

APN: 1419-12-610-013

When Recorded, Please Return To:  
Heritage Law Group, P.C.  
1625 Highway 88, Suite 304  
Minden, Nevada 89423



KAREN ELLISON, RECORDER

Mail Future Tax Statements To:  
Kathleen I. Rothchild, Trustee  
PO Box 1652  
Carson City, NV 89702

**AFFIDAVIT – DEATH OF TRUSTEE**

The attached document does contain the social security number of a person as required by NRS 440.380.

KATHLEEN I. ROTHCHILD (“Declarant”), being of legal age, and being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada that:

1. LARRY R. ROTHCHILD (“Decedent”) is the same person as LARRY RAY ROTHCHILD, who died on March 27, 2018, as referenced in the certified copy of the Certificate of Death which is attached hereto as **Exhibit A** and incorporated herein by this reference.
2. Decedent is the same person named as a trustee in that certain Rothchild Family Trust dated January 17, 2013, executed by LARRY RAY ROTHCHILD and KATHLEEN I. ROTHCHILD as Grantors of the ROTHCHILD FAMILY TRUST (“Trust”).
3. Decedent as a trustee is the same person who was named as a grantee in that certain Quitclaim Deed, which was recorded on February 5, 2013, as Document No. 0817710 in Douglas County, Nevada, as legally described as follows:

**LOT 40, OF VALLEY VIEW SUBDIVISION NO. 2, ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON APRIL 6, 1964, AS FILE NO. 24786.**

4. Declarant is the sole surviving trustee under the Trust. The Trust was in effect at the date of the death of Decedent and has not been revoked. Declarant has consented to act as sole trustee under the Trust.

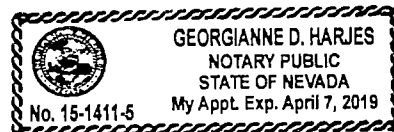
Date: June 7, 2018

*Kathleen I. Rothchild*  
KATHLEEN I. ROTHCHILD, Trustee

State of Nevada )  
County of Douglas )

Signed and sworn to (or affirmed) before me on June 7, 2018, by KATHLEEN I. ROTHCHILD, as Trustee.

*Georgianne D. Harjes*  
Notary Public



**EXHIBIT A  
CERTIFICATE OF DEATH**

COPY

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

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

CASE FILE NO. 4011523

**CERTIFICATE OF DEATH**

2018006284  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Larry R ROTHCHILD</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 27, 2018</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 or Inpatient)(Specify) <b>Continuecare Hospital of Carson Tahoe, Inc. Rehabilitation Facility</b>		4. SEX <b>Male</b>	
DECEDENT	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>78</b>	
	7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>September 19, 1939</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) <b>Kansas</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>16</b>	
	11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Kathleen ISAAK</b>			
PARENTS	13. SOCIAL SECURITY NUMBER <b>4185</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Religion) <b>Pastor</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Religion</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>3531 Arcadia Dr</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Harold ROTHCHILD</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Ethel SELVAGE</b>		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) <b>Kathleen ROTHCHILD</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>3531 Arcadia Dr Carson City, Nevada 89705</b>			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Removal/Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>New Auburn Cemetery</b>		19c. LOCATION City or Town State <b>Auburn California 95603</b>	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CARLEN BLANSETT</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD861</b>		20c. NAME AND ADDRESS OF FACILITY <b>Waltons Funerals &amp; Cremations-Chapel of the Valley</b> <b>1281 N Roop Carson City NV 89706</b>	
	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>JOSE AGUIRRE MD</b> SIGNATURE AUTHENTICATED					
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) <b>April 02, 2018</b>		21c. HOUR OF DEATH <b>17:00</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)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
CAUSE OF DEATH	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) <b>Jose Aguirre MD 1600 Medical Parkway Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>11479</b>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) <b>MELISSA KNIGHT</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 02, 2018</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>Cardiopulmonary Arrest</b>						
DUE TO, OR AS A CONSEQUENCE OF:						
(b) <b>Acute Hypoxemic And Hypercapnic Respiratory Failure</b>						
DUE TO, OR AS A CONSEQUENCE OF:						
(c) <b>Encephalopathy</b>						
DUE TO, OR AS A CONSEQUENCE OF:						
(d) <b>End Stage Renal Failure</b>						
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Sepsis; Pneumonia; Chronic Atrial Fibrillation; Anemia; Unknown Etiology				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

VRS-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: **APR 11 2018**

*Julie Katcheva*  
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

