

Assessor's Parcel Number: 1320 34 002 023

Recording Requested By:

Name: FIRST AMERICAN TITLE

Address: 1663 US HIGHWAY 395 N STE 101

City/State/Zip MINDEN NV 89423

DOUGLAS COUNTY, NV

**2017-904900**

Rec:\$18.00

\$18.00

Pgs=5

09/28/2017 01:07 PM

FIRST AMERICAN TITLE MINDEN

KAREN ELLISON, RECORDER

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CORRECTION RECORDING \_ AFFIDAVIT \_ DEATH OF TRUSTEE  
(Title of Document)

The attached Affidavit – Death of Trustee is being Re -recorded to correct document No.

2017-904503. Document No. 2017-904503 was recorded on 9/22/17 with the incorrect legal description and A.P.N.

The attached correction has the correct legal and A.P.N.

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

*This cover page must be typed or legibly hand printed.*

**RECORDING REQUESTED BY**  
First American Title Insurance  
Company of Nevada

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

CAROL SANDMEIER  
1619 SCOTT LANE  
GARDNERVILLE NV 89410

Space Above This Line for  
Recorder's Use Only

**A.P.N. 1320-34-002-023**

File No.: 143-2526411 (mk)

**Affidavit - Death of Trustee**

State of Nevada )  
County of Douglas )ss.  
)

**Carol Jean Sandmeier** ("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. **Roger H. Sandmeier** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **July 16, 2014** at **Reno, Nevada** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **9/17/90 amended 3/12/14** executed by **Roger H. Sandmeier and Carol Jean Sandmeier** 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 **4-14-16** which was recorded as Instrument No. **841645** in Book **414**, Page **5334**, 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. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: 9-20-2017

**DECLARANT:**

Carol Jean Sandmeier Trustee  
Carol Jean Sandmeier

State of Nevada )  
 )ss  
County of Douglas )

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State Nevada, this 20th day of September, 20 17 by Carol Jean Sandmeier Trustee 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: 98 495675 County of Principal Place of Business Douglas

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

2014011886  
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) <b>Roger Hess SANDMEIER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>July 16, 2014</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) <b>Renown Regional Medical Center</b>		3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		5. RACE <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE - Last birthday (Years) <b>76</b>		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>August 05, 1937</b>	
9a. STATE OF BIRTH (If not U.S.A., name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (If wife, give maiden name) <b>Carol MCQUOWN</b>		13. SOCIAL SECURITY NUMBER <b>4720</b>	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Salesman</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Electronics</b>		15. Ever in US Armed Forces? Yes	
16a. RESIDENCE - STATE <b>Nevada</b>		16b. COUNTY <b>Douglas</b>		16c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
16d. STREET AND NUMBER <b>1819 Scott Lane</b>		16e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		17. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Emil SANDMEIER</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Gertrud HESS</b>		18a. INFORMANT - NAME (Type or Print) <b>Carol SANDMEIER</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1819 Scott Lane Gardnerville, Nevada 89410</b>	
19a. 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>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>LEWIS NOEL</b>		20b. FUNERAL DIRECTOR LICENSE <b>621</b>		20c. NAME AND ADDRESS OF FACILITY <b>Capitol City Memorial Cremation and Burial Society 1814 N Curry Street Carson City NV 89703</b>	
TRADE CALL - NAME AND ADDRESS					
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 <b>AARON FALK MD</b>			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) <b>July 16, 2014</b>		21c. HOUR OF DEATH <b>15:50</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) <b>AARON FALK MD - 1155 Mill St. Reno, NV</b>			
23b. LICENSE NUMBER <b>14616</b>		24a. REGISTRAR (Signature) <b>BRIDGES SANDI</b>			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 25, 2014</b>		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) <b>Cardiac arrest</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Acute myocardial infarction</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) <b>Coronary artery disease</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(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 I.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</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

539551

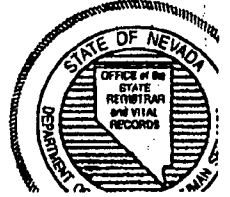
CERTIFIED COPY OF VITAL RECORDS

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: 08/01/2014

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

*R. Sandi*  
SIGNATURE AUTHENTICATED



VRB-Rev-20120523a

**EXHIBIT "A"**  
**LEGAL DESCRIPTION**

The property in this report is situated in the State of NV, County of Douglas, described as follows:

Lot 1, Block A, as set forth on that certain Map of Cottonwood Meadows Subdivision, filed for record March 1, 1985 in Book 385, Page 150, Document No. 114249, and further set forth on Certificate of Amendment recorded June 18, 1987, Book 687, Page 2258, Document No. 156696, both instruments respectively of Official Records of Douglas County, State of Nevada.

APN: 1320-34-002-023

