

<p>RECORDING REQUESTED BY: Reliant Title 5485 Kietzke Ln. Reno, NV 89509</p> <p>AND WHEN RECORDED RETURN TO: Rebecca Ann Schneider and Troy Schneider, Co-Trustees 1180 Keele Dr. Reno, NV 89509</p>	<table border="1"> <tr> <td data-bbox="881 212 1206 380"> <p>DOUGLAS COUNTY, NV Rec:\$17.00 \$17.00 Pgs=4 RELIANT TITLE - RENO KAREN ELLISON, RECORDER</p> </td> <td data-bbox="1206 212 1453 380"> <p>2017-896705 03/31/2017 02:17 PM</p> </td> </tr> </table> <p style="text-align: center;">This Space if for Recorders Use Only</p>	<p>DOUGLAS COUNTY, NV Rec:\$17.00 \$17.00 Pgs=4 RELIANT TITLE - RENO KAREN ELLISON, RECORDER</p>	<p>2017-896705 03/31/2017 02:17 PM</p>
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APN: 1419-10-002-001

File Number: 202-17002227LYS

Affidavit- Death of Trustee

State of Nevada)
County of Washoe))ss.

Rebecca Ann Schneider and Troy Schneider ("Declarants") are of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. Joseph Schneider ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on October 23, 2013, at Carson City, NV.
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated September 18, 2013, executed by 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 9/18/2013, which was recorded on September 26, 2013, as instrument number 0831265, 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. Declarants are the successor co-trustee under the Trust. The trust was in effect at the date of the death of the decedent and has not been revoked. Declarants have consented to act as co-trustees under the Trust.

Dated: 3-30-17

Declarants:

The Schneider Family Trust

X Rebecca Ann Schneider

Rebecca Ann Schneider

X _____

Troy Schneider,

State of Nevada)

)ss.

County of Washoe)

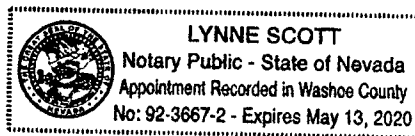
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Washoe and State Nevada, this 30th day of March, 2017, Rebecca Ann Schneider and Troy Schneider, by basis of satisfactory evidence to be the person(s) who appeared before me.

WITNESS my hand and official seal.

This area for official notarial seal

Signature [Handwritten Signature]

My Commission Expires: 6/13/2020



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2013017492
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
STARTING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Joseph SCHNEIDER		2. DATE OF DEATH (Mo/Day/Year) October 23, 2013		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) 1.Schneider Ranch Rd.		3e. If Hosp. or Inst. Indicate DOA,OP/Emor. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 70		7b. UNDER 1 YEAR MOS. DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 19, 1943		9a. STATE OF BIRTH (if not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Rebecca MILLER	
13. SOCIAL SECURITY NUMBER 7062		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Rancher		14b. KIND OF BUSINESS OR INDUSTRY Cattle	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 1 Schneider Ranch Rd.		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Clarence SCHNEIDER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Dorothy WEBSTER		
18a. INFORMANT- NAME (Type or Print) Troy SCHNEIDER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 835 S. Arlington Ave Reno, Nevada 89509			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Lone Mountain Cemetery		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 823		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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 CHRISTOPHER FORMAN M.D.					
21b. DATE SIGNED (Mo/Day/Yr) October 28, 2013		21c. HOUR OF DEATH 06:49		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
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). Dr. Christopher Forman M.D. 2874 N. Carson Street, Suite 2 Carson City, NV 89706				23b. LICENSE NUMBER 5528	
24a. REGISTRAR (Signature) BIANCA GALEANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 29, 2013		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				Interval between onset and death	
(a) Cardiac Arrest				Minutes	
(b) Arteriosclerotic Vascular Disease				Interval between onset and death	
(c) Stroke 12/2012, Laryngeal Carcinoma 07/2013				Years	
(d)				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, HOMICIDE, UNDETERMINED, 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

CERTIFIED COPY OF VITAL RECORDS

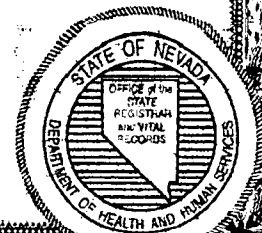
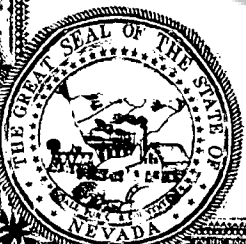
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 11/05/2013

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

VR3-Rev-20120523a





Douglas County Recorder's Office

Karen Ellison, Recorder

<http://recorder.co.douglas.nv.us>

kellison@co.douglas.nv.us

(775) 782-9027

LEGIBILITY NOTICE

The Douglas County Recorder's Office has determined that the attached document may not be suitable for recording by the method used by the Recorder to preserve the Recorder's records. The customer was advised that copies reproduced from the recorded document would not be legible. However, the customer demanded that the document be recorded without delay as the parties right may be adversely affected because of a delay in recording. Therefore, pursuant to NRS 247.120 (3), the County Recorder accepted the document conditionally, based on the undersigned's representation (1) that a suitable copy will be submitted at a later date (2) it is impossible or impracticable to submit a more suitable copy.

By my signing below, I acknowledge that I have been advised that once the document has been microfilmed, it may not reproduce a legible copy.



Signature

3/31/2017
Date

Wynne Scott
Printed Name

MAILING ADDRESS: P.O. Box 218, Minden, Nevada 89423

Main phone (775) 782-9025 - FAX (775) 783-6413