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KAREN ELLISON, RECORDER

APN# 1220-01-001-013

Recording Requested by:

Name: None FRED C ASMANN JR
Address: 1376 RABBIT BRUSH DR
City/State/Zip: GARDNERVILLE NV, 89410
Order Number: none

Affidavit- Death of Trustee
(Title of Document)

(for Recorder's use only)

Recorder Affirmation Statement

Please complete Affirmation Statement below:

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)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law:

440.360
(State specific law)

Fred C. Asmann Jr
Signature Title

FRED C. ASMANN, JR.
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)

RECORDING REQUESTED BY
none of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**

Fred C. Asmann, Jr.
1376 Rabbittbrush Drive
Gardnerville, Nevada 89410

Space Above This Line for
Recorder's Use Only

A.P.N. 1220-01-001-013

File No.: none (none)

Affidavit - Death of Trustee

State of Nevada)
)ss.
County of Douglas)

Fred C. Asmann, Jr. ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Janet M. Asmann** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **May 15, 2015** at **Reno, Nevada** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **Fred C. Asmann, Jr. and Janet M. Asmann, Trustees of the Asmann Family Trust of 1992, dated April 29, 1992** executed by **Fred C. Asmann, Jr. and Janet M. Asmann** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant, Bargain and Sale Deed** dated **9/7/2010** which was recorded as Instrument No. **0779015** in Book **0211**, Page **4698**, of Official Records of **Douglas** County, Nevada as legally described as follows:

Parcel 10C-2, as set forth on parcel Map#2029 for Scott M. Smith, Inc. filed for record in the office of the County Recorder of Douglas County, State of Nevada, on June 13, 1996, Book 696, Page 2243, as Document No. 389950

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: September 14, 2015

DECLARANT:

Fred C. Asmann, Jr.
Fred C. Asmann, Jr.

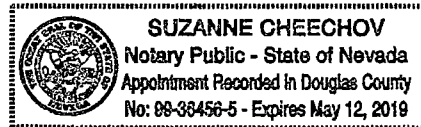
State of Nevada)
)ss
County of Douglas)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State NV, this 14th day of Sept, 2015 by FRED C. ASMANN, JR., personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

This area for official notarial seal

Signature *Suzanne Cheechov*



My Commission Expires: 5/12/2019

Notary Name: Suzanne Cheechov Notary Phone: 775-782-5411

Notary Registration Number: _____ County of Principal Place of Business Douglas

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2015008750

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

Form containing fields for: 1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Janet M ASMANN; 2. DATE OF DEATH (Mo/Day/Year) May 15, 2015; 3a. COUNTY OF DEATH Washoe; 3b. CITY, TOWN, OR LOCATION OF DEATH Reno; 3c. HOSPITAL OR OTHER INSTITUTION Renown Regional Medical Center; 3e. If Hosp. or Inst. indicate DOA,OP/Emer: Rm. Inpatient(Specify) Inpatient; 4. SEX Female; 5. RACE White (Specify); 6. Hispanic Origin? Specify No - Non-Hispanic; 7a. AGE-Last birthday (Years) 71; 7b. UNDER 1 YEAR MOS DAYS; 7c. UNDER 1 DAY HOURS MINS; 8. DATE OF BIRTH (Mo/Day/Yr) May 11, 1944; 9a. STATE OF BIRTH (if not U.S.A.) Illinois; 9b. CITIZEN OF WHAT COUNTRY United States; 10. EDUCATION 14; 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married; 12. SURVIVING SPOUSE (Maiden name) Frederick C ASMANN; 13. SOCIAL SECURITY NUMBER [redacted]-0453; 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Computer Engineer; 14b. KIND OF BUSINESS OR INDUSTRY Aerospace; 15. Ever in US Armed Forces? No; 15a. RESIDENCE - STATE Nevada; 15b. COUNTY Douglas; 15c. CITY, TOWN OR LOCATION Gardnerville; 15d. STREET AND NUMBER 1376 Rabbitbrush Drive; 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes; 16. FATHER/PARENT - NAME (First Middle Last Suffix) Jack SEVERIN; 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Stella MILEWSKI; 18a. INFORMANT - NAME (Type or Print) Frederick C ASMANN; 18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1376 Rabbitbrush Drive Gardnerville, Nevada 89410; 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation; 19b. CEMETERY OR CREMATORY - NAME Sierra Crematory; 19c. LOCATION City or Town State Reno Nevada 89503; 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED; 20b. FUNERAL DIRECTOR LICENSE NUMBER 217; 20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 989 West Moana Lane Reno, NV 89509; 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) DAUD MAJID SIGNATURE AUTHENTICATED; 21b. DATE SIGNED (Mo/Day/Yr) May 21, 2015; 21c. HOUR OF DEATH 10:30; 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER; 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) DAUD MAJID 1155 Mill St. Reno, NV; 23b. LICENSE NUMBER LL2493; 24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED; 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 26, 2015; 24c. DEATH DUE TO COMMUNICABLE DISEASE YES NO X; 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Septic Shock; (b) Liver Cirrhosis; (c) Hepatic Encephalopathy; (d) Unknown Etiology; 26. AUTOPSY (Specify Yes or No) No; 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No; 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

3632814

VRS-Rev-20120523a

581571 CERTIFIED COPY OF VITAL RECORDS

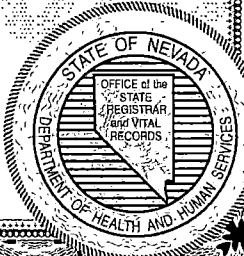
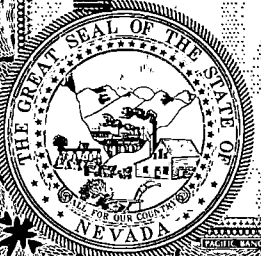
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

6/2/2015

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

STATE REGISTRAR SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE