

APN# : 1320-32-602-012

Recording Requested By:
eTRCo, LLC.

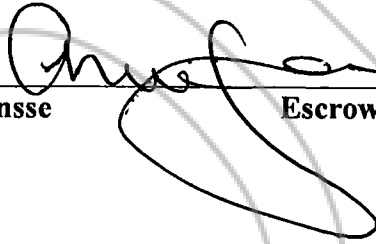
When Recorded Mail To:
Edgar James Stratton
P.O. Box 187
Minden, NV
89423

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 _____



Anu Jansse

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

Edgar James Stratton, of legal age, being first duly sworn, deposes and says:

1. Mary Jane Stratton, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Mary Jane Stratton named as Trustee in the Declaration of Trust dated 9/11/1985 and executed by Edgar James Stratton and Mary Jane Stratton as Trustor(s).
2. At the time of the decedent's death, decedent was the record beneficiary, as Trustee, of certain real property commonly known as 1538 N Hwy 395, Gardnerville, NV 89410, which property is described in a Deed of Trust which was executed by Stratton Center North, a Nevada Partnership as Trustpr(s) on January 26, 2000 and recorded as Instrument No. 485109, in Book 0100, Page 4028, 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:

All that certain piece or parcel of land situate in Section 32, Township 13 North, Range 20 East, Douglas County, Nevada, being more particularly described as follows:

PARCEL 1:

Beginning at the Northern most corner of parcel 3 as shown on Parcel Map for Stratton Document No. 117052, recorded in book 585, page 771 in Official Records of Douglas County, Nevada; Thence North 44°31'32" East, 52.02 feet; Thence South 44°54'00" E, 93.76 feet; Thence South 45°50'07" West, 52.02 feet; Thence South 44°54'00" East, 5.00 feet; Thence South 45°50'07" West, 14.92 feet; Thence South 44°54'00" East, 55.00 feet to a point on the Northerly right-of-way of Cemetery Road; Thence along said right-of-way North 89°50'57" West, 147.10 feet; Thence leaving said right-of-way and along the Eastern right-of-way of Spruce Street North 22°25'54" West, 51.16 feet; Thence leaving said right-of-way line North 44°31'32" East, 99.30 feet to the point of beginning.

PARCEL 2:

Together with an access and parking easement as described in Reciprocal Easement Agreement recorded in the office of the Douglas County Recorder, State of Nevada, on January 26, 2000 in Book 0100 at Page 3991 as Document No. 485104, Official Records.

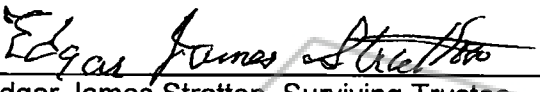
NOTE: The above metes and bounds description appeared previously in that certain Grant, Bargain and Sale Deed recorded in the office of the County Recorder of Douglas County, Nevada on January 15, 2004, as Document No. 602063 of Official Records.

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 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 4/13/18


Edgar James Stratton, Surviving Trustee


STATE OF NEVADA

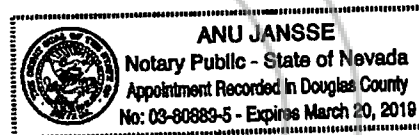
}SS

COUNTY OF Douglas

This instrument was acknowledged before me on

4/13/18
By Edgar James Stratton.


Notary Public



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH

VITAL STATISTICS

CERTIFICATE OF DEATH

2011006278

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) Mary Jane STRATTON		2. DATE OF DEATH (Mo/Day/Year) April 16, 2011		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Riverview Manor		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Residential Care Facility	
4. SEX Female		5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 80		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) March 21, 1931		9a. STATE OF BIRTH (if not U.S.A., name country) Nebraska		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 13		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Edgar James STRATTON	
13. SOCIAL SECURITY NUMBER 4515		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Owner/operator		14b. KIND OF BUSINESS OR INDUSTRY Pharmacy	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1647 Belarra Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Earl TRUEX			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mary RODGERS		
18a. INFORMANT - NAME (Type or Print) Edgar STRATTON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O.Box 187 Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		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) SIGNATURE AUTHENTICATED KAREN SUE MCDERMOTT M.D.			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) April 19, 2011		21c. HOUR OF DEATH 11:28		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Karen Sue McDermott M.D. 1625 E Prater Way #108 Sparks, NV 89434				23b. LICENSE NUMBER 6450	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 26, 2011		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) Senile Dementia, Etiology Unknown				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:				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) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
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

3590629

383460

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: 04/26/2011

R. Griffith
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

VRS-Rev-20110104

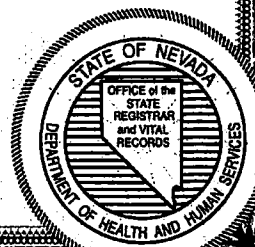


EXHIBIT "A"

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**Assessor's Parcel Number(s):
1320-32-602-012**