

DOUGLAS COUNTY, NV

2017-901525

Rec:\$18.00

\$18.00 Pgs=5

07/18/2017 02:49 PM

ETRCO

KAREN ELLISON, RECORDER

APN#: 1220-21-810-146

088472-TEA

Recording Requested By:

Western Title Company

When Recorded Mail To:

Sharon Stewart-Schlegel

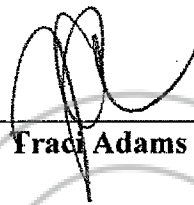
981 Riverview Dr.

Gardnerville NV

89460

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature



Tracy Adams

Escrow Officer

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT - DEATH OF TRUSTEE

Sharon Stewart-Schlegel, Eric William Schlegel and Tanya J. Schlegel, of legal age, being first duly sworn, deposes and says:

That William Earl Schlegel, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as William Earl Schlegel named as one of the parties in that certain Grant, Bargain, Sale Deed dated 12/5/2005 executed by Kyle J. Hoffman, an unmarried man to William Earl Schlegel, Trustee of the Second Amended and Restated William Earl Schlegel Trust Dated October 16, 2004, recorded as instrument No. 0662327, on 12/6/2005, in Book 1205, Page 1874, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

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

Lot 299, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed for record in the Office of the County Recorder of Douglas County, Nevada, on March 27, 1974, in Book 374, Page 676, as File No. 72456.

Dated

6/5/17

Second Amended and Restated William Earl Schlegel Trust Dated
October 16, 2004

Sharon Stewart-Schlegel
Sharon Stewart-Schlegel, Co-Trustee

Eric Schlegel

Eric William Schlegel, Co-Trustee

Tanya J. Schlegel
Tanya J. Schlegel, Co-Trustee

STATE OF Nevada

COUNTY OF Douglas

This instrument was acknowledged before me on

June 5, 2017

By Sharon Stewart-Schlegel

[Signature]
Notary Public

STATE OF Nevada

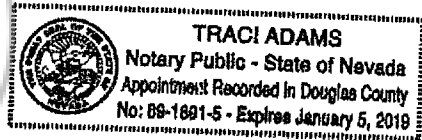
COUNTY OF Douglas

This instrument was acknowledged before me on

June 5, 2017

By Eric William Schlegel

[Signature]
Notary Public



STATE OF Arizona

COUNTY OF Gila

}s
s

This instrument was acknowledged before me on

Tanya J. Schlegel

By Tanya J. Schlegel

Shawna Daniels

Notary Public



COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS

Instrument 20080004082 OR Book Page 100 331

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

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. William Earl SCHLEGEL		2. March 12, 2006		3a. Douglas			
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Fin. Inpatient (Specify)		SEX	
3b. Gardnerville		3c. Carson Valley Medical Center		3e. Inpatient 5		4. Male	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no. If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6. 59		7a. 59		8. October 12, 1946	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education: Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. New Jersey		9b. U.S.A.		10. 16 Years		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name)	
13. 4057		14a. Electrician		14b. City of Los Angeles		12. Sharon Stewart	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Douglas		15c. Gardnerville		15d. Solitude Lane 1777	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes	
16. Robert E. Schlegel		17. Ruth D. Stearley					
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Sharon Schlegel - Wife		18b. 1777 Solitude Lane, Gardnerville, Nevada 89410					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Removal/Burial		19b. St. John's Cemetery		19c. Brazil, Indiana			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. [Signature]		20b. 217		20c. Home, 1380 Hwy 395, Gardnerville, NV 89410			
21a. [Signature and Title]		DATE SIGNED (Mo., Day, Yr.)		21c. 0305		22a. [Signature and Title]	
21b. 3/14/06						22b. [Signature and Title]	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21d.		22c. HOUR OF DEATH		22d. ON	
21d.				22e. AT			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		23a. Stephen Perry M.D., 1520 Virginia Ranch, Gardnerville, NV 89410		LICENSE NUMBER		23b. 6526	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. [Signature]		24b. March 16, 2006		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death					
PART I (a) Respiratory failure		hours					
(b) Pneumonia		days					
(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 I.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
Metastatic Prostate CA Probable sepsis		26. No		27. No			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c. M		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. No. CITY OR TOWN STATE	
28e.		28f.		28g.			

STATE REGISTRAR

No. 335780

133326

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: AUG 21 2006

STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

