

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

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

Sharp
8309 Sunview Drive
El Cajon, CA 92021

Space Above This Line for
Recorder's Use Only

A.P.N. 1220-21-810-166

File No.: 141-2509446 (NMP)

Affidavit - Death of Trustee

State of Nevada)
County of Douglas)ss.
)

Dean F. Sharp ("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. Louise Mildred Sharp ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on December 15, 2015 at Pahrump, Nevada (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **November 13, 1986** executed by **Dean F. Sharp and Louise M. Sharp** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant, Bargain and Sale Deed** dated **August 15, 2001** which was recorded as Instrument No. **0522304** in Book **0901**, Page **1354**, of Official Records of **Douglas** County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: September 12, 2016

DECLARANT:

Dean F Sharp
Dean F. Sharp

State of Nevada)
County of Douglas)ss

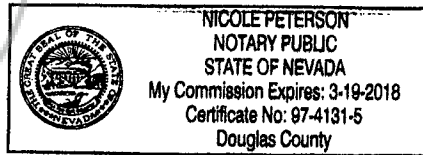
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State Nevada, this 15th day of September, 20 16 by Dean F. Sharp, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

Signature [Signature]

My Commission Expires: 3/19/18

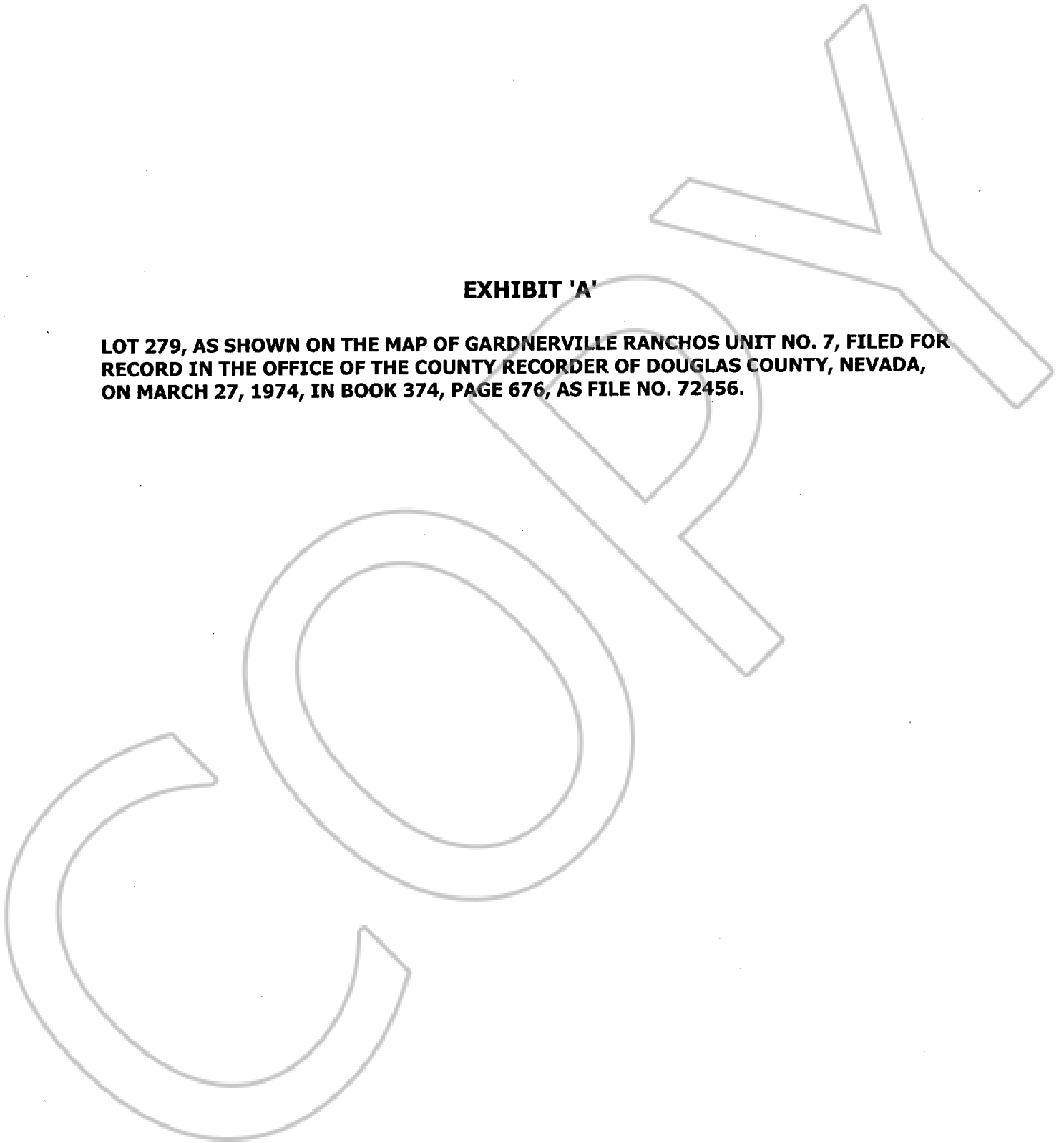
This area for official notarial seal



Notary Name: Nicole Peterson Notary Phone: 725-782-5411
Notary Registration Number: 97-4131-5 County of Principal Place of Business: Douglas

EXHIBIT 'A'

LOT 279, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 7, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MARCH 27, 1974, IN BOOK 374, PAGE 676, AS FILE NO. 72456.



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. 3868422

2015021650
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) Louise Mildred SHARP			2. DATE OF DEATH (Mo/Day/Year) December 15, 2015		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 R.F.D. No. City or Town, State, Zip) 624 Adaline Way Home			4. SEX Female	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 79	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) May 31, 1936
9a. STATE OF BIRTH (If not U.S.A.) West Virginia		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13	11. MARITAL STATUS (Specify) Married	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Dean SHARP
13. SOCIAL SECURITY NUMBER 4846		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Secretary		14b. KIND OF BUSINESS OR INDUSTRY Education		15a. INSIDE CITY LIMITS (Specify Yes or No) Yes
15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville	15d. STREET AND NUMBER 624 Adaline Way			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Eddie KUHARSKI			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Elizabeth HULL			
18a. INFORMANT- NAME (Type or Print) Dean SHARP			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 624 Adaline Way Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Crementation		19b. CEMETERY OR CREMATORY - NAME La Paloma Reno		19c. LOCATION City or Town State Reno Nevada		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE MEYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 854	20c. NAME AND ADDRESS OF FACILITY Nevada Funeral Services 3094 Research Way #83 Carson City NV 89708			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) STEVEN L. PHILLIPS M.D. SIGNATURE AUTHENTICATED						
21b. DATE SIGNED (Mo/Day/Yr) December 16, 2015		21c. HOUR OF DEATH 07:57		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)		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Steven L Phillips M.D. 5250 Neil Rd Ste #207 Reno, NV 89502		23b. LICENSE NUMBER 6596				
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 17, 2015		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) Cardiac Arrest Interval between onset and death Minutes (b) DUE TO, OR AS A CONSEQUENCE OF: Cardiomyopathy Interval between onset and death Years (c) DUE TO, OR AS A CONSEQUENCE OF: Atherosclerotic Heart Disease Interval between onset and death Years (d) DUE TO, OR AS A CONSEQUENCE OF: Hypertension Interval between onset and death Years						
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) 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

608482

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: 12/22/2015

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

Rnd White
SIGNATURE AUTHENTICATED
STATE REGISTRAR

