

APN# 1022-18-002-081

Recording Requested by:

Name: First American Title Insurance Company

Address: 1663 US Highway 395, Suite 101

City/State/Zip: Minden, NV 89423

Order Number: 143-2506379

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: 239B.030

(State specific law)

Suzanne Cheechov
Signature

ESCROW OFFICER

Title

SUZANNE CHEECHOV

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
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
Victor E. Loesche
1225 Slate Road
Wellington Nevada 89444

Space Above This Line for
Recorder's Use Only

A.P.N. 1022-18-002-081

File No.: 143-2506379 (SC)

Affidavit - Death of Trustee

State of Nevada)
County of Douglas)ss.
)

Stanley Jedrusiak, Sr. ("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. **Stanley Jedrusiak, Sr.** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **January 14, 2016** at **Wellington Nevada** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **April 24, 2012** executed by **Stanley Jedrusiak, Sr.** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant Deed** dated **April 24, 2012** which was recorded as Instrument No. **0801674** in Book **0512**, Page **0094**, of Official Records of **Douglas** County, Nevada as legally described as follows:

THOSE PORTIONS OF THE SOUTH ½ OF SECTION 18, TOWNSHIP 10 NORTH, RANGE 22 EAST, M.D.B. & M., IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2016000579

STATE FILE NUMBER

CASE FILE NO. 3873817

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) Stanley JEDRUSIAK SR		2. DATE OF DEATH (Mo/Day/Year) January 14, 2016		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Wellington		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or 3785 Granite Way		3e. If Hosp. or Inst. indicate DOA, OP/Emer, Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE White (Specify)		8. DATE OF BIRTH (Mo/Day/Yr) November 30, 1924	
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		9a. STATE OF BIRTH (If not U.S.A.) New Jersey		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER 5676		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Insurance Agent		14b. KIND OF BUSINESS OR INDUSTRY Insurance	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
15d. STREET AND NUMBER 3785 Granite Way		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Joseph JEDRUSIAK	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Josephine Karry K		18a. INFORMANT - NAME (Type or Print) Victor LOESCHE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1225 Slate Road Wellington, Nevada 89444	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) REED DOFF 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) January 15, 2016	
21c. HOUR OF DEATH 13:40		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) Reed Doff M.D. 18653 Wedge Pkwy Reno, NV 89511		23b. LICENSE NUMBER 13920		24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 19, 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) Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Terminal Complications of Chronic Obstructive Lung Disease DUE TO, OR AS A CONSEQUENCE OF: (c) Etiology Of Chronic Obstructive Lung Disease Is Not Specified DUE TO, OR AS A CONSEQUENCE OF: (d)	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Atherosclerotic Cardiovascular Disease, Pulmonary Hypertension, Aortic Valve Insufficiency		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
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

612935

CERTIFIED COPY OF VITAL RECORDS

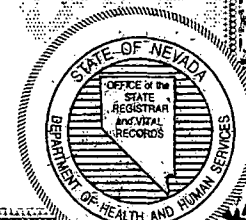
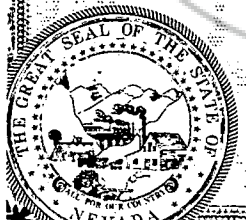
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

1/25/2016

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

Reed Doff
SIGNATURE AUTHENTICATED



VRS-Rev 20120523a

LOT 21, AS SHOWN ON THE FINAL SUBDIVISION MAP LDA 04-064 FOR HOLBROOK ESTATES, RECORDED NOVEMBER 02, 2006, IN BOOK 1106 AT PAGE 839, AS DOCUMENT NO. 687834, AND AS AMENDED BY CERTAIN CERTIFICATE OF AMENDMENT RECORDED MAY 03, 2007, IN BOOK 0507, PAGE 962, AS DOCUMENT NO. 700342 AND RECORDED DECEMBER 04, 2007, IN BOOK 1207, PAGE 671, AS DOCUMENT NO. 714273, OF OFFICIAL RECORDS.

- 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: July 7, 2016

DECLARANT:

Victor E. Loesche
Victor E. Loesche

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 8th day of JULY, 2016 by VICTOR E. LOESCHE, 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.

Signature *Suzanne Cheechov*

My Commission Expires: 5/12/2019

Notary Name: SUZANNE CHEECHOV Notary Phone: 775.7825411
Notary Registration Number: _____ County of Principal Place of Business: Douglas

This area for official notarial seal

