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APN# 1220-09-414-008

Recording Requested by:

Name: Ryan J. Earl, Esq.
Address: 548 W. Plumb Lane, Suite B
City/State/Zip: Reno, NV 89509



00048218201608924310050054

KAREN ELLISON, RECORDER

When Recorded Mail to:

Name: Ryan J. Earl, Esq.
Address: 548 W. Plumb Lane, Suite B
City/State/Zip: Reno, NV 89509

(for Recorder's use only)

Mail Tax Statement to:

Name: Emily J. Bernhardt, Trustee
Address: 1044 Ranch Road
City/State/Zip: Gardnerville, NV 89410

AFFIDAVIT OF DEATH OF SETTLOR/TRUSTEE

(Title of Document)

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons.
(Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law: NRS 440.380(1)(A) and NRS 40.525(5)
(State specific law)

Ryan Earl
Signature
Ryan J. Earl, Esq.
Printed Name

Attorney
Title

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

APN: 1220-09-414-008

When recorded, return to:
Ryan J. Earl, Esq.
548 W. Plumb Lane, Suite B
Reno, NV 89509

AFFIDAVIT OF DEATH OF SETTLOR/TRUSTEE

Emily J. Bernhardt, being of legal age and sound mind, being first duly sworn, deposes and says:

On August 26, 1992, Victor L. Bernhardt and Emily J. Bernhardt, in their capacities as Settlers and Trustees, executed the Victor L. and Emily J. Bernhardt Revocable Living Trust, which was thereafter amended and restated (which along with any subtrusts set forth therein shall collectively be referred to herein as the "Victor L. and Emily J. Bernhardt Revocable Living Trust).

On April 25, 2001, Victor L. Bernhardt and Emily J. Bernhardt, as Trustees of the Victor L. and Emily J. Bernhardt Revocable Living Trust, were conveyed real property described herein.

On August 9, 2002, Victor L. Bernhardt passed away.

The undersigned hereby states that Victor L. Bernhardt, identified in the attached certified copy of Certificate of Death, is the same person as Victor L. Bernhardt named as a Trustee in that certain Corporation Grant Deed executed April 25, 2001, said deed having been recorded on or about August 8, 2001, as Document No. 0520240, Book 0801 Page 2240 in the Official

Records of Douglas County, State of Nevada, and affecting real property situated in the County of Douglas, State of Nevada, commonly known as 1044 Ranch Road, Gardnerville, Nevada 89410, more particularly described as follows:

Lot 6, in Block 2, on the Final Map, 97-008, of SILVERRANCH PHASE 5, filed in the office of the County Recorder of Douglas County, State of Nevada, on August 30, 1999, in Book 899, Page 5280, as Document No. 475442.


Subject to those certain covenants, conditions and restrictions recorded January 5, 1994, Book 194, Page 659, Document No. 326829 and amended February 5, 1994, Book 294, Page 4638 Document No. 330984 and annexation to said Covenants, Conditions and Restrictions Recorded February 11, 2000, Book, 0200, page 1954, Document No. 486169, All Douglas County, Nevada, Records.

Reserving Therefrom any and all appurtenant water, water rights, ditch and/or ditch rights including but not limited to those certain rights under claims Nos 254, 277, 278, 279 of the Final Decree entered on October 28, 1980 in "United States of America v. Alpine Lane and Reservoir Company et al.," Civil Number D-183BRT, in the United States District Court for the District Nevada.

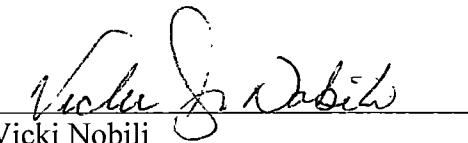
In accordance with the Victor L. and Emily J. Bernhardt Revocable Living Trust dated August 26, 1992, Emily J. Bernhardt, as the Surviving Spouse, Surviving Settlor and Surviving Trustee, was designated as Trustee. Emily J. Bernhardt has elected to have her daughter, Vicki Nobili, act with her as a co-Trustee. Accordingly, the undersigned, as co-Trustees of the Victor L. and Emily J. Bernhardt Revocable Living Trust, as such Trust has been amended and restated, state their willingness to act as co-Trustees. On August 9, 2002, Victor L. Bernhardt died. A certified copy of the death certificate for Victor L. Bernhardt.

We declare under penalty under the laws of the State of Nevada that the foregoing is true and correct.

Dated this 19 day of December 2016.


Emily J. Bernhardt
Trustee

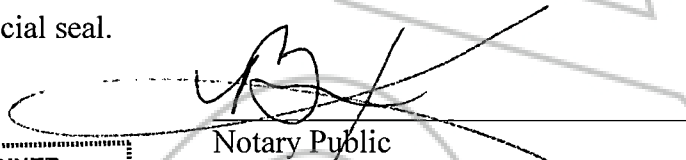
Dated this 19 day of December 2016


Vicki Nobili
Trustee

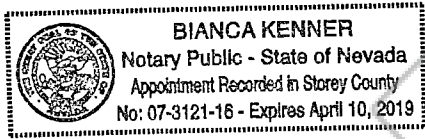
STATE OF NEVADA)
 : ss.
COUNTY OF WASHOE)

On this 19th day of Dec, 2016, before me, the undersigned, a Notary Public in and for said state, personally appeared Emily J. Bernhardt and Vicki Nobili, personally known or proved to me to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument, executed the instrument.

WITNESS my hand and official seal.



Notary Public



STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

20020010716

ROLL 108 IMAGE 30

1990

LOCAL FILE NUMBER

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

CERTIFIER

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

CAUSE OF DEATH

DECEASED—NAME First Middle Last 1. Victor L. BERNHARDT			DATE OF DEATH (Month, Day, Year) 2. August 9, 2002		COUNTY OF DEATH 3a. Washoe
CITY, TOWN OR LOCATION OF DEATH 3b. Reno		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Washoe Medical Center		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Inpatient /	SEX 4. Male
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		AGE—Last Birthday (Years) 7a. 58	UNDER 1 YEAR MOS : DAYS 7b. :
STATE OF BIRTH (if not U.S.A., name country) 9a. North Dakota		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		Decedent's Education. Specify highest grade completed. 10. 12	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married
SOCIAL SECURITY NUMBER 13. ████████-1853		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Quality Control		KIND OF BUSINESS OR INDUSTRY 14b. Engineering	
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Gardnerville		STREET AND NUMBER 15d. 1044 Ranch Dr.
INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes					
FATHER—NAME First Middle Last 16. Alex Bernhardt			MOTHER—MAIDEN NAME First Middle Last 17. Julie Mitzel		
INFORMANT—NAME (Type or Print) 18a. Emily Bernhardt - Wife			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1044 Ranch Rd. Gardnerville, Nevada 89410		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. FitzHenry's Crematory		LOCATION City or Town State 19c. Carson City Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 217	NAME AND ADDRESS OF FACILITY 20c. Home, 1380 Hwy 395 Gardnerville, NV 89410 48		
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 21b. 8/13/02			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) and manner stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 22b.		
HOUR OF DEATH 21c. 1123			HOUR OF DEATH 22c.		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.			PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON		
21e. AT			PRONOUNCED DEAD (Hour) 22e. AT		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. Hilari Fleming, M.D. 85 Korman #202 Reno, NV					LICENSE NUMBER 23b. 6196
REGISTRAR 24a. (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. August 14, 2002		DEATH DUE TO COMMUNICABLE DISEASE 24c. 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) Intracerebral hemorrhage		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death 1 day	
(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	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.				AUTOPSY (Specify Yes or No) 26. No	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.		
INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION. 28g.	STREET OR R.F.D. No.	CITY OR TOWN	STATE

STATE REGISTRAR

No. 216582



This is to certify that the above is a true and correct copy of the certificate on file in this office.

OCT 30 2002

Date Issued:

[Signature]
Yvonne Sylva

State Registrar