

APN: 1420-07-813-003

WHEN RECORDED RETURN TO:  
JOEL W. LOCKE, ESQ.  
ALLISON MacKENZIE, LTD.  
P.O. Box 646  
Carson City, Nevada 89702



KAREN ELLISON, RECORDER

MAIL TAX STATEMENTS TO:  
SueAnn Sanders, Trustee  
280 Lost Creek Road  
Percy, Arkansas 71964

The party executing this document hereby affirms that this document submitted for recording does contain the social security number of any person or persons pursuant to NRS 440.380

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA            )  
  : ss.  
CARSON CITY                 )

SUEANN SANDERS, being first duly sworn, deposes and says:

1. That the CHRISTINE ESTELLE BUCH REVOCABLE TRUST, was created on March 26, 2007, by Christine Estelle Buch.
2. That Christine Estelle Buch was the Settlor and original Trustee of said Trust.
3. That Grantor and Trustee, Christine Estelle Buch died on September 17, 2017 ("Decedent"), and a certified copy of her death certificate issued by the State of Nevada is attached hereto as Exhibit "1."
4. That after the death of Decedent, the currently acting Trustee of said Trust is SueAnn Sanders.
5. That said Trust is the owner of all that certain real property situate in Douglas County, state of Nevada, commonly known as 984 Desert Drive, Carson City, Nevada 89705, being Assessor's Parcel Number 1420-07-813-003, as more particularly described in that certain Grant Deed, dated March 26, 2007, recorded in the Official Records of Douglas County, state of Nevada, as Document No. 0697821, recorded on March 27, 2007, and being more particularly described as follows:

Lot 9, in Block R of the FINAL MAP OF SUNRIDGE HEIGHTS, PHASE 6B, 7A and 8B, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on January 30, 1996, as Document No. 380052, and by Certificate of Amendment recorded February 2, 1996 as Document No. 380351.

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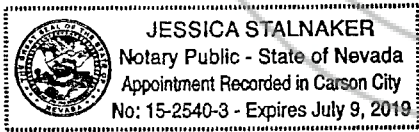
6. That as of this date, the said trust is irrevocable.
7. That this Affidavit has been executed in Carson City, Nevada.
8. That Affiant certifies and declares under penalty of perjury that the foregoing is true and correct.

Further Affiant sayeth naught.

DATED Oct. 27, 2017, 2017.

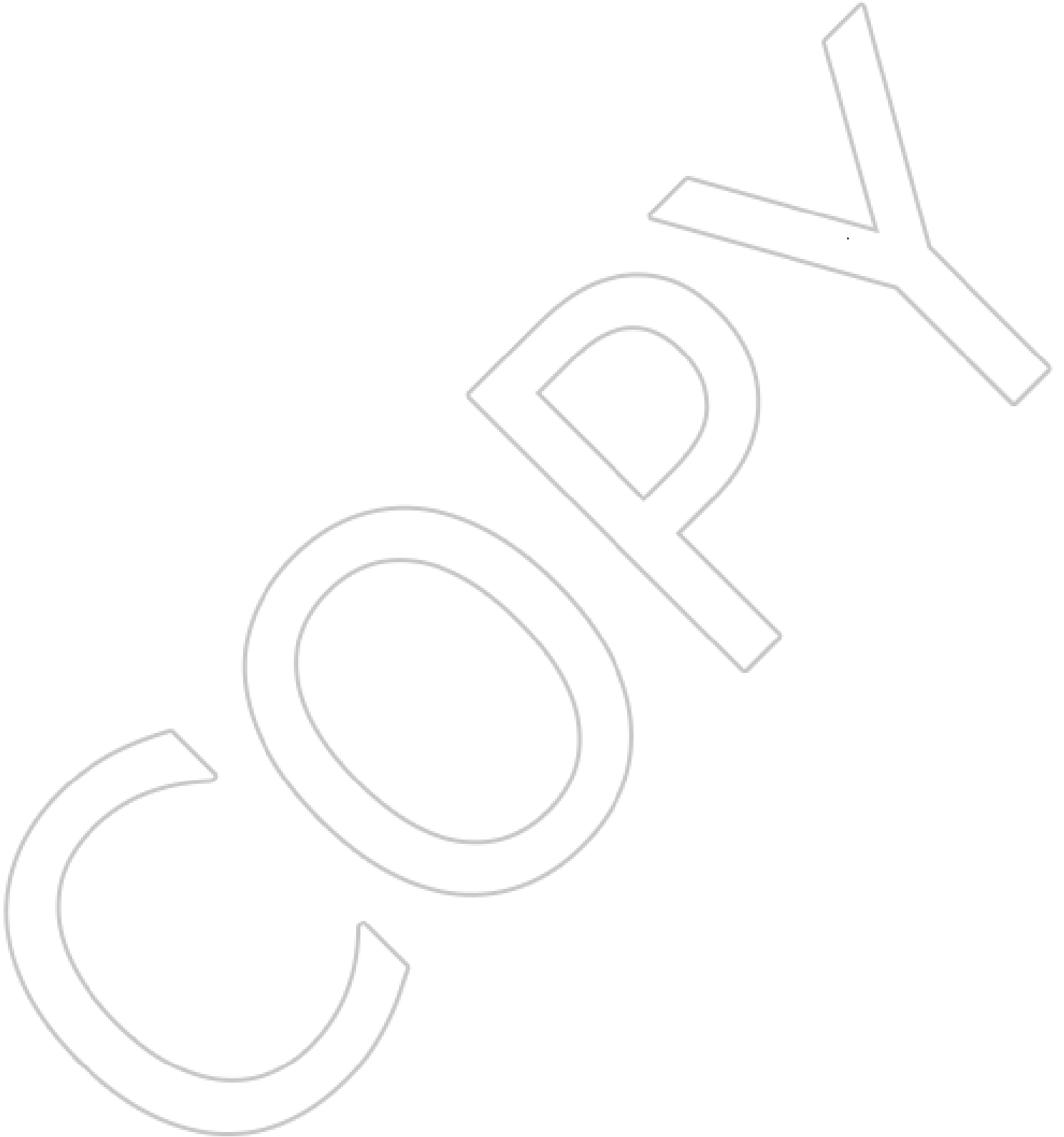
SueAnn Sanders  
SueAnn Sanders, Trustee

On October 27, 2017, personally appeared before me, a notary public, SueAnn Sanders, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that she executed the foregoing instrument.



Jessica Stalaker  
NOTARY PUBLIC

**EXHIBIT 1**



**EXHIBIT 1**

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

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

CASE FILE NO. 3978800

**CERTIFICATE OF DEATH**

2017017892  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Christine Estelle BUCH</b>		2. DATE OF DEATH (Mo/Day/Year) <b>September 17, 2017</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and Inpatient)(Specify) <b>984 Desert Drive Home</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. <b>Home</b>	
DECEDENT	4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>March 21, 1940</b>	
	6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>77</b>		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
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>Divorced</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13. SOCIAL SECURITY NUMBER <b>████████-3545</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Marketing &amp; Public Relations</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Senior Retirement</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Carson City</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
DISPOSITION	15d. STREET AND NUMBER <b>984 Desert Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		Ever in US Armed Forces? <b>No</b>	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Merrill Johnson BUTLER</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Genevieve E BIERLY</b>		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) <b>Guy Edward BUTLER</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>15691 Plymouth Lane Huntington Beach, California 92647</b>			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>MONICA GIESE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD880</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno</b> <b>5890 S Virginia St. Suite 4-E Reno NV 89502</b>	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	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>NITA SCHWARTZ MD</b> SIGNATURE AUTHENTICATED		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>September 26, 2017</b>		21c. HOUR OF DEATH <b>04:30</b>		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
CAUSE OF DEATH	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH			
	22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>9114</b>	
	24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 26, 2017</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART I	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death	
	(a) <b>End Stage Renal Failure</b>					
PART II	DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
	(b) <b>Polycystic Kidney Disease</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(c) <b></b>						
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(d) <b></b>						
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



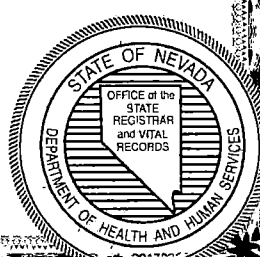
CERTIFIED COPY OF VITAL RECORDS

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: 10/12/2017

*[Signature]*  
SIGNATURE AUTHENTICATED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE