

APN# : 1420-08-413-005

**Recording Requested By:**

eTRCo, LLC.

**When Recorded Mail To:**

John Gregory Schlarb

100 Desert Sun Lane

Reno, NV 89508

**Mail Tax Statements to: (deeds only)**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(space above for Recorder's use only)

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 \_\_\_\_\_

*Jaeha P. Hill*

Jaeha Hill

Esrow Assistant

**Affidavit Death of Trustee**

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

## AFFIDAVIT – DEATH OF TRUSTEE

John Gregory Schlarb, of legal age, being first duly sworn, deposes and says:

1. Gertie Mae Schlarb, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as G.M. Schlarb named as Trustee in the Declaration of Trust dated 8/12/1993 and executed by G.M. Schlarb as Trustor(s).
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 3410 Long Drive Minden, NV 89423, which property is described in a Deed which was executed by John J. Schlarb and G.M. Schlarb as Grantor(s) on March 13, 2007 and recorded as Instrument No. 697039, in Book 0307, Page 4334, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:
3. The legal description of said property is as follows:

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

Lot 9, in Block B as set forth on that certain Final Map LDA #99-054-2 SUNRIDGE HEIGHTS III, PHASE 2, a Planned Unit Development, recorded in the office of the Douglas County Recorder on February 04, 2000 in Book 200, Page 723, as Document No. 485729.

4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Dated September 28, 2017,

John G. Schlarb  
John Gregory Schlarb, Successor Trustee

STATE OF NEVADA ) SS

COUNTY OF Washoe

This instrument was acknowledged before me on  
September 28, 2017  
By John Gregory Schlarb.

[Signature]  
Notary Public

TIFFANY FULLER  
Notary Public - State of Nevada  
Appointment Recorded in Washoe County  
No: 04-90901-2 - Expires October 19, 2018

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

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

CASE FILE NO. 3920900

**CERTIFICATE OF DEATH**

2016019250  
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>Gertie Mae SCHLARB</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 18, 2016</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or 3d. if Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>3410 Long Drive Home</b>		4. SEX <b>Female</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>90</b>	
8a. STATE OF BIRTH (If not US/CA, name country) <b>Arkansas</b>		8b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
13. SOCIAL SECURITY NUMBER <b>1797</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of		14b. KIND OF BUSINESS OR INDUSTRY <b>Pharmacy</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>3410 Long Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>John J SCHLARB</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>John Henry JONES</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Nell WYLIE</b>		
18a. INFORMANT - NAME (Type or Print) <b>John SCHLARB</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>3410 Long Drive Minden, Nevada 89423</b>			
18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		18b. 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>DARREN K HILL</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>884</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410</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) <b>GUY T FOSTER M.D. SIGNATURE AUTHENTICATED</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>October 25, 2016</b>		21c. HOUR OF DEATH <b>09:59</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>Guy T Foster M.D. 200 Bath Street, #1 Carson City, NV 89703</b>			
23b. LICENSE NUMBER <b>10196</b>		24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK SIGNATURE AUTHENTICATED</b>			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 25, 2016</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>Respiratory Arrest</b> Interval between onset and death					
(b) <b>Chronic obstructive pulmonary disease</b> Interval between onset and death					
(c) 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

000648074



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.

10/31/2016

DATE ISSUED:

*Cody D. Prineas*  
**SIGNATURE AUTHENTICATED**  
STATE REGISTRAR

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

VRS-Rev-10120523a

