

ORDERED AT THE REQUEST OF
CHICAGO TITLE COMPANY

RECORDING REQUESTED BY:
Chicago Title

AND WHEN RECORDED MAIL TO:
MONIQUE RENEUX
10347 HAINES CANYON AVE
TUJUNGA, CA 91042

DOUGLAS COUNTY, NV 2015-862539
Rec:\$16.00
\$16.00 Pgs=3 05/22/2015 09:46 AM
SPL INC.
KAREN ELLISON, RECORDER

Title Order No.: 58601503180
Escrow No.: 15-012379-RT

SPACE ABOVE THIS LINE FOR RECORDERS USE

PARCEL
1220-24-401-010

AFFIDAVIT - DEATH OF TRUSTEE

State of California }
County of Douglas } ss

Monique Reneaux, of legal age, being first duly sworn, deposes and says:

1. That Richard Manuel Reneaux, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as Richard M. Reneaux named as the Trustee in that certain Declaration of Trust dated August 30, 2005 executed by Richard M. Reneaux as Trustor(s).

2. At the time of the demise of the decedent, the decedent was the record owner, as Trustee, of real property commonly known as 643 Clydesdale Court, Gardnerville, NV 89410, which property is described in a Deed executed by Richard M. Reneaux, as Grantor(s) recorded on September 6, 2005, as Instrument No. 0654287 in book n/a Page n/a, of Official Records in the office of the County Recorder of Douglas County. Said property is shown on Exhibit "A" attached hereto.

3. I am the named 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Trust, which was in effect at the time of the death of the decedent mentioned in paragraph 1 above, and which has not been revoked and I hereby consent to act as such.

4. There is no Federal Estate Tax due as a result of the death of said decedent.

Signature Monique Reneaux Dated May 20, 20 15
Monique Reneaux, Successor Trustee

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)
COUNTY OF Los Angeles) ss

Subscribed and sworn to (or affirmed) before me on this 20th day of May, 2015,
20 15, by Monique Reneaux
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Jennifer Fong (Seal)



EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): 1220-24-401-010

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE CITY OF GARDNERVILLE,
COUNTY OF DOUGLAS, STATE OF NEVADA AND IS DESCRIBED AS FOLLOWS:

A PARCEL OF LAND LOCATED WITH IN A PORTION OF THE SOUTHWEST 1/4 OF SECTION 24,
TOWNSHIP 12 NORTH, RANGE 20 EAST, M. D. B. & M., DOUGLAS COUNTY, NEVADA, BEING
MORE PARTICULARLY DESCRIBED AS FOLLOWS:

PARCEL D-2, AS SHOWN ON PARCEL MAP NO. 3 FOR DON AND FRANCIE LOCKMAN RECORDED
MAY 23, 1990, IN BOOK 590, PAGE 3603, AS DOCUMENT NO. 226670, OF OFFICIAL RECORDS
DOUGLAS COUNTY, NEVADA, BEING A RESUBDIVISION OF PARCEL D AS SHOWN ON THE
PARCEL MAP FOR DON AND FRANCIE LOCKMAN, RECORDED DECEMBER 14, 1989 IN BOOK
1289, PAGE 1422, AS DOCUMENT NO. 216450, OF OFFICIAL RECORDS DOUGLAS COUNTY,
NEVADA.

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

2014009651
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 HAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Richard Manuel RENEUX		2. DATE OF DEATH (Mo/Day/Year) March 16, 2014		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 643 Clydesdale Ct		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 88		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 15, 1925		9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 20		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER ██████-9321		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Elevator Mechanic		14b. KIND OF BUSINESS OR INDUSTRY Elevator Installation / Maintenance	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 643 Clydesdale Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix)			17. MOTHER/PARENT - NAME (First Middle Last Suffix)		
18a. INFORMANT- NAME (Type or Print) Monique RENEUX		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2418 Olive Ave, La Crescenta, California 91214			
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 FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
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)		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) MARSHALL FLAGG SIGNATURE AUTHENTICATED			
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) June 13, 2014	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 15:34		22d. PRONOUNCED DEAD (Mo/Day/Yr) March 16, 2014	
22e. PRONOUNCED DEAD AT (Hour) 15:34		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) MARSHALL FLAGG 1038 Buckeye Road Minden, NV 89423			
23b. LICENSE NUMBER 465		24a. REGISTRAR (Signature) BIANCA GALEANO SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 18, 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) Perforating Gunshot Wound of the Head					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c) DUE TO, OR AS A CONSEQUENCE OF:					
(d) DUE TO, OR AS A CONSEQUENCE OF:					
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) Yes		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			
28a. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify) Suicide		28b. DATE OF INJURY (Mo/Day/Yr) March 16, 2014		28c. HOUR OF INJURY 1534	
28d. DESCRIBE HOW INJURY OCCURRED Suicide					
28a. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Home		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 643 Clydesdale Court Gardnerville Nevada	

STATE REGISTRAR

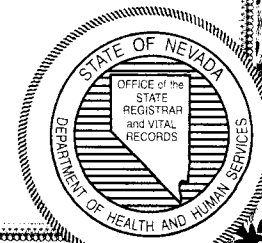
CERTIFIED COPY OF VITAL RECORDS

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: **06/20/2014**

Richard White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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



3733710

VRS-Rev-20120523a

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE