

DOUGLAS COUNTY, NV

2016-887616

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\$16.00 Pgs=3

09/15/2016 02:13 PM

FIRST CENTENNIAL - RENO

KAREN ELLISON, RECORDER

APN: 1318-23-218-023
Escrow No. 00221559 - 016 -dr

When Recorded Return to:
Larry Lawrence, Trustee
1716 Calle Poniente
Santa Barbara, CA 93101

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NV } ss:
COUNTY OF DOUGLAS

Larry Lawrence, of legal age, being duly sworn, deposes and says

That Lois Hannah Lauer the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Lois Hannah Lauer named as one of the parties in that certain Grant, Bargain, Sale Deed dated June 21, 1999 executed by Andrew J. Duggan to Kenneth W. Lauer & Lois H. Lauer, husband and wife as joint tenants with right of survivorship, recorded as Instrument No. 471938, on July 6, 1999 in Book 0799 Page 0841 of Official Records of Douglas County, Nevada, covering the following described property.

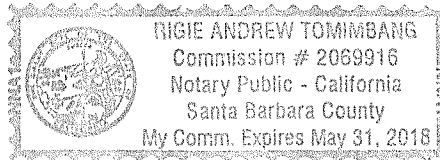
See Exhibit A attached hereto and made a part hereof.

Dated: SEPTEMBER 6, 2016

Larry Lauer
Larry Lauer

SUBSCRIBED AND SWORN TO before me on this 6 day of September, 2016

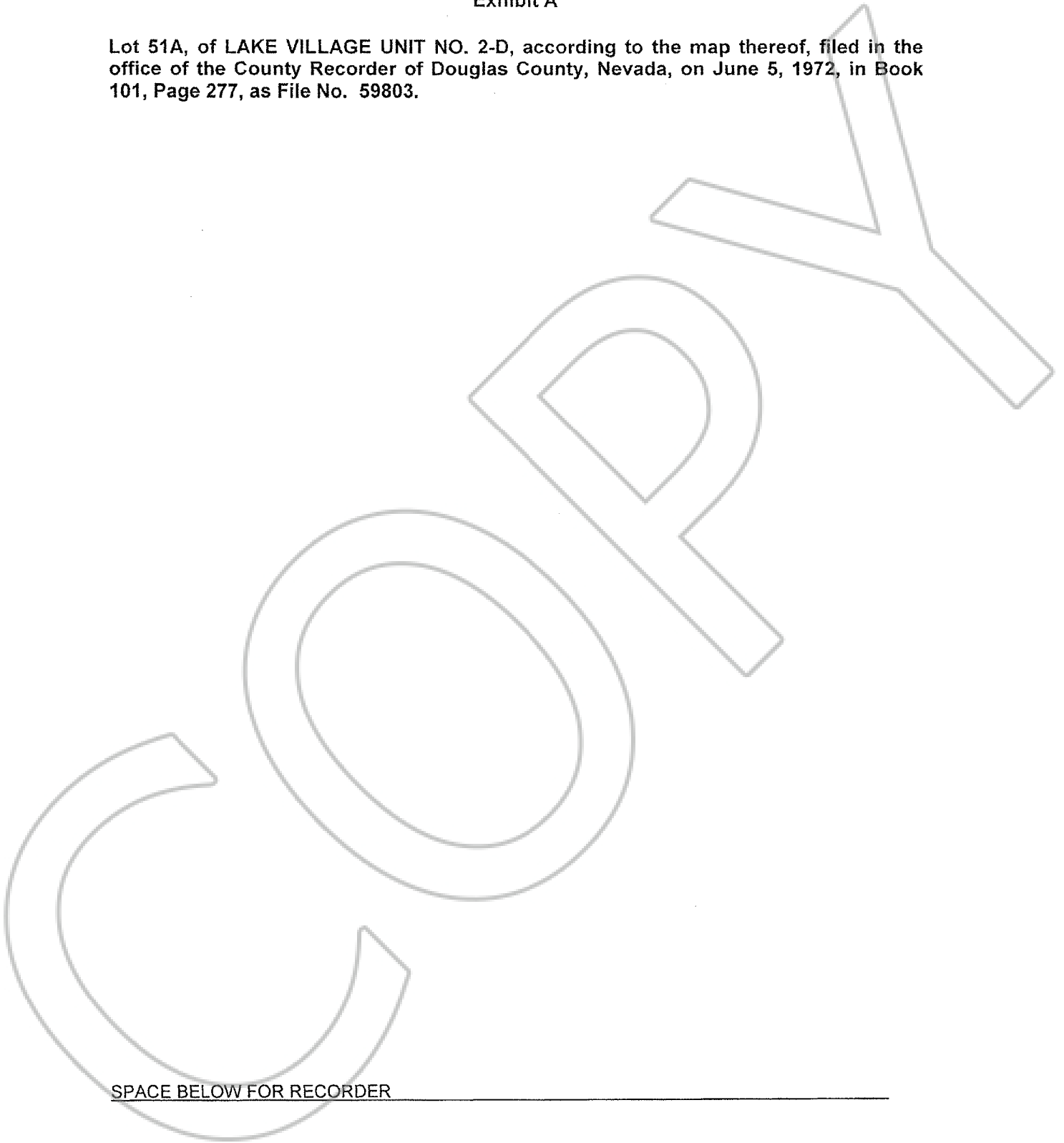
Rigie Andrew Tomimbang
NOTARY PUBLIC



SPACE BELOW FOR RECORDER

Exhibit A

Lot 51A, of LAKE VILLAGE UNIT NO. 2-D, according to the map thereof, filed in the office of the County Recorder of Douglas County, Nevada, on June 5, 1972, in Book 101, Page 277, as File No. 59803.



SPACE BELOW FOR RECORDER

CERTIFICATION OF VITAL RECORD

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

2014020333

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Lois Hannah LAUER			2. DATE OF DEATH (Mo/Day/Year) December 07, 2014		3a. COUNTY OF DEATH Douglas			
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or Inpatient)(Specify) Merrill Gardens Assisted Living		4. SEX Female				
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 91		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		
	7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) June 17, 1923		9a. STATE OF BIRTH (If not U.S.A., Wisconsin			9b. CITIZEN OF WHAT COUNTRY United States	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name) None				
	13. SOCIAL SECURITY NUMBER [REDACTED]-1713		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Purchaser		14b. KIND OF BUSINESS OR INDUSTRY Government		15. Ever in US Armed Forces? No		
PARENTS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1565 Virginia Ranch Road		
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Carl L KOBERSTEEN				17. MOTHER/PARENT - NAME (First Middle Last Suffix) Hannah BERDOLL				
DISPOSITION	18a. INFORMANT - NAME (Type or Print) Larry LAUER			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1716 Poniente Santa Barbara, California 93101					
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431				
TRADE CALL	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE		20b. FUNERAL DIRECTOR LICENSE NUMBER 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701				
	21. TRADE CALL - NAME AND ADDRESS								
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to SIGNATURE AUTHENTICATED NITA SCHWARTZ M.D.				22a. On the basis of examination and/or investigation, in my opinion, death occurred at the date and place and due to the cause(s) stated. (Signature & Title)				
	21b. DATE SIGNED (Mo/Day/Yr) December 11, 2014		21c. HOUR OF DEATH 01:03		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER				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			
CAUSE OF DEATH	24a. REGISTRAR (Signature) RHONDA PENA		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 12, 2014		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) Alzheimers Dementia					Interval between onset and death	
			DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
				(b) DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
				(c) DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
				(d) 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		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

557312

CERTIFIED COPY OF VITAL RECORDS

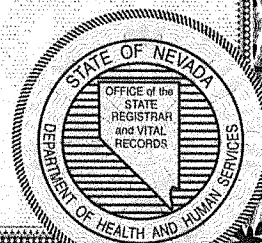
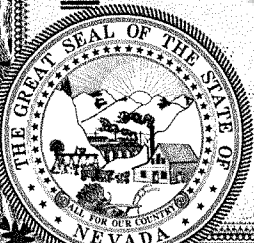
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 12/17/2014

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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