

17-

RECORDING REQUESTED BY

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**

Marc Robert Withrow
1511 Mill Creek Way
Gardnerville, Nevada 89410



KAREN ELLISON, RECORDER

Space Above This Line for
Recorder's Use Only

A.P.N. 1220-04-101-018

Affidavit - Death of Trustee

State of Nevada)
County of Douglas)ss.
)

Marc Withrow ("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. **Robert Vernard Withrow** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **December 30, 2015** at **Sacramento California** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **April 30, 2006** executed by **Robert V. Withrow and Marc Robert Withrow** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Quitclaim Deed** dated **June 14, 2007** which was recorded as Instrument No. **0705062** in Book **0707**, Page **3970**, of Official Records of **Douglas** County, Nevada as legally described as follows:

See attached Exhibit "A" for legal description

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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: May 6, 2016

DECLARANT:

Marc Robert Withrow
Marc Robert Withrow

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 12th day of MAY, 2016 by MARC ROBERT WITHROW, 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.

This area for official notarial seal

Signature: Suzanne Cheechov

My Commission Expires: 5/12/2019

Notary Name: Suzanne Cheechov

Notary Phone: 775-552-3305

Notary Registration Number: 99-364585

County of Principal Place of Business: DOUGLAS

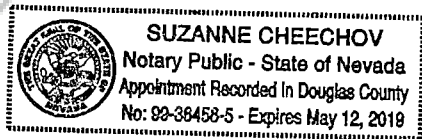


EXHIBIT A

DESCRIPTION

All that certain lot, piece or parcel of land situate in the Town of Gardnerville, County of Douglas, State of Nevada, bounded and described as follows:

A parcel of land located in the Northwest ¼ of Section 4, Township 12 North, Range 20 East, M.D.B. & M., more particularly described as follows, to-wit:

COMMENCING at a point which bears South 88°10'50" East, a distance of 917.85 feet from the established 1/16 corner of Section 4, Township 12 North, Range 20 East, M.D.B.&M.; thence North 89°51'00" East along the Southerly line of Toler Avenue (formerly Douglas Avenue) 60 feet wide, a distance of 60.00 feet to the True Point of Beginning; said point being further described as the Northeast corner of the parcel of land conveyed to Ellen Dressler by Deed of Correction recorded February 3, 1975, in Book 275, Page 13, Document No. 77975, Official Records of Douglas County, Nevada; thence South 0° 09'090" East, a distance of 150 feet, to the Southwest corner of the herein described parcel; thence at a right angle Easterly, a distance of 50 feet to the Southeast corner of the parcel; thence at a right angle in a Northerly direction, a distance of 150 feet to the Northeast corner of the parcel; thence at a right angle Westerly, a distance of 50 feet to the Point of Beginning.

EXCEPT THEREFROM the Northerly 4 feet of said land for public thoroughfare as Quitclaim deeded to the Board of County Commissioners in Quitclaim Deed dated February 8, 1960, executed by Stanley and Kirstine Bray, husband and wife, et al, recorded February 10, 1960, in Book 1, Page 329, Document No. 15601, Official Records of Douglas County, Nevada.

ALSO FURTHER EXCEPTING THEREFROM any portion of said land thereof that may lie within the line of Toler Avenue (formerly Douglas Avenue), as it now exists.

"Per NRS 111.312, this legal description was previously recorded at Document No. 0684436, Book 0906, Page #s 4426-4430, on September 13, 2006."

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

3052015255487

CERTIFICATE OF DEATH

3201534011861

STATE FICE NUMBER		STATE OF CALIFORNIA <small>USE BLACK INK ONLY / NO ERASURES, WHITESOUTS OR ALTERATIONS VS-1 (REV. 3/10)</small>				LOCAL REGISTRATION NUMBER		
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) ROBERT		2. MIDDLE VERNARD		3. LAST (Family) WITHROW			
	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/yyyy 03/22/1927		5. AGE Yrs. 88		
	9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 3930		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP* (at Time of Death) WIDOWED	
	13. EDUCATION - Highest Level/Degree (see worksheet on back) BACHELOR		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN		7. DATE OF DEATH mm/dd/yyyy 12/30/2015	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED QUALITY CONTROL ENGINEER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) DEPARTMENT OF DEFENSE			19. YEARS IN OCCUPATION 40			
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number, or location) 1632 37TH STREET							
	21. CITY SACRAMENTO		22. COUNTY/PROVINCE SACRAMENTO		23. ZIP CODE 95816		24. YEARS IN COUNTY 16	
	25. STATE/FOREIGN COUNTRY CA							
INFORMANT	26. INFORMANT'S NAME, RELATIONSHIP MARC WITHROW, SON			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1511 MILL CREEK WAY, GARDNERVILLE, NV 89410				
	28. NAME OF SURVIVING SPOUSE/SRDP - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -			
SPOUSE/SRDP AND PARENT INFORMATION	31. NAME OF FATHER/PARENT - FIRST VERNARD		32. MIDDLE -		33. LAST WITHROW		34. BIRTH STATE CA	
	35. NAME OF MOTHER/PARENT - FIRST BESSIE		36. MIDDLE -		37. LAST (BIRTH NAME) EVANS		38. BIRTH STATE NY	
	39. DISPOSITION DATE mm/dd/yyyy 01/08/2016		40. PLACE OF FINAL DISPOSITION MOUNTAIN VIEW CEMETERY 435 STOKER AVENUE, RENO, NV 89503					
FUNERAL DIRECTORY/ LOCAL REGISTRAR	41. TYPE OF DISPOSITION(S) TR/BU		42. SIGNATURE OF EMBALMER AMBERLY WALTER			43. LICENSE NUMBER EMB8531		
	44. NAME OF FUNERAL ESTABLISHMENT NICOLETTI, CULJIS & HERBERGER FUNERAL HOME		45. LICENSE NUMBER FD355		46. SIGNATURE OF LOCAL REGISTRAR OLIVIA KASIRYE, MD		47. DATE mm/dd/yyyy 01/05/2016	
	101. PLACE OF DEATH OWN RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
PLACE OF DEATH	104. COUNTY SACRAMENTO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1632 37TH STREET			106. CITY SACRAMENTO		
	107. CAUSE OF DEATH <small>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.</small>						108. DEATH REPORTED TO CORONER? <small>(Date of Death)</small> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) RESPIRATORY FAILURE						109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	Sequentially list conditions, if any leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) LYMPHOMA						110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE						111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO						113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
PHYSICIAN'S CERTIFICATION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. <small>Decedent Attended Since</small> 02/16/2006 <small>Decedent Last Seen Alive</small> 12/10/2015		115. SIGNATURE AND TITLE OF CERTIFIER RAVI SRINIVASAN M.D.		116. LICENSE NUMBER A60301			
	117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE RAVI SRINIVASAN M.D. 2025 MORSE AVENUE, SACRAMENTO, CA 95825		117. DATE mm/dd/yyyy 01/02/2016					
CORONER'S USE ONLY	119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <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		120. INJURED AT WORK? <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 } SS
COUNTY OF SACRAMENTO

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

DATE ISSUED: **January 7, 2016**

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



* 001559862 *

Olivia Kasirye MD
LOCAL REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE