

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
Susan Shankle
P.O. Box 93
Genoa, NV 89411

Space Above This Line for
Recorder's Use Only

A.P.N. 1320-08-413-004

File No.: 143-2522429 (mk)

Affidavit - Death of Trustee

State of Nevada)
County of Douglas)ss.
)

Susan J. Schankle ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Albert R. Schankle** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **November 25, 2016** at **Genoa** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **August 12, 2014** executed by **Albert R. Schankle and Susan J. Schankle** 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 Sale Deed** dated **August 12, 2014** which was recorded as Instrument No. **2014851457** in Book **N/A**, Page **N/A**, 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

Dated: July 26, 2017

DECLARANT:

Susan J. Schankle
Susan J. Schankle

State of NV)
County of Douglas)ss)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State Nevada, this 27th day of July, 2017 by Susan J. Schankle, personally know to me or proved to me on the 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 Mary Kelsh

My Commission Expires: 11-6-18

Notary Name: MARY KELSH Notary Phone: 775-782-5411

Notary Registration Number: 98495675 County of Principal Place of Business _____



EXHIBIT 'A'

PARCEL 1:

A PARCEL OF LAND LOCATED WITHIN A PORTION OF THE SOUTHWEST ONE-QUARTER (SW ¼) OF SECTION 8, TOWNSHIP 13 NORTH, RANGE 20 EAST, MOUNT DIABLO MERIDIAN, DOUGLAS COUNTY, NEVADA DESCRIBED AS FOLLOWS:

PARCEL "C" AS SHOWN ON THAT CERTAIN RECORD OF SURVEY FOR AL SHANKLE AND THE JAGER 1988 FAMILY TRUST RECORDED AS DOCUMENT NO. 344389, FURTHER DESCRIBED AS FOLLOWS:

COMMENCING AT A FOUND 5/8" REBAR AND PLASTIC CAP STAMPED R. L. S. 1586 AT THE SOUTHEAST CORNER OF PARCEL "F" PER SAID RECORD OF SURVEY;

THENCE NORTH 17°56'15" WEST, 160.73 FEET TO THE POINT OF BEGINNING;

THENCE WEST, 80.00 FEET;

THENCE NORTH 39.00 FEET;

THENCE NORTH 45°00'00" EAST, 16.97 FEET;

THENCE EAST, 68.00 FEET;

THENCE SOUTH, 51.00 FEET TO THE POINT OF BEGINNING.

NOTE: THE ABOVE METES AND BOUNDS LEGAL DESCRIPTION APPEARED PREVIOUSLY IN THAT CERTAIN DOCUMENT RECORDED OCTOBER 22, 2014 IN BOOK N/A, PAGE N/A AS INSTRUMENT NO. 851457.

PARCEL 2:

AN EASEMENT FOR INGRESS, EGRESS AND PUBLIC UTILITIES AS SET FORTH IN DOCUMENT RECORDED AUGUST 31, 1994, IN BOOK 894, AT PAGE 5863, AS DOCUMENT NO. 345267.

STATE OF NEVADA CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3927081

CERTIFICATE OF DEATH

2016021563
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

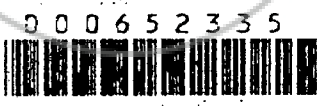
REGISTRAR

CAUSE OF DEATH

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

1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Albert Ray SHANKLE		2. DATE OF DEATH (Mo/Day/Year) November 25, 2016		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Genoa		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and 2514 Jacks Valley Road		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify). Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 76		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) September 09, 1940		9a. STATE OF BIRTH (If not US/CA, name country) Arkansas		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Susan RIDER	
13. SOCIAL SECURITY NUMBER 2927		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of General Contractor		14b. KIND OF BUSINESS OR INDUSTRY Commercial	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Genoa	
15d. STREET AND NUMBER 2514 Jacks Valley Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Alva SHANKLE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Bernice ROTTENBERRY		
18a. INFORMANT- NAME (Type or Print) Susan SHANKLE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2514 Jacks Valley Road Genoa, Nevada 89411			
19a. BURIAL, CREMATION, REMOVAL OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Hartford Cemetery		19c. LOCATION City or Town State Hartford arkansas	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTIE D WILDE		20b. FUNERAL DIRECTOR LICENSE NUMBER 870		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
20a. SIGNATURE AUTHENTICATED					
TRADE CALL - NAME AND ADDRESS Other OOS *					
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 DINA TACK M.D.			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)		
21b. DATE SIGNED (Mo/Day/Yr) November 30, 2016		21c. HOUR OF DEATH 23:30		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Dina Tack M.D. 1535 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 13333	
24a. REGISTRAR (Signature) SHANNON JANE MCGUINNESS		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 30, 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) Metastatic Prostate Cancer		Interval between onset and death 2 Years			
(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			
(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 I.				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. 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	
28e. DESCRIBE HOW INJURY OCCURRED					

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:

DEC 06 2016

Cody D. Phinney
STATE REGISTRAR

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

