

APN: 1220-24-201-044

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

HARRIET M. ALTHOUSE, Trustee
1880 Arabian Lane
Gardnerville, NV 89410



00050671201708945820040041

KAREN ELLISON, RECORDER

AFFIDAVIT OF SUCCESSOR TRUSTEE

AFFIANT, being first duly sworn, deposes and says:

1. That HOWARD L. ALTHOUSE and HARRIET M. ALTHOUSE created the HOWARD L. ALTHOUSE AND HARRIET M. ALTHOUSE LIVING TRUST on July 1, 1981, wherein HOWARD L. ALTHOUSE and HARRIET M. ALTHOUSE were designated as the original Trustees.

2. That HOWARD L. ALTHOUSE, aka HOWARD LEWIS ALTHOUSE, died on December 14, 2016, and a certified copy of the Death Certificate is attached hereto and by this reference incorporated herein.

3. That HARRIET M. ALTHOUSE is named in said Trust as the Successor Trustee of the Trust; and she hereby files this certificate and accepts the Trusteeship of the HOWARD L. ALTHOUSE AND HARRIET M. ALTHOUSE LIVING TRUST, originally dated July 1, 1981.

4. That there is real property owned by the Trust located in Douglas County, State of Nevada, described as follows:

See attached Exhibit "A" for legal description.

DATED this 24 day of January, 2017.


HARRIET M. ALTHOUSE

STATE OF NEVADA)

COUNTY OF DOUGLAS)

SS:

On January 24, 2017, before me, the undersigned, a Notary Public in and for said County of Douglas, State of Nevada, personally appeared HARRIET M. ALTHOUSE, Trustee of the HOWARD L. ALTHOUSE AND HARRIET M. ALTHOUSE LIVING TRUST, originally dated July 1, 1981, personally known to me (or 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.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year in this certificate first above written.

P. A. Gurule
NOTARY PUBLIC

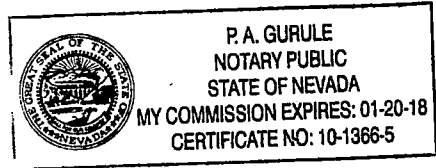
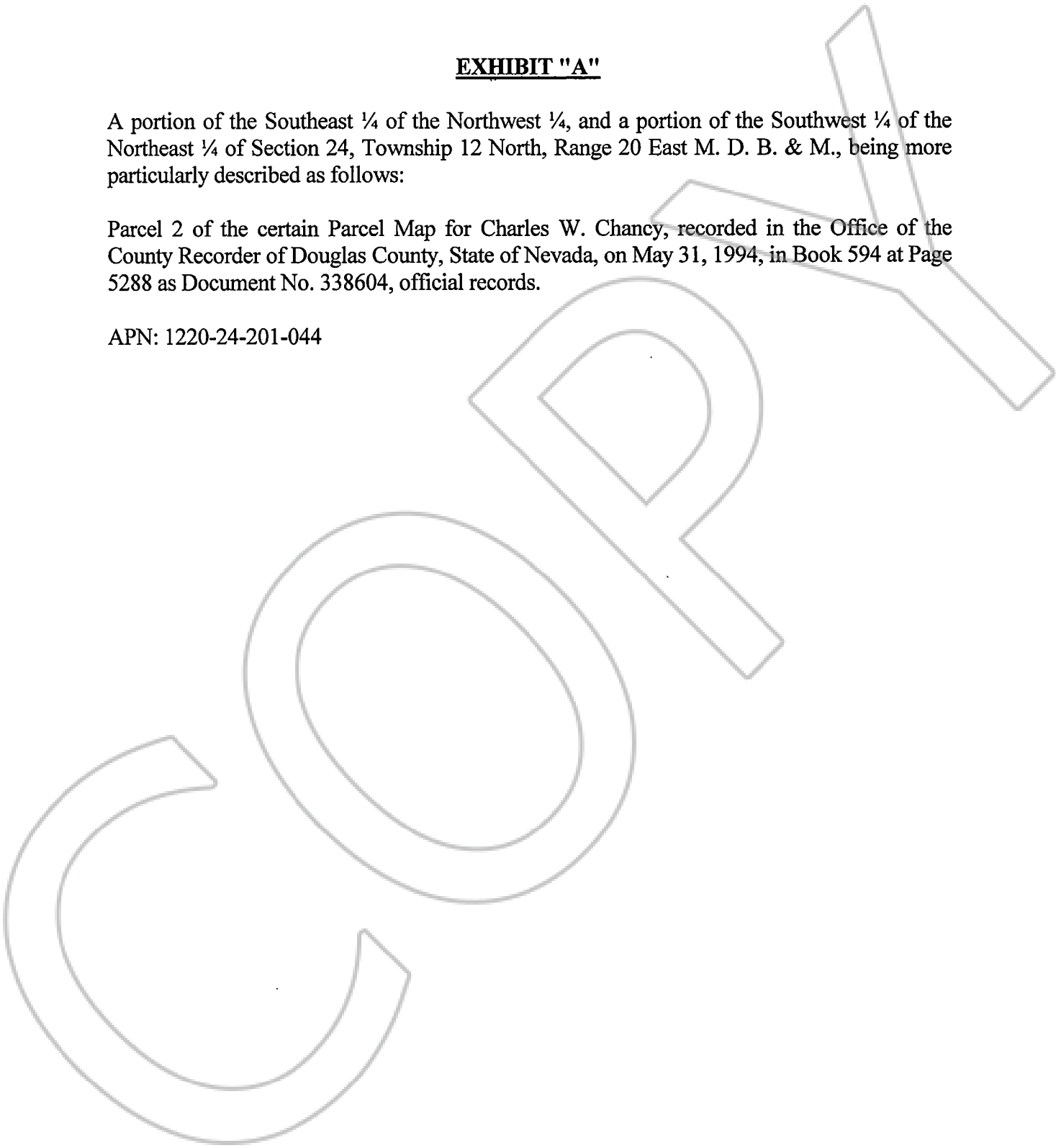


EXHIBIT "A"

A portion of the Southeast $\frac{1}{4}$ of the Northwest $\frac{1}{4}$, and a portion of the Southwest $\frac{1}{4}$ of the Northeast $\frac{1}{4}$ of Section 24, Township 12 North, Range 20 East M. D. B. & M., being more particularly described as follows:

Parcel 2 of the certain Parcel Map for Charles W. Chancy, recorded in the Office of the County Recorder of Douglas County, State of Nevada, on May 31, 1994, in Book 594 at Page 5288 as Document No. 338604, official records.

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STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 3930282

CERTIFICATE OF DEATH

2016023058
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) Howard Lewis ALTHOUSE		2. DATE OF DEATH (Mo/Day/Year) December 14, 2016		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 3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) 1880 Arabian Lane Home		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 83	
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		7d. UNDER 1 MINS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) March 24, 1933		9a. STATE OF BIRTH (If not US/CA, name country) Pennsylvania			
9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16		11. MARITAL STATUS (Specify) Married	
12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Harriet BEMESDERFER		13. SOCIAL SECURITY NUMBER 8430		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Technical Director	
14b. KIND OF BUSINESS OR INDUSTRY Lockheed Martin		15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	
15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1880 Arabian Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Howard Leroy ALTHOUSE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Luella WERT		
18a. INFORMANT - NAME (Type or Print) Harriet ALTHOUSE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1880 Arabian Lane Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as-Such) CHRISTIANE D WILDE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 870		20c. NAME AND ADDRESS OF FACILITY Fitzhenry's Funeral Home 3945 Fairview Dr Carson City NV 89701	
21a. To the best of my knowledge; death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED NITA SCHWARTZ M.D.					
21b. DATE SIGNED (Mo/Day/Yr) December 21, 2016		21c. HOUR OF DEATH 15:46		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)	
22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		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		24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 21, 2016		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) Multiple Myeloma Without Remission DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (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 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

000654801



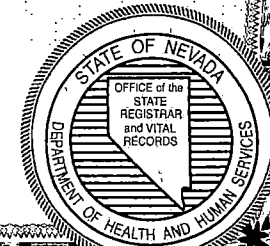
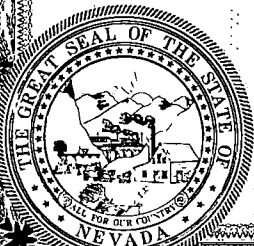
CERTIFIED COPY OF VITAL RECORDS

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: 12/29/2016

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

Cody Phinney
STATE REGISTRAR
SIGNATURE AUTHENTICATED



VRS-Rev-20120523a

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE