

APN # **1420-29-710-015**  
ORDER NO.: **N1500417DC**

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

Re-Recording Requested by and Return to:

**Dorothy B. Spangler, Successor Trustee of the Spangler Family Living Trust dated November 17, 1994**  
**525 Court Street C-206**  
**Reno, NV 89502**

Affidavit – Death of Trustee – Succession of Successor Trustee  
(Title on Document)

Reason for Re-Recording: To Add Legal Description

By: Tabitha Creon / Escrow Assistant  
Print Name/Title:

This page added to provide additional information required by NRS 111.312 Sections 1-2  
(Additional recording fee applies).

DOUGLAS COUNTY, NV **2015-862920**  
Rec:\$16.00  
\$16.00 Pgs=3 05/29/2015 10:42 AM  
NORTHERN NEVADA TITLE CC  
KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:  
**Dorothy B. Spangler, Successor Trustee of  
the Spangler Family Living Trust dated  
November 17, 1994  
525 Court Street C-206  
Reno, NV 89502**

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SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. N1500417DC

APN No.: 1420-29-710-015

**AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE**

State of Nevada }  
County of Douglas }

Dorothy B. Spangler, being duly sworn, deposes and says:

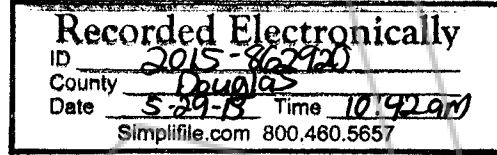
1. Charles B. Spangler, the decedent mentioned in attached copy of Certificate of Death, is the same person as Charles B. Spangler named as one of the trustee(s) in that certain Grant dated August 3, 2004, executed by Charles Spangler and Dorothy Spangler to Charles B. Spangler and Dorothy B. Spangler, Trustees of the Spangler Family Living Trust dated November 17, 1994, recorded on August 3, 2004 as instrument number 620499, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

2. That I, Dorothy B. Spangler, am named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

Dated: May 11, 2015

WHEN RECORDED MAIL TO:  
**Dorothy B. Spangler, Successor Trustee of  
the Spangler Family Living Trust dated  
November 17, 1994  
525 Court Street C-206  
Reno, NV 89502**



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Escrow No. N1500417DC

APN No.: 1420-29-710-015

**AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE**

State of Nevada }  
County of **Douglas** }

Dorothy B. Spangler, being duly sworn, deposes and says:

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See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

2. That I, Dorothy B. Spangler, am named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

Dated: May 11, 2015

Dorothy B Spangler  
Dorothy B. Spangler

STATE OF NEVADA  
COUNTY OF DOUGLAS

} SS:

This instrument was acknowledged before me on May 15 2015,  
by Dorothy B Spangler

Sherr A Macaluso  
NOTARY PUBLIC



COPY

STATE OF NEVADA  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
 DIVISION OF HEALTH  
 VITAL STATISTICS

**CERTIFICATE OF DEATH**

**2013002657**  
 STATE FILE NUMBER

|   |  |  |   |   |   |   |  |  |
|---|--|--|---|---|---|---|--|--|
| TYPE OR PRINT IN PERMANENT BLACK INK  | 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX)<br><b>Charles Burtrum SPANGLER</b>  |  |   | 2. DATE OF DEATH (Mo/Day/Year)<br><b>February 16, 2013</b>  |   | 3a. COUNTY OF DEATH<br><b>Douglas</b>   |  |  |
|   | 3b. CITY, TOWN, OR LOCATION OF DEATH<br><b>Minden</b>  |  |   | 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number)<br><b>1140 Country Club Drive</b>  |   | 3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify)<br><b>Home</b> |  |  |
| DECEDENT  | 5 RACE <b>White</b><br>(Specify)   |  | 6. Hispanic Origin? Specify<br><b>No - Non-Hispanic</b>   |   | 7a. AGE-Last birthday (Years)<br><b>87</b>  |   | 7b. UNDER 1 YEAR<br>MOS   DAYS   HOURS   MINS  |  |
|   | 9a. STATE OF BIRTH (if not U.S.A., name country)<br><b>California</b>  |  | 9b. CITIZEN OF WHAT COUNTRY<br><b>United States</b>   |   | 10. EDUCATION<br><b>14</b>  |   | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>  |  |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS     | 13. SOCIAL SECURITY NUMBER<br><b>5597</b>  |  | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)<br><b>Mechanical Engineer</b> |   | 14b. KIND OF BUSINESS OR INDUSTRY<br><b>Heating And Air Conditioning</b>  |   | 12. SURVIVING SPOUSE (if wife, give maiden name)<br><b>Dorothy B REYNOLDS</b>  |  |
|   | 15a. RESIDENCE - STATE<br><b>Nevada</b>  |  | 15b. COUNTY<br><b>Douglas</b>   |   | 15c. CITY, TOWN OR LOCATION<br><b>Minden</b>  |   | 15d. STREET AND NUMBER<br><b>1140 Country Club Drive</b>   |  |
| PARENTS   | 16. FATHER/PARENT - NAME (First Middle Last Suffix)<br><b>Charles B SPANGLER</b>   |  |   | 17. MOTHER/PARENT - NAME (First Middle Last Suffix)<br><b>Lillian ARONSON</b>   |   |   |  |  |
|   | 18a. INFORMANT - NAME (Type or Print)<br><b>Dorothy B SPANGLER</b>   |  |   | 18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)<br><b>1140 Country Club Drive Minden, Nevada 89423</b>  |   |   |  |  |
| DISPOSITION   | 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Cremation</b>   |  | 19b. CEMETERY OR CREMATORY - NAME<br><b>Truckee Meadows Crematory</b>   |   | 19c. LOCATION City or Town State<br><b>Sparks Nevada 89431</b>  |   |  |  |
|   | 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br><b>JOHN LAWRENCE</b><br>SIGNATURE AUTHENTICATED  |  | 20b. FUNERAL DIRECTOR LICENSE<br><b>304R</b>  |   | 20c. NAME AND ADDRESS OF FACILITY<br><b>Autumn Funerals &amp; Cremations</b><br><b>1575 N Lompa Ln Carson City NV 89701</b> |   |  |  |
| TRADE CALL  | TRADE CALL - NAME AND ADDRESS  |  |   |   |   |   |  |  |
| CERTIFIER   | 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)<br><b>SUE LINDA ONKEN SANCHEZ M.D.</b>                          |  |   | 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) |   |   |  |  |
|   | 21b. DATE SIGNED (Mo/Day/Yr)<br><b>February 19, 2013</b>   |  | 21c. HOUR OF DEATH<br><b>06:20</b>  |   | 22b. DATE SIGNED (Mo/Day/Yr)  |   | 22c. HOUR OF DEATH   |  |
|   | 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)   |  |   | 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)<br><b>Sue Linda Onken Sanchez M.D. 1107 Hwy 395 Gardnerville, NV 89410</b>     |  |   | 23b. LICENSE NUMBER<br><b>9360</b>  |   |   |  |  |
| REGISTRAR   | 24a. REGISTRAR (Signature)<br><b>BIANCA GALEANO</b><br>SIGNATURE AUTHENTICATED   |  | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr):<br><b>February 22, 2013</b>  |   | 24c. DEATH DUE TO COMMUNICABLE DISEASE<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>               |   |  |  |
| CAUSE OF DEATH  | 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)   |  |   |   |   |   | Interval between onset and death   |  |
|   | PART I<br>(a) <b>Renal Failure</b><br>DUE TO, OR AS A CONSEQUENCE OF:<br>(b) <b>Hypertension</b><br>DUE TO, OR AS A CONSEQUENCE OF:<br>(c) _____<br>DUE TO, OR AS A CONSEQUENCE OF:<br>(d) _____ |  |   |   |   |   | Interval between onset and death<br>Interval between onset and death<br>Interval between onset and death<br>Interval between onset and death |  |
| CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE -> STATING THE UNDERLYING CAUSE LAST | PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.   |  |   |   |   | 28. AUTOPSY (Specify Yes or No)<br><b>No</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   |   | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No)<br><b>Yes</b>   |  |
|   | STATE REGISTRAR  |  |   |   |   |   |  |  |

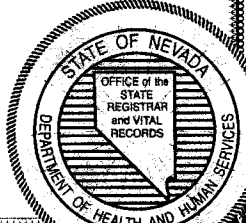
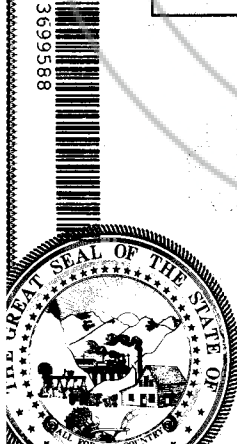
**CERTIFIED COPY OF VITAL RECORDS**

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:

This copy is not valid unless accompanied by an engraved border displaying date, seal and signature of Registrar

STATE REGISTRAR  
*Rud White*  
 SIGNATURE AUTHENTICATED



**EXHIBIT A**

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

Lot 64, in Block G, as shown on the final map 98-045-3 of SARATOGA SPRINGS ESTATES UNIT NO. III, planned unit development recorded in the office of the County Recorder of Douglas County, Nevada, on June 23, 1998 in Book 698, Page 5063, as Document No. 442616.

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