

APN# : 1320-31-513-004

DOUGLAS COUNTY, NV **2015-873206**
Rec:\$17.00
\$17.00 Pgs=4 11/25/2015 08:57 AM
ETRCO, LLC
KAREN ELLISON, RECORDER

Recording Requested By:

Western Title Company

When Recorded Mail To:

Kathleen L. Hone

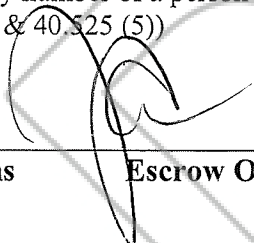
James E. Morey

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 Henry A. 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

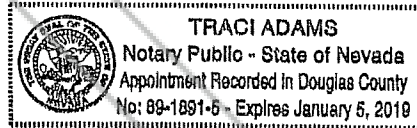
Kathleen L. Hone, Co-Trustee
Kathleen L. Hone, Co-Trustee

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.

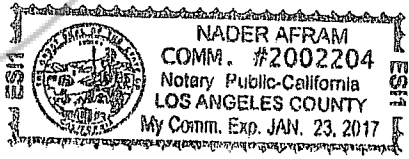
[Signature]
Notary Public



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



CERTIFICATION OF VITAL RECORD

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

2012018426
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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Henry Alfred SCHAFFNER		2. DATE OF DEATH (Mo/Day/Year) November 12, 2012		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 number) 1633 Belarra Dr.		3d. If Hosp. or Inst. indicate DOA, OPI/Emor. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 91		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) September 24, 1921		9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY? United States	
10. EDUCATION 13		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Charlotte BREJCHA	
13. SOCIAL SECURITY NUMBER ██████████-5438		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Business Owner		14b. KIND OF BUSINESS OR INDUSTRY Dairy	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1633 Belarra Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
10. FATHER/PARENT - NAME (First Middle Last Suffix) Emil SCHAFFNER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Marie AMSLER		
10a. INFORMANT- NAME (Type or Print) Kathleen HONE			10b. 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	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LEWIS NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 621		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street 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) SIGNATURE AUTHENTICATED NITA SCHWARTZ M.D.			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) November 21, 2012		21c. HOUR OF DEATH 20:53		22b. DATE SIGNED (Mo/Day/Yr)	
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) Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703					23b. LICENSE NUMBER 9114
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 21, 2012		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) Cardiopulmonary Arrest Interval between onset and death					
(b) Chronic Obstructive Pulmonary Disease Interval between onset and death					
(c) Interval between onset and death					
(d) Interval between onset and death					
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) No
26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	26b. DATE OF INJURY (Mo/Day/Yr)	26c. HOUR OF INJURY	26d. DESCRIBE HOW INJURY OCCURRED		
26e. INJURY AT WORK (Specify Yes or No)	26f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		26g. LOCATION	STREET OR R.F.D. No	CITY OR TOWN STATE

STATE REGISTRAR

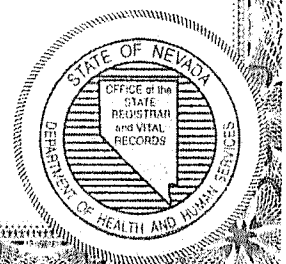
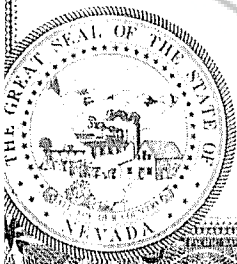
CERTIFIED COPY OF VITAL RECORDS

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

DATE ISSUED: **11/29/2012**

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

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE