

WHEN RECORDED MAIL TO:  
**Heidi D. Roach, Surviving Trustee of the  
Heidi D. Roach and Roy B. Roach-2002  
Trust  
360 Canyon Creek Court  
Gardnerville, NV 89460**

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 01700797RLT

APN No.: 1219-15-002-042

**AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE**

State of Nevada }  
County of **Douglas** }

Heidi D. Roach, being duly sworn, deposes and says:

1. Roy B. Roach, the decedent mentioned in attached copy of Certificate of Death, is the same person as Roy B. Roach named as one of the trustee(s) in that certain Grant, Bargain and Sale Deed dated 11-1-02, executed by Heidi D. Roach to Heidi D. Roach and Roy B. Roach, Trustees of the Heidi D. Roach & Roy B. Roach – 2002 Trust, recorded on 11-19-02 as instrument number 0558171, official records of Douglas County Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

2. That I, Heidi D. Roach, am named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

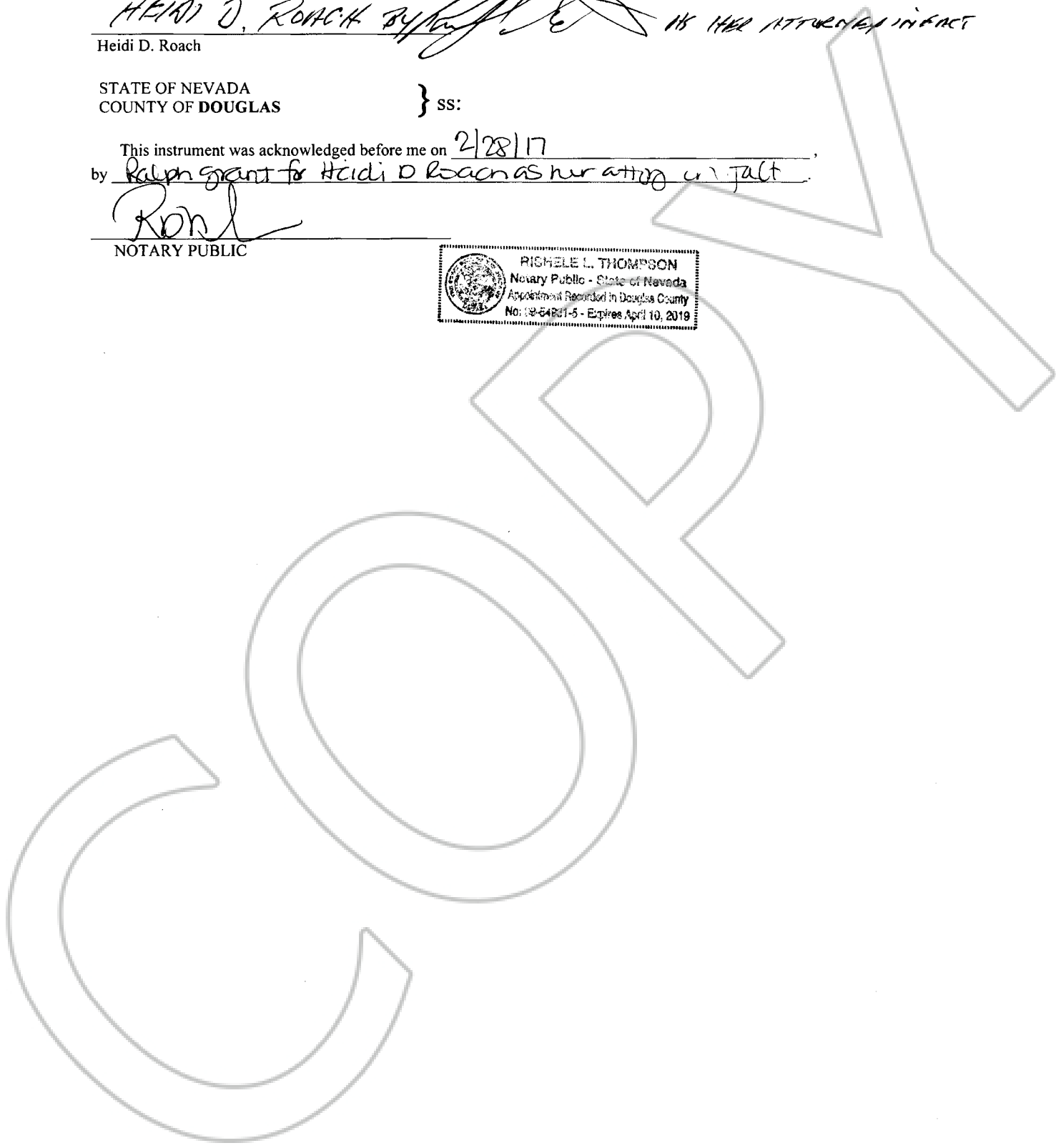
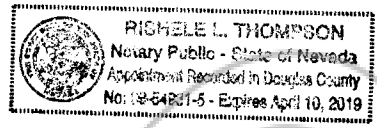
Dated: February 27, 2017

HEIDI D. ROACH by [Signature] IS HER ATTORNEY IN FACT  
Heidi D. Roach

STATE OF NEVADA }  
COUNTY OF DOUGLAS } SS:

This instrument was acknowledged before me on 2/28/17,  
by Ralph Grant for Heidi D Roach as her attorney in fact.

[Signature]  
NOTARY PUBLIC



# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

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

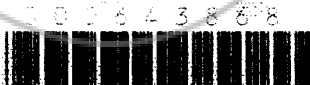
CASE FILE NO. 3910512

### CERTIFICATE OF DEATH

**2016016892**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Roy B ROACH</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 19, 2016</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or Inpatient)(Specify) <b>360 Canyon Creek Court Home</b>		4. SEX <b>Male</b>	
DECEDENT	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>93</b>	
	7b. UNDER 1 YEAR <b>MOS DAYS HOURS MINS</b>		7c. UNDER 1 DAY <b>Home</b>		8. DATE OF BIRTH (Mo/Day/yr) <b>August 10, 1923</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
	11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Heidi ARNDT</b>			
PARENTS	13. SOCIAL SECURITY NUMBER <b>6247</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
DISPOSITION	15d. STREET AND NUMBER <b>360 Canyon Creek Court</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Roy ROACH</b>	
	16. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Gracie F SUNDMAN</b>		17. INFORMANT - NAME (Type or Print) <b>Ralph GRANT</b>			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>360 Canyon Creek Court Gardnerville, Nevada 89460</b>				18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>	
	19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CURT KOESTLER</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>823</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410</b>	
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>ERIC J SCHINZING SIGNATURE AUTHENTICATED</b>					
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) <b>September 20, 2016</b>		21c. HOUR OF DEATH <b>04:11</b>			
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>August 19, 2016</b>		22e. PRONOUNCED DEAD AT (Hour) <b>04:11</b>	
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Eric J Schinzing P.O. Box 218 Minden, NV 89423</b>				23b. LICENSE NUMBER	
	24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 20, 2016</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death	
	PART I (a) <b>Sudden Death, Cardiac Arrest</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(b) <b>Arteriosclerotic Cardiovascular Disease</b>				Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(c) <b>Cardiac Hypertensive</b>				Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(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) <b>No</b>		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		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

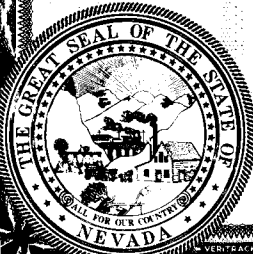


CERTIFIED COPY OF VITAL RECORDS

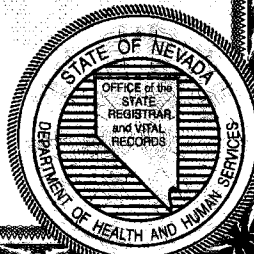
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **9/22/2016**

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



*Cody Phinney*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED



**Order No.: 01700797-RLT**

**EXHIBIT A**

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

All that certain lot, piece or parcel of land being located in a portion of the East 1/2, Southeast 1/4, of Section 15, Township 12 North, Range 19 East, M.D.B.&M., Douglas County, Nevada and being further described as :

Parcel 3B, as set forth on Parcel Map for Mike Hickey Construction, Inc., filed for record in the office of the County Recorder of Douglas County, State of Nevada, on April 1, 1993, in Book 493, Page 104, as Document No. 303566.

APN: 1219-15-002-042

