

APN# : 1219-10-001-019

Recording Requested By:

Western Title Company, Inc.

Escrow No.: 084587-CAL

When Recorded Mail To:

Western Title Company

2310 S. Carson Street, Suite 5A

Carson City, NV 89701

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of any person or persons.

(Per NRS 440.380)

Signature _____

Carrie Lindquist
Carrie Lindquist

Escrow Officer

Affidavit of Death

This page added to provide additional information required by NRS 111.312
(additional recording fee applies)

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2310 So. Carson Street #5A

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89701

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AFFIDAVIT – DEATH OF TRUSTEE

Jennifer Levy, of legal age, being first duly sworn, deposes and says:

1. Donald Francis Wegner, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Donald Francis Wegner named as Trustee in the Declaration of Trust dated 11/9/2006 and executed by Donald F. Wegner and Laura C. Wegner as Trustor(s).
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 1168 Foothill Road Gardnerville, NV 89460, which property is described in a Deed which was executed by Donald F. Wegner as Grantor(s) on November 9, 2006 and recorded as Instrument No. 0688588, in Book 1106, Page 4779, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:
3. The legal description of said property is as follows.

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

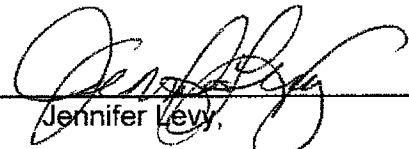
Lot 2 of CARY CREEK ESTATES, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on May 25, 1977, in Book 577, Page 1350, as Document No. 09494.

4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Dated

11/30/16



Jennifer Levy,

STATE OF NEVADA

}SS

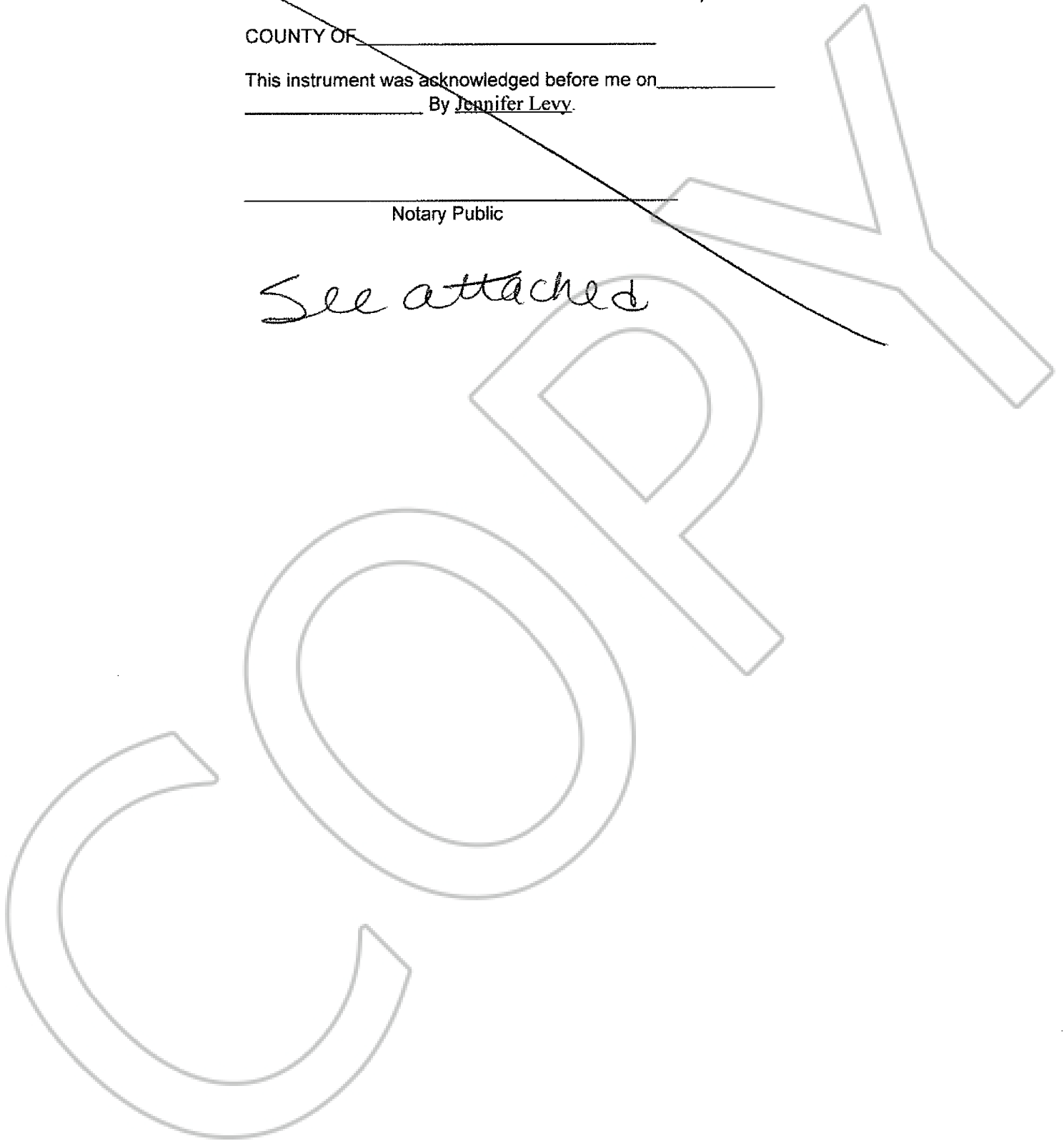
COUNTY OF _____

This instrument was acknowledged before me on _____

_____ By Jennifer Levy.

Notary Public

See attached



California All-Purpose Acknowledgment

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of SONOMA

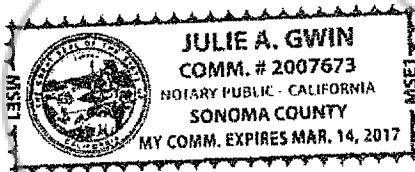
**On November 30, 2016,
before me, Julie A Gwin, Notary Public, personally appeared**

****JENNIFER LEVY ****

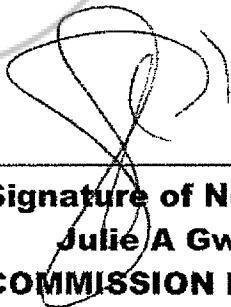
Who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under penalty of perjury under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



(Seal)



**Signature of Notary Public
Julie A Gwin
COMMISSION EXP 3-14-2017**

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. 3868705

2015022302
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

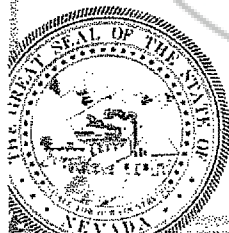
CAUSE OF
DEATH

CONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

| | | | | | |
|--|--|---|---|---|---|
| 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Donald Francis WEGNER | | 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 and Inpatient(Specify) 393 Mottsville Lane Home | | 4. SEX Male | |
| 5. RACE (Specify) White | | 6. Hispanic Origin? Specify No - Non-Hispanic | | 7a. AGE-Last birthday (Years) 80 | |
| 7b. UNDER 1 YEAR MOS DAYS | | 7c. UNDER 1 DAY HOURS MINS | | 8. DATE OF BIRTH (Mo/Day/Yr) March 15, 1935 | |
| 9a. STATE OF BIRTH (If not US/CA, name country) California | | 9b. CITIZEN OF WHAT COUNTRY United States | | 10. EDUCATION 14 | |
| 11. MARITAL STATUS (Specify) Divorced | | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) | | | |
| 13. SOCIAL SECURITY NUMBER ██████████-7793 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Real Estate Developer | | 14b. KIND OF BUSINESS OR INDUSTRY Real Estate | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Gardnerville | |
| 15d. STREET AND NUMBER 393 Mottsville Lane | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) Clarence Edward WEGNER | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Clara BOLD | | |
| 18a. INFORMANT - NAME (Type or Print) Laura WEGNER | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 393 Mottsville Lane Gardnerville, Nevada 89460 | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial | | 19b. CEMETERY OR CREMATORY - NAME Ukiah Cemetery | | 19c. LOCATION City or Town State Ukiah California 95482 | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BLAKE HOWE | | 20b. FUNERAL DIRECTOR LICENSE NUMBER 622 | | 20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410 | |
| 20a. SIGNATURE AUTHENTICATED | | | | | |
| TRADE CALL - NAME AND ADDRESS Eversole Mortuary 141 Low Gap Ukiah CA 95482 | | | | | |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title) NITA SCHWARTZ M.D. | | | 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) December 23, 2015 | | | 22b. DATE SIGNED (Mo/Day/Yr) | | |
| 21c. HOUR OF DEATH 23:04 | | | 22c. HOUR OF DEATH | | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) | | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | 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 |
| 24a. REGISTRAR (Signature) VERALYNN A BOYACK | | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 28, 2015. | | 24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 24a. SIGNATURE AUTHENTICATED | | | | | |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) | | | | | Interval between onset and death |
| PART I (a) Congestive Heart Failure | | | | | Interval between onset and death |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | Interval between onset and death |
| (b) Coronary Arteriosclerosis | | | | | Interval between onset and death |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | Interval between onset and death |
| (c) | | | | | 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) 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 | |
| 28a. 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



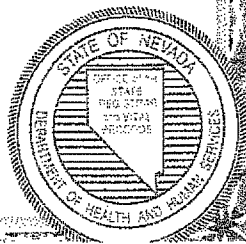
CERTIFIED COPY OF VITAL RECORDS

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.

DEC 31 2015

DATE ISSUED:

Veralynn A Boyack
STATE REGISTRAR



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