

APN: 1420-28-511-002
WHEN RECORDED RETURN TO:
DAWN ELLERBROCK, ESQ.
ALLISON MacKENZIE, LTD.
P.O. Box 646
Carson City, NV 89702



KAREN ELLISON, RECORDER

AFFIANT'S MAILING ADDRESS:
JANE E. JOBE, Trustee
1387 N. Santa Barbara Drive
Minden, NV 89423

The person executing this document hereby affirms that this document submitted for recording does contain the social security number of a deceased person as required pursuant to NRS 440.380.

AFFIDAVIT OF DEATH OF TRUSTEE

JANE E. JOBE, whose mailing address is 1387 N. Santa Barbara Drive, Minden, Nevada 89423, being first duly sworn, deposes and says:

1. That BILL R. JOBE, also known as BILL RAY JOBE, died on April 17, 2016, and a Certificate of Death is attached hereto and incorporated herein by this reference.
2. That BILL R. JOBE was one of the Trustees under that certain revocable Declaration of Trust created on May 25, 1982, as amended thereafter from time to time, and as amended and restated, in its entirety, on October 26, 2005, known as THE JOBE FAMILY TRUST or THE JOBE FAMILY TRUST DATED MAY 25, 1982.
3. That pursuant to that certain Grant, Bargain and Sale Deed recorded with the Douglas County Recorder on August 8, 2003, as Document No. 0585875, THE JOBE FAMILY TRUST DATED MAY 25, 1982 is the owner of all that certain parcel of real property

located in the County of Douglas, State of Nevada, Assessor's Parcel Number being 1420-28-511-002, and more particularly described as follows:

Lot 2, in Block A, of MISSION HOT SPRINGS, UNIT 2, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on September 14, 1988, in Book 988, Page 1249, as Document No. 186262, and by Certificate of Amendment recorded October 19, 1990, in Book 1090, Page 2954, in Document No. 237002.

4. That due to the passing of BILL R. JOBE, JANE E. JOBE is the currently acting sole Trustee of THE JOBE FAMILY TRUST, also known as THE JOBE FAMILY TRUST OF MAY 25, 1982.

5. That Affiant certifies and declares under penalty of perjury that the foregoing is true and correct.

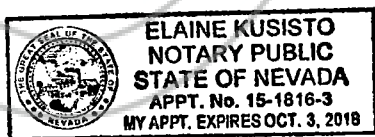
Further Affiant sayeth naught.

DATED 6-9-2016

Jane E. Jobe
JANE E. JOBE, Trustee

STATE OF NEVADA)
 : ss.
CARSON CITY)

On JUNE 9, 2016, personally appeared before me, a notary public, JANE E. JOBE, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that she executed the foregoing instrument.



Elaine Kusisto
NOTARY PUBLIC

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO: 3890306

CERTIFICATE OF DEATH

2016007601

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) Bill Ray JOBE		2. DATE OF DEATH (Mo/Day/Year) April 17, 2016		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) 1387 N. Santa Barbara Dr Home		4. SEX Male	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 85	
7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY		8. DATE OF BIRTH (Mo/Day/Yr) March 28, 1931	
9a. STATE OF BIRTH (if not US/CA, name country) Oklahoma		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 18	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Jane ENGLISH			
13. SOCIAL SECURITY NUMBER 0721		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Teacher		14b. KIND OF BUSINESS OR INDUSTRY Public School District	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1387 N. Santa Barbara Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle - Last Suffix) Avery Ed JOBE			17. MOTHER/PARENT - NAME (First Middle - Last Suffix) Grace CREW		
18a. INFORMANT - NAME (Type or Print) Jane E JOBE			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1387 N. Santa Barbara Dr Minden, Nevada 89423		
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) TAMAR R ROBINSON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR OF LICENSE NUMBER 870		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 969 West Moana Lane Reno NV 89509	
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) NITA SCHWARTZ M.D. SIGNATURE AUTHENTICATED			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) April 27, 2016		21c. HOUR OF DEATH 15:55		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703			
23b. LICENSE NUMBER 9114		24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 27, 2016		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) Parkinsons Disease				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				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 I				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or 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

VRS-Rev-20120523a

625730

CERTIFIED COPY OF VITAL RECORDS

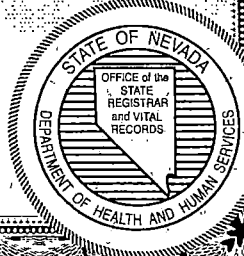
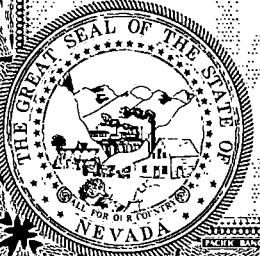
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

5/2/2016

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

Cody D. Phinney
STATE REGISTRAR
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE