2310 South Carson Street, Suite 6 Carson City, NV 89701

SPACE ABOVE RESERVED FOR RECORDER'S USE

AFFIDAVIT OF DEATH

STATE OF NEVADA

) SS.

)

COUNTY OF CARSON CITY

- I, KATHLEEN ANN HOLESAPPLE, Trustee of the KATHLEEN ANN HOLESAPPLE REVOCABLE TRUST u/i/d April 28, 2004, do hereby swear under penalty of perjury that the following assertions are true to the best of my knowledge and belief:
- 1. I am over 18 years old of age, am of sound mind, and if called to testify would competently testify to the following.
- 2. ROY DEAN HOLESAPPLE died on July 29, 2006 in Reno, Nevada.

 Attached as **Exhibit 1** is a certified copy of the death certificate.
 - 3. I am Decedent's daughter.
 - 4. Decedent was survived by Barbara Holesapple, Kathleen Ann Holesapple, Ronald J. Holesapple, Brenda D. Hamrick and Sandra E. Dickey.

DATED: 27 day of April, 2015

Kathleen Ann Holesapple, Affiant

SUBSCRIBED and SWORN to before me this <u>97</u> day of <u>April</u> 2015.

Notary Public

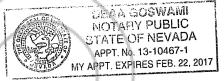


EXHIBIT "A"

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

A parcel of land located within a portion of Section 24, Township 12 North, Range 20 East, Mount Diablo Meridian, Douglas County, Nevada described as follows:

Commencing at the East one-quarter (1/4) corner of Section 24, Township 12 North, Range 20 East, M.D,M., as shown on that Parcel Map for Joseph E. and Maxine Moore and Gene A. and Peggy P. Eppler as recorded June 14, 1993, as Document No. 280300; thence North 89°55'40" West, 2,019.88 feet; thence South 00°04'20" West, 25.00 feet; thence North 89°55'40" West, 136.97 feet to THE POINT OF BEGINNING; thence South 00°04'20' West, 635.81 feet; thence North 89°43'42" West, 206.49 feet; thence North 00°04'59" East, 635.09 feet; thence South 89°55'40' East, 206.37 feet to THE POINT OF BEGINNING.

The Basis of Bearing of this description is identical to that Parcel Map for Joseph E. and Maxine Moore and Gene A. and Peggy P. Eppler, as Document No. 280300.

NOTE: The above metes and bounds description appeared previously in that certain Grant, Bargain and Sale Deed recorded in the office of the County Recorder of Douglas County, Nevada on November 2, 2012, as Document No. 812231, in Book 1112, Page 694, and re-recorded on February 14, 2014 as Document No. 838382, in Book 214, Page 2703, of Official Records.

Assessor's Parcel Number(s): 1220-24-701-034

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES 2006002438 — DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

1	20000		CERTIFICATE OF	DEATH	1 1			
	LOCAL FILE NUMBER				STATE FILE NUMBER			
OR PRINT	DECEASED—NAME First	Middle	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH			
IN PERMANENT	1. Roy	Dean .	HOLESAPPI	LE 2. July 29, 2006	3a. Washoe			
BLACK INK	CITY, TOWN OR LOCATION OF DEATH		INSTITUTION—Name (If not either,		dicate DOA, OP/Emer. SEX			
	3b.Reno		Medical Center	Rm. Inpatient (Spe				
DEGEDENT				E—Last UNDER 1 YEAR UNDER	patient 4 Male			
	RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Origin specify Mexican, Cuban, Puerto	Rican, etc.	hday (Years) MOS DAYS HOURS				
Ì	5. White	6.	NO 7a.	1.01	s January 27, 1941			
IF DEATH	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUN-	Decedent's Education. Specify I grade completed.	nighest MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	SURVIVING SPOUSE (If wife, give maiden name)			
OCCURRED IN INSTITUTION	9a.Washington	9b. U.S.A.	10. 10	(Specify) Married	12.Barbara Madigan			
SEE HANDECOK REGARDING	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give	Kind of Work Done During Most of	KIND OF BUSINESS OR INDUSTR				
COMPLETION OF RESIDENCE ITEMS	- 6264	Working Life, Even if Retired						
HESLENCE HEVS	RESIDENCE—STATE I COU	1	Waller Torry, town, or Location	145. Construc	76.			
					INSIDE CITY LIMITS (Specify Yes or No)			
		Douglas	150. Gardnerville		ian Ln 15e. Yes			
ANIMIE	FATHER—NAME First	Middle	Last MOTHER-	-MAIDEN NAME First	Middle Last			
	16.Irry	J. Ho	lesapple 17.	Eleana	Andersen			
	INFORMANT—NAME (Type or Print)		MAILING ADDRESS	(Street or R.F.D. No., City or To	wn, State, Zip)			
	18aBarbara Holesapp	1e	186 PO Box 582	, Gardnerville, Neva	ada 89410			
/	BURIAL, CREMATION, REMOVAL, OTHE		OR CREMATORY—NAME	LOCATION	City or Town State			
	^{19a.} Cremation	405	Variation III are Co		,			
181681101A	FUNERAL DIRECTOR—SIGNATURE	19b. I	Mountain View C	rematory 19c.	Reno Nevada			
	(Or Person Acting as Such)	LICENSE NI	IRECTOR NAME AND ADDRESS					
	20a. Mille Coll		21 ^{20c.} 425	Stoker Avenue Reno,	Nevada 89503			
	21a. To the best of my knowledge, due to the cause(s) stated.	death occurred at the time, date a	and place and	22a. On the basis of examination and/or at the time, date and place and due	investigation, in my opinion death occurred to the causa(s) and manger stated.			
	Signature and Title)			15				
	DATE SIGNED (Mo., Day, Yr.,	HOUR OF DEA	ГН	O DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH			
	5일 21b.	21c.		September 13,200	5 220 1330			
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)							
	≓⊞ O 21d.		\	l [≃]				
		ERTIFIER (PHYSICIAN, ATTENDI	NG PHYSICIAN, MEDICAL EXAMIN	22d GNJ 11 y 29, 2006 IER, OR CORONER). (Type or Print.)	22e. AT 1330 LICENSE NUMBER			
		\.	1					
	REGISTRAR	icuarty Corone	er, P.O. Box III	130, Reno, Nevada 89	520 23b. WCC S.35			
CONDITIONS IF ANY	() 1 0	1./ (4) -		Y REGISTRAR (No., Day, Yr.) DEATH DUE TO	D COMMUNICABLE DISEASE			
IHICH GAVE RISE TO MMEDIATE	24a. (Signature)	WCHO		mber 13, 2006 24c. YES] NO⊠			
MMEDIATE CAUSE	25. IMMEDIATE CAUSE (ENTER O	NLY ONE CAUSE PER LINE FOI	R (a), (b), AND (c).)	/	Interval between onset and death			
CAUSE TATING THE NDERLYING	PART (a) Right cere	ebral infarction	on /		:			
AUSE LAST	DUE TO, OR AS A CONS	EQUENCE OF:			• Interval between onset and death			
1/_	(b) Thrombotic	& Atheroscle	cotic occlusion	of carotid arteries				
	DUE TO, OR AS A CONS	EQUENCE OF:	COLIC OCCIDATOR	or carotia arteries	Interval between onset and death			
SECTION VANCOUS	(;				:			
AUSFOF	(C) PART OTHER SIGNIFICANT CONDI	TIONS—Conditions contributing to	death but not resulting in the under	lying cause given in Part 1. AUTOPSY	/Cassife Was Cast Deserved to			
DEATH	PART OTHER SIGNIFICANT CONDI	Trong Gondanons continuently to	death but not resulting in the diden	Yes	(Specify WAS CASE REFERRED TO CORONER (Specify Yes or No)			
\	ACC CHICIDS HOLL INDEX To any			26. Yes	27. Yes			
- \	OF PENDING INVEST.	OF INJURY (Mo., Day, Yr.) HOUR	OF INJURY DESCRIBE H	OW INJURY OCCURRED				
N.	(Specify) 28a. 28b.	28c.	M 28d.					
	INJURYAN WORK PLACE	E OF INJURY—At home, farm, st building, etc. (Spec	reet, factory, office LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN STATE			
	OE COLL 28f.		28g.					
		STATE PE	21677D a B		No. 348452			
		State Re	TKM I GIK					

This is to certify that the above is a true and legal copy of the certificate on file in this office.

Deputy Registrar: Date: SEP 1 4 700%