

APN# : 1320-31-513-004

Recording Requested By:

Western Title Company

When Recorded Mail To:

Kathleen L. Hone

James E. Morey

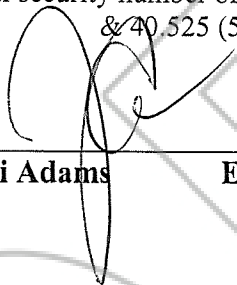
P.O. Box 1468

Minden, NV 89423

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. (Per NRS 440.380 (1)(5)

& 40,525 (5))

Signature _____



Traci Adams

Escrow Officer

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT - DEATH OF TRUSTEE

Kathleen L. Hone and James E. Morey, Co- Trustees, of legal age, being first duly sworn, deposes and says:

That Charlotte Schaffner, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Henry A. Schaffner named as one of the parties in that certain Grant, Bargain and Sale Deed dated 6/29/1998 executed by Julian Juanche and R. Marie Juanche, husband and wife as joint tenants with rights of survivorship to Henry A. Schaffner and Charlotte Schaffner, Trustees of the Henry A. Schaffner Family Trust dated September 6, 1990, recorded as instrument No. 0443430, on 7/1/1998, in Book 0798, Page 0180, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

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

Lot 4, Block B, of BELARRA SUBDIVISION UNIT NO. 3, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on September 18, 1978, in Book 978, Page 1279, as Instrument No. 25373.

Dated 11-13-15

Henry A. Schaffner Family trust Dated September 6, 1990

Kathleen L. Hone, Co-Trustee
Kathleen L. Hone, Co-Trustee

James E. Morey, Co-Trustee
James E. Morey, Co-Trustee

STATE OF Nevada
COUNTY OF Douglas } ss
This instrument was acknowledged before me on
November 16, 2015.

By Kathleen L. Hone.

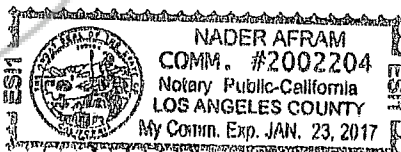
[Signature]
Notary Public



STATE OF CALIFORNIA
COUNTY OF LOS ANGELES
This instrument was acknowledged before me on
NOVEMBER-13-2015

By James E. Morey. _____

[Signature] 11-13-2015
Notary Public
NADER AFRAM



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2015005469
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST MIDDLE LAST,SUFFIX) Charlotte B SCHAFFNER		2. DATE OF DEATH (Mo/Day/Year) April 01, 2015		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and Inpatient(Specify) 1633 Belarra St Home		4. SEX Female	
DECEDENT	5. RACE White (Specify)		6. HISPANIC OR LATINO? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 94	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) August 27, 1920	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A.) Oklahoma		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (Maiden name)			
PARENTS	13. SOCIAL SECURITY NUMBER ██████████4447		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Teacher		14b. KIND OF BUSINESS OR INDUSTRY Public Schools	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
SPOUSION	15d. STREET AND NUMBER 1633 Belarra St		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Frank W BREJCHA			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mae ERBY		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) Kathleen HONE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 1956 Minden, Nevada 89423			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 823		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) MARK THOMAS BRUNE M.D. SIGNATURE AUTHENTICATED					
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) April 02, 2015		21c. HOUR OF DEATH 19:20		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
	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	
CAUSE 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) Mark Thomas Brune M.D. 1701 County Road #H Minden, NV 89423				23b. LICENSE NUMBER 7134	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 03, 2015		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) Respiratory Failure Interval between onset and death (b) Pneumonia Interval between onset and death (c) Chronic Obstructive Pulmonary Disease Interval between onset and death (d) Failure To Thrive Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (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. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)				
28f. INJURY AT WORK (Specify Yes or No)		28g. LOCATION STREET OR R F.D. No		28h. CITY OR TOWN STATE		

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.

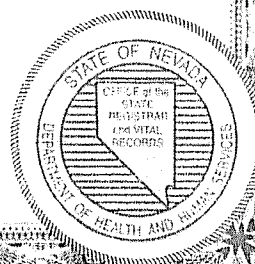
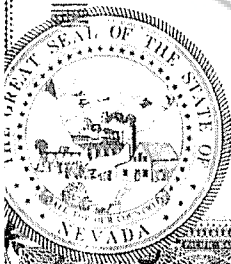
DATE ISSUED:

4/8/2015

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

STATE REGISTRAR
Rod Whitt
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE