

APN# : 1320-33-310-030

Recording Requested By:

Western Title Company

When Recorded Mail To:

Kathleen L. Hall

1285 Chichester Drive

Gardnerville, NV 89410

Mail Tax Statements to: (deeds only)

(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



Wendy Dunbar

Escrow Officer

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT – DEATH OF TRUSTEE

Kathleen L. Hall, of legal age, being first duly sworn, deposes and says:

1. Plato Eugene Robeson and Barbara Frances Robeson, the decedent mentioned in the attached certified copies of Certificate of Death, are the same persons as Plato Eugene Robeson and Barbara Frances Robeson named as Trustees in the Declaration of Trust dated 5/14/1994 and executed by Plato Eugene Robeson and Barbara Frances Robeson as Trustor(s).
2. At the time of the decedent's death, decedents were the record owners, as Trustees, of certain real property commonly known as 1285 Chichester Drive Gardnerville, NV 89410, which property is described in a Deed which was executed by Kristy Lee Arnold, a single woman as Grantor(s) on February 18, 2015 and recorded as Instrument No. 2015-858318, and re-recorded concurrently herewith 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 certain real property situate in the County of Douglas, State of Nevada, described as follows:
Lot 36, Block O of Final Subdivision Map FSM-1006 of CHICHESTER ESTATES PHASE 1, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on September 12, 1995, in Book 995 at Page 1407 as Document No. 370215 and by Certification of Amendment recorded March 5, 1997 in Book 397, Page 654 as Document No. 407852, Douglas County, Nevada records, and further amended by Certification of Amendment, recorded July 17, 2001, as Document No. 518480, Official Records.
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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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 deaths of the decedents 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.

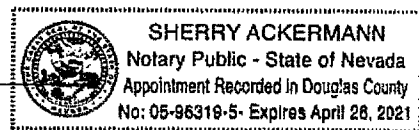
Dated 3-21-18 Kathleen L. Hall
Kathleen L. Hall,

STATE OF NEVADA } SS

COUNTY OF Douglas

This instrument was acknowledged before me on March 21, 2018
By Kathleen L. Hall.

Sherry Ackermann
Notary Public



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS
VB-1 (REV. 1/00)

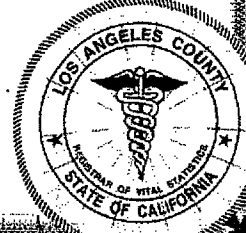
STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) PLATO		2. MIDDLE EUGENE	
3. LAST (FAMILY) ROBESON			
4. DATE OF BIRTH MM/DD/CCYY 10/12/1925		5. AGE YRS 75	
6. SEX MALE		7. DATE OF DEATH MM/DD/CCYY 04/12/2001	
8. HOUR 1830			
9. STATE OF BIRTH ILLINOIS		10. SOCIAL SECURITY NO. ██████-5674	
11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS MARRIED	
13. EDUCATION—YEARS COMPLETED 12			
14. RACE CAUCASIAN		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. USUAL EMPLOYER U.S. POSTAL SERVICE			
17. OCCUPATION POSTAL CLERK		18. KIND OF BUSINESS U.S. GOVERNMENT	
19. YEARS IN OCCUPATION 30			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 6131 WILBUR AVE.			
21. CITY TARZANA		22. COUNTY LOS ANGELES	
23. ZIP CODE 91335		24. YRS IN COUNTY 40	
25. STATE OR FOREIGN COUNTRY CALIFORNIA			
26. NAME, RELATIONSHIP BARBARA FRANCES ROBESON - WIFE		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 6131 WILBUR AVE., TARZANA, CA. 91335	
28. NAME OF SURVIVING SPOUSE—FIRST BARBARA		29. MIDDLE FRANCES	
30. LAST (MAIDEN NAME) LONKOUSKI			
31. NAME OF FATHER—FIRST CLOYD		32. MIDDLE -	
33. LAST ROBESON		34. BIRTH STATE INDIANA	
35. NAME OF MOTHER—FIRST MARGARET		36. MIDDLE -	
37. LAST (MAIDEN) MEAD		38. BIRTH STATE PA	
39. DATE MM/DD/CCYY 04/19/2001		40. PLACE OF FINAL DISPOSITION RES: BARBARA FRANCES ROBESON, 6131 WILBUR AVE., TARZANA, CA. 91335	
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NO. -			
44. NAME OF FUNERAL DIRECTOR NEPTUNE SOCIETY - BURBANK		45. LICENSE NO. FD-1359	
46. SIGNATURE OF LOCAL REGISTRAR <i>Mark Grain</i>		47. DATE MM/DD/CCYY 04/18/2001	
101. PLACE OF DEATH KAISER PERMANENTE HOSPITAL		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ENOP <input type="checkbox"/> DOA	
103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY LOS ANGELES	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 5601 DE SOTO AVE.		106. CITY WOODLAND HILLS	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) CARDIAC ARREST		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 PANCREATIC CANCER	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. DISTAL PANCREATECTOMY, SPLENECTOMY 04/06/2001			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY 04/06/2001		115. SIGNATURE AND TITLE OF CERTIFIER <i>Steven Grain MD</i>	
116. LICENSE NO. G52727		117. DATE MM/DD/CCYY 04/12/2001	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP STEVEN GRAIN MD, 5601 DE SOTO WOODLAND HILLS, CA 91367			
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	
121. INJURY DATE MM/DD/CCYY		122. HOUR	
123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)			
126. SIGNATURE OF CORONER OR DEPUTY CORONER <i>12</i>		127. DATE MM/DD/CCYY	
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
STATE REGISTRAR		FAX AUTH. # 195/7238	
CENSUS TRACT 190098935			

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

Mark Grain APR 20 2001
DATE ISSUED

Director of Health Services and Registrar

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



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052014205877

CERTIFICATE OF DEATH

3201419045882

STATE FILE NUMBER		STATE OF CALIFORNIA <small>USE BLACK INK ONLY / NO ERASERS, HIGHLIGHTERS OR ALTERATIONS 15-111957-3/09</small>		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) BARBARA		2. MIDDLE FRANCES		3. LAST (Family) ROBESON	
4A. ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)					
5. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER -9235		6. SEX F	
9. BIRTH DATE (mm/dd/yyyy) 01/08/1930		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		7. DATE OF DEATH (mm/dd/yyyy) 10/27/2014	
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		8. HOUR (24 Hour) 1750	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED HOMEMAKER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) OWN HOME		19. YEARS IN OCCUPATION 57	
20. DECEDENT'S RESIDENCE (Street and number, or location) 6131 WILBUR AVENUE					
21. CITY RESEDA		22. COUNTY/PROVINCE LOS ANGELES		23. ZIP CODE 91335	
24. YEARS IN COUNTY 57		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP LYNNE PARTON, DAUGHTER			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 6131 WILBUR AVENUE, RESEDA, CA 91335		
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
31. NAME OF FATHER/PARENT - FIRST JOEL		32. MIDDLE		33. LAST LONKOUSKI	
34. BIRTH STATE PA		35. NAME OF MOTHER/PARENT - FIRST LILY		36. MIDDLE	
37. LAST (BIRTH NAME) PROUD		38. BIRTH STATE ENGLAND			
39. DISPOSITION DATE (mm/dd/yyyy) 11/12/2014		40. PLACE OF FINAL DISPOSITION (Residence of Lynne Parton) 6131 WILBUR AVENUE, RESEDA, CA 91335			
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT NEPTUNE SOCIETY		45. LICENSE NUMBER FD 1359		46. SIGNATURE OF LOCAL REGISTRAR JEFFREY GUNZENHAUSER, MD	
47. DATE (mm/dd/yyyy) 11/12/2014					
161. PLACE OF DEATH RESIDENCE					
104. COUNTY LOS ANGELES		106. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 6131 WILBUR AVENUE		108. CITY RESEDA	
107. CAUSE OF DEATH <small>Enter the chain of events -- disease, injury, or complication -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or venous/arterial thrombosis without showing the etiology. DO NOT ABBREVIATE.</small>					
IMMEDIATE CAUSE (Final disease or condition resulting in death) CHRONIC HYPOXEMIC RESPIRATORY FAILURE					
109. DATE (mm/dd/yyyy) MOS: 2014-57968					
110. CHRONIC BRONCHITIS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
111. CEREbrovascular DISEASE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
112. HYPERTENSION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 OSTEOPOROSIS, HYPOTHYROIDISM					
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO					
115. IF FEMALE, FREED FROM HUSBAND? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED <small>Decedent Attended Since: Decedent Last Seen At:</small>		115. SIGNATURE AND TITLE OF CERTIFIER MUTHU CHANDRA M.D.		116. LICENSE NUMBER A35251	
117. DATE (mm/dd/yyyy) 04/18/2013		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MUTHU CHANDRA M.D., 5601 DE SOTO AVENUE, WOODLAND HILLS, CA 91367		119. DATE (mm/dd/yyyy) 11/06/2014	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED					
120. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined					
121. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
123. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)					
124. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
125. SIGNATURE OF CORONER / DEPUTY CORONER					
126. DATE (mm/dd/yyyy)					
127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
STATE REGISTRAR		A B C D E		FAX AUTH.#	
				CENSUS TRACT	
010001002774301					

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.



DATE ISSUED
Jeffrey Gunzenhauser, MD
Director of Public Health and Registrar

NOV 25 2014

This copy is valid unless prepared on engraved border displaying seal and signature of Registrar.



PHNCO 09V7 06/13