

APN # 1220-03-311-015
RECORDING REQUESTED
AND RETURN TO:
Lifeline Estate Services, Inc.
3708 Lakeside Dr. STE 202
Reno, Nevada 89509

MAIL TAX STATEMENTS TO:
Georgeen T. Leiser, Trustee
1379 Pin Oak Dr.
Gardnerville, Nevada 89410

AFFIDAVIT REGARDING DEATH OF INITIAL CO-TRUSTEE
AND ASSUMPTION OF TRUSTEESHIP BY REMAINING TRUSTEE

The following described real estate located in the County of Douglas, State of Nevada:

Lot 13, in Block B, as set forth on Final Subdivision Map LDA 01-047, PLANNED UNIT DEVELOPMENT FOR ARBOR GARDENS, PHASE 4, filed for record in the office of the County Recorder of Douglas County, State of Nevada on October 17, 2005, Book 1005, Page 7083, as Document No. 657923.

Subject to: Restrictions, Conditions, Covenants, Rights, Rights of Way, and Easements now of record, if any.

TOGETHER with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

The undersigned, GEORGEEN T. LEISER, hereby declares that, CARL V. SLEDD SHEARER, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as CARL V. SLEDD SHEARER, named as one of the initial Co-Trustee's in that certain Declaration of Trust titled the LEISER-SHEARER FAMILY TRUST DATED AUGUST 2, 2006.

Declarant further declares that she is the remaining initial Co-Trustee named in the Declaration of and that she hereby assumes the position as sole Trustee.

Executed on August 17, 2016, in the City of Reno, County of Washoe, Nevada.

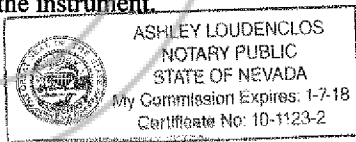


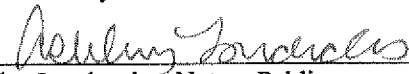
GEORGEEN T. LEISER,
Trustee

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

On August 17, 2016, before me, Ashley Loudenclos, a Notary Public in and for said County and State, personally appeared GEORGEEN T. LEISER, personally known to me (or proved to me on the basis of satisfactory evidence), to be the person whose name is subscribed to the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal





Ashley Loudenclos, Notary Public
Washoe County, NV
My commission Expires 01/07/2018

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3908706

2016014299
STATE FILE NUMBER

| | | | | | | |
|--|---|-----------------------------------|--|--|---|--|
| TYPE OR PRINT IN PERMANENT BLACK INK | 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Carl Victor Stedd SHEARER | | 2. DATE OF DEATH (Mo/Day/Year) August 06, 2016 | | 3a. COUNTY OF DEATH Douglas | |
| | 3b. CITY, TOWN OR LOCATION OF DEATH Gardnerville | | 3c. HOSPITAL OR OTHER INSTITUTION - Name (if not other, give street or R.F.D. No. if Hosp. or inst. indicate BDA, OP, Emer. Rm. inpatient (Specify) Carson Valley Medical Center Emergency Room / Outpatient | | 4. SEX Male | |
| DECEDENT | 5. RACE (Specify) White | | 6. Hispanic Origin? Specify No - Non-Hispanic | | 7a. AGE-Last birthday (Years) 69 | |
| | 9a. STATE OF BIRTH (if not US/GA, name country) California | | 9b. CITIZEN OF WHAT COUNTRY United States | | 10. EDUCATION 16 | |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS | 13. SOCIAL SECURITY NUMBER 3595 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Painter | | 14b. KIND OF BUSINESS OR INDUSTRY Housing | |
| | 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Gardnerville | |
| PARENTS | 10. FATHER/PARENT - NAME (First Middle Last Suffix) Howard SHEARER | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ruth RAGGIO | | | |
| | 18a. INFORMANT-NAME (Type or Print) Georgen LEISER | | 18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1379 Pin Oak Dr Gardnerville, Nevada 89410 | | | |
| DISPOSITION | 18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19a. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory | | 19c. LOCATION City or Town State Carson City Nevada 89706 | |
| | 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE NUMBER 923 | | 20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410 | |
| TRADE CALL | TRADE CALL - NAME AND ADDRESS | | | | | |
| CERTIFIER | 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) GARRETT D. 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) August 11, 2016 | | 21c. HOUR OF DEATH 10:47 | | 22b. DATE SIGNED (Mo/Day/Yr) | |
| REGISTRAR | 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) Garrett D Schwartz M.D. 1520 Virginia Ranch Blvd Gardnerville, NV 89410 | | | | 23b. LICENSE NUMBER 9086 | |
| CAUSE OF DEATH | 24a. REGISTRAR (Signature) RHONDA PENA SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 12, 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).) | | | | | |
| CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST | PART I: | | (a) Cardiopulmonary Arrest | | Interval between onset and death | |
| | (b) Unknown Etiology | | DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death | |
| (c) Unknown Etiology | | DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death | | |
| (d) Unknown Etiology | | DUE TO, OR AS A CONSEQUENCE OF: | | 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, HON. UNDET. OR PENDING INVEST. (Specify) | | 28b. DATE OF INJURY (Mo/Day/Yr) | | 28c. HOUR OF INJURY | | |
| 28d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) | | 28e. DESCRIBE HOW INJURY OCCURRED | | 28f. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE | | |

STATE REGISTRAR

VRS-Rev-2/12/2013a

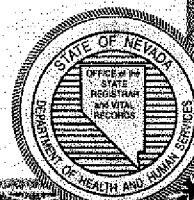


CERTIFIED COPY OF VITAL RECORDS

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: **8/16/2016**

Cody P. King
SIGNATURE AUTHENTICATED



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

[ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE]