



KAREN ELLISON, RECORDER

APN# 1420-29-711-010

Recording Requested by/Mail to:

Name: Bette Messer

Address: 1153 Country Club Dr.

City/State/Zip: Minden, NV 89423

Mail Tax Statements to:

Name: Bette Messer % Messer Family Trust

Address: 1153 Country Club Dr.

City/State/Zip: Minden, NV 89423

Affidavit of Death

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

- Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)
- Judgment – NRS 17.150(4)
- Military Discharge – NRS 419.020(2)

Signature

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

_____.

Affidavit of Death

STATE OF Nevada
COUNTY OF Douglas

I, Bette Messer residing at 1153 Country Club Dr, Minden,
Nevada 89423, being of legal age, depose and say that:

That Paul Lucas Messer, _____,

_____ died on Dec 1, 2017 as
evidence by a certified copy of that Certificate of Death, attached hereto;

That I am the successor to the estate of the descendant and to the descendants interest in funds held by various institutions and no other person has a superior right to the interest of the decedents in the described property;

That no proceeding is being or has been conducted in Douglas Co., Nevada for administration of the descendant's estate.

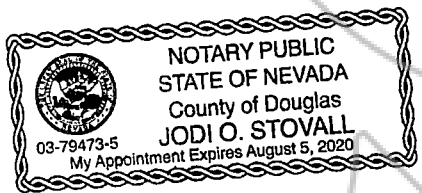
Oath of Affirmation:

I certify under penalty of perjury under Nevada law that I know the contents of this Affidavit signed by me and that the statements are true and correct.

Bette M. Messer
BETTE M. MESSER
12/8/2017 Date

STATE OF Nevada, COUNTY OF DOUGLAS, ss:

Jodi O. Stovall
Notary Public



Notary Public
Title (and Rank)

My commission expires 8-5-20

Exhibit A

Prepared By

Bette Messer
1153 Country Club Drive
Minden, Nevada
89432

After Recording Return To

Bette Messer
1153 Country Club Drive
Minden, Nevada
89423

Space Above This Line for Recorder's Use

NEVADA QUIT CLAIM DEED

State of Nevada

Douglas County

KNOW ALL MEN BY THESE PRESENTS, that for and in consideration of the sum of One-Dollar (\$1.00) and/or other valuable consideration to the below in hand paid to:

A Trust under the name of Messer Family Trust with Bette Messer acting as the Trustee with a mailing address of 1153 Country Club Drive, Minden, Nevada, 89423.

The receipt whereof is hereby acknowledged, the undersigned hereby conveys and quitclaims to Messer Family Trust with Bette Messer acting as the Trustee with a mailing address of 1153 Country Club Drive, Minden, Nevada, 89423 (hereinafter called the "Grantee(s)") all the rights, title, interest, and claim in or to the following described real estate, situated in Douglas County, Nevada, to-wit:

Lot 41, in Block D of SARATOGA SPRINGS ESTATES, UNIT 1, A PLANNED UNIT DEVELOPMENT, as shown on the Official Map recorded in the Office of the County Recorder on June 16, 1990, in Book 690, Page 525, as Document No. 227472

To have and to hold, the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever for the said first party, either in law or equity, to the only proper use, benefit and behoof of the said second party forever.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3991402

CERTIFICATE OF DEATH

2017022630
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) Paul Lucas MESSER		2. DATE OF DEATH (Mo/Day/Year) December 01, 2017		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address) Minden Medical Center Emergency		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 91	
9a. STATE OF BIRTH (If not US/CA, name country) North Dakota		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 18	
13. SOCIAL SECURITY NUMBER ██████████-6108		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Chemical Engineer		14b. KIND OF BUSINESS OR INDUSTRY Chevron	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1153 Country Club Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Frank Albert MESSER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Florence BARTH		
18a. INFORMANT- NAME (Type or Print) Bette MESSER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1153 Country Club Dr Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CRAIG R COLEMAN		20b. FUNERAL DIRECTOR LICENSE NUMBER FD921		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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) GERALD L. COTTRELL MD			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) December 05, 2017		21c. HOUR OF DEATH 11:48		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)	
22d. PRONOUNCED DEAD AT (Hour)					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Gerald L Cottrell MD 1702 County Rd Minden, NV 89423				23b. LICENSE NUMBER 6778	
24a. REGISTRAR (Signature) SHERRIE A CONNELL		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 06, 2017		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		Interval between onset and death			
(a) Cardiopulmonary Arrest		30 Min			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b) Ventricular Tachycardia		1 Hour			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c) Arteriosclerotic Heart Disease		Years			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Aortic Regurgitation, Hypertension, Mitral Regurgitation,				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. 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

VRG-Rev-20120523a



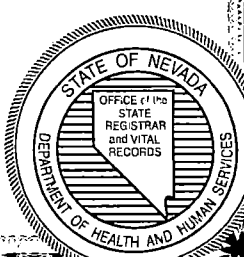
CERTIFIED COPY OF VITAL RECORDS

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 2017**

[Signature]
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