

*This document includes a certified death certificate as required by NRS 40.525(5) which contains a social security number as required by NRS 440.380(1)(a).*

  
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ANDERSON, DORN & RADER, LTD.

**APN: 1318-24-701-006**

**RECORDING REQUESTED BY:**

Bryce L. Rader, Esq.  
Anderson, Dorn & Rader, Ltd.  
500 Damonte Ranch Parkway, Suite 860  
Reno, Nevada 89521

**AFTER RECORDING MAIL TO:**

Anderson, Dorn & Rader, Ltd.  
500 Damonte Ranch Parkway, Suite 860  
Reno, Nevada 89521

**MAIL TAX STATEMENT TO:**

James B. Wines, III  
25 Martell Place  
Sparks, Nevada 89441

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**AFFIDAVIT OF DEATH OF TRUSTEE**

I, JAMES B. WINES, III, the undersigned Trustee, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated December 14, 2010, J. BLAINE WINES, also known as JAMES BLAINE WINES and JONI WINES executed the WINES LIVING TRUST (the "Trust").

(2) JONI WINES deceased on January 25, 2012, at Reno, Nevada. An Affidavit of Death of Trustee was filed with the Douglas County Recorder on May 18, 2012, as Document Number 802562.

(3) Said trust appointed J. BLAINE WINES, JAMES B. WINES, III and SHANNON T. WINES to serve as Successor Trustees upon the death of JONI WINES.

(4) J. BLAINE WINES deceased on June 18, 2016, at South Lake Tahoe, California, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said J. BLAINE WINES. SHANNON T. WINES deceased on April 9, 2016. Attached hereto is a certified copy of the death certificate of SHANNON T. WINES.

(5) Said trust appointed me to serve as sole Trustee upon the death of J. BLAINE WINES and SHANNON T. WINES.

(6) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Trustee.

(7) The following described real property is part of the Trust estate: See Exhibit "A" attached.

(8) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as sole Trustee with respect to the Trust's interest in the described property.

(9) No other person has a right to the interest of the Trust in the described property.

(10) The described property shall be transferred to me as sole Trustee.


Executed on July 15, 2016, at Reno, Nevada.

James B. Wines III  
JAMES B. WINES III, Trustee

STATE OF NEVADA                    )  
  ) ss:  
COUNTY OF WASHOE                )

SUBSCRIBED and SWORN TO before me on July 15, 2016, by JAMES B. WINES, III.

Julie Schield  
Notary Public

 JULIE SCHIELD  
Notary Public - State of Nevada  
Appointment Recorded in Washoe County  
No: 99-4151-2 - Expires June 1, 2019

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# EL DORADO COUNTY

## HEALTH AND HUMAN SERVICES AGENCY

PLACERVILLE, CALIFORNIA

3052016121767

### CERTIFICATE OF DEATH

3201609000572

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 3/06)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)		6. SEX	
JAMES		BLAINE		WINES		M	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)							
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.		IF UNDER ONE YEAR		IF UNDER 24 HOURS	
09/03/1923		92		Months Days		Hours Minutes	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS/SRDP* (at Time of Death)	
NV		2723		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		WIDOWED	
13. EDUCATION - Highest Level/Degree (See worksheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)		7. DATE OF DEATH mm/dd/yyyy	
BACHELOR		<input type="checkbox"/> YES <input type="checkbox"/> NO		WHITE		06/18/2016	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION			
TEACHER		EDUCATION		30			
20. DECEDENT'S RESIDENCE (Street and number, or location)							
245 LOGGING ROAD							
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE		24. YEARS IN COUNTY	
STATELINE		DOUGLAS		89449		60	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)			
NV		LINDSAY HARLAND, DAUGHTER		3564 HAYSTACK DRIVE, CARSON CITY, CA 89705			
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)			
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE	
JAMES		BLAINE		WINES SR		NV	
35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE		37. LAST (BIRTH NAME)		38. BIRTH STATE	
LOURINDA				RAHBECK		NV	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER	
07/07/2016		ELKO CEMETERY BURNS ROAD AND 8TH STREET, ELKO, NV 89801		TR		NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
		MC FARLANE MORTUARY INC		FD1180		NANCY J WILLIAMS, MD, MPH	
47. DATE mm/dd/yyyy		101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE:		103. IF OTHER THAN HOSPITAL, SPECIFY ONE:	
06/20/2016		BARTON MEMORIAL HOSPITAL		<input checked="" type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> O <input type="checkbox"/> R		<input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY		107. CAUSE OF DEATH	
EL DORADO		2170 SOUTH AVENUE		SOUTH LAKE TAHOE		Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.	
108. DEATH REPORTED TO CORONER?		109. BIOPSY PERFORMED?		110. AUTOPSY PERFORMED?		111. USED IN DETERMINING CAUSE?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)		113A. IF FEMALE, PREGNANT IN LAST YEAR?			
HYPERTENSION, PRIOR STROKE		NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER		117. DATE mm/dd/yyyy	
Decedent Attended Since Decedent Last Seen Alive		STEFAN ERNEST SCHUNK M.D.		G85762		06/20/2016	
(A) mm/dd/yyyy (B) mm/dd/yyyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK?	
06/15/2016 06/18/2016		2170 SOUTH AVENUE, SOUTH LAKE TAHOE, CA 96150		<input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		125. LOCATION OF INJURY (Street and number, or location, and city, and zip)		126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
						128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#		CENSUS TRACT	

### CERTIFIED COPY OF VITAL RECORDS STATE OF CALIFORNIA, COUNTY OF EL DORADO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health and Human Services Agency.

DATE ISSUED JUN 27 2016

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.



000174494

*Nancy Williams*  
NANCY J WILLIAMS, MD, MPH  
COUNTY HEALTH OFFICER



CAELDORADJ

# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3888175

### CERTIFICATE OF DEATH

2016006626

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) <b>Shannon Taylor</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 10, 2016</b>		3a. COUNTY OF DEATH <b>Lyon</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Dayton</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and <b>244 River Road</b>		3e. If Hosp. or Inst., indicate DOA, OP, Emer. Rm. Inpatient(Specify) <b>Home</b>	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>60</b>	
7b. UNDER 1 YEAR MOS / DAYS		7c. UNDER 1 DAY HOURS / MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>February 03, 1956</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>16</b>	
11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Peggy SLAVEN</b>			
13. SOCIAL SECURITY NUMBER <b>0512</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>School Teacher</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>High School</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lyon</b>		15c. CITY, TOWN OR LOCATION <b>Dayton</b>	
15d. STREET AND NUMBER <b>244 River Road</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Blaine WINES</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Marcia MCKEE</b>		
18a. INFORMANT - NAME (Type or Print) <b>Peggy WINES</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>P.O. Box 392 Dayton, Nevada 89403</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>La Paloma Reno</b>		19c. LOCATION City or Town State <b>Reno Nevada</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) <b>LYLE MEYER</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>854</b>		20c. NAME AND ADDRESS OF FACILITY <b>Nevada Funeral Services 3094 Research Way #63 Carson City, NV 89708</b>	
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) <b>NITA SCHWARTZ M.D.</b>			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) <b>April 13, 2016</b>		21c. HOUR OF DEATH <b>01:21</b>		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)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>9114</b>	
24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 13, 2016</b>		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) <b>End Stage Liver Disease</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Alcoholic Liver Disease</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(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) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>					
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

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CERTIFIED COPY OF VITAL RECORDS

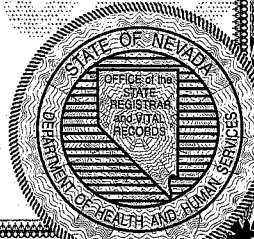
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

4/15/2016

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

STATE REGISTRAR  
SIGNATURE AUTHENTICATED



## EXHIBIT "A"

### Legal Description:

The Northwest  $\frac{1}{4}$  of the Northeast  $\frac{1}{4}$  of the Southeast  $\frac{1}{4}$  of Section 24, Township 13 North, Range 18 East, M.D.B. & M.

EXCEPTING THEREFROM that portion lying within Kingsbury Grade.

### FURTHER EXCEPTING THEREFROM:

Commencing at the Northeast corner of Lot 6 of Ansaldo Acres as recorded October 26, 1959 as Document No. 15143 of the Official Records of Douglas County, Nevada;

Thence North  $07^{\circ}53'55''$  West, a distance of 436.38 feet to the TRUE POINT OF BEGINNING;

Thence North  $37^{\circ}39'11''$  West, a distance of 19.00 feet to a point;

Thence along a Tangent curve to the right having a radius of 110 feet through a central angle of  $175^{\circ}56'10''$  a distance of 78.67 feet to a point;

Thence South  $00^{\circ}00'49''$  West, a distance of 16.00 feet to a point;

Thence North  $87^{\circ}49'11''$  West, a distance of 18.00 feet to a point;

Thence South  $74^{\circ}00'49''$  West, a distance of 16.50 feet to a point;

Thence South  $66^{\circ}30'49''$  West, a distance of 14.00 feet to a point;

Thence South  $59^{\circ}30'49''$  West, a distance of 18.50 feet to the TRUE POINT OF BEGINNING.

AND FURTHER EXCEPTING THEREFROM that portion of said land as described in Deed to the State of Nevada in document recorded March 1, 1989 in Book 389, Page 020, as Document No. 197305.

PER NRS 111.312, THIS LEGAL DESCRIPTION WAS PREVIOUSLY RECORDED ON 05/18/2012 AS DOCUMENT NO. 802562, OFFICIAL RECORDS, DOUGLAS COUNTY, STATE OF NEVADA.

**APN: 1318-24-701-006**