DOUGLAS COUNTY, NV
Rec:$35.00
$35.00 Pgs=3
2018-915873
06/22/2018 09:13 AM
TITLE SERVICE AND ESCROW - YERINGTON
KAREN ELLISON, RECORDER

APN 1023-00-002-003

Order No. TSL-39325-SL

WHEN RECORDED MAIL TO:

MAIL TAX BILL TO:
Thomas E Drendel, TTEE
George C Roberts 1990 Trust
2245 Hedgewood Drive
Reno, NV 89505

The undersigned hereby affirm that this document submitted for recording does contain the social security number of a person or persons as required by law: NRS 440.380 (1)(A) NRS 40.525 (5)

SPACE ABOVE FOR RECORDER'S USE

AFFIDAVIT DEATH OF TRUSTEE

STATE OF NEVADA)
) ss.
COUNTY OF LYON)

THOMAS E. DRENDEL of legal age, being first duly sworn, deposes and says:

1. That George C Roberts was the original Trustee of ("Trust")

2. THAT the deceased mentioned in the attached certified copy of Certificates of Death, is the same as George C Roberts.

3. That the decedents, as Trustee(s), is/are the same people named as grantee in that certain Corrected Individual Grant Deed dated April 29, 1991 executed by George C Roberts to GEORGE C ROBERTS, TRUSTEE of THE GEORGE C. ROBERTS 1990 TRUST, dated November 29, 1990 and recorded in the Official Records of DOUGLAS County, Nevada, on May 06, 1991 as No. 249999 Book 591 Page 572-573 and covering all of that certain real property described as follows:

COPY

TOWNSHIP 9 NORTH, RANGE 23 EAST, MDB&M

SECTION 4: NORTHWEST QUARTER (NW1/4)

SECTION 5: NORTH HALF (N ½); NORTH HALF (N ½) OF SOUTH HALF (S ½)

TOWNSHIP 10 NORTH, RANGE 23 EAST, MDB&M

SECTION 20: WEST HALF (W ½) OF THE NORTHEAST QUARTER (NE ¼); WEST HALF (W ½) OF SOUTHEAST QUARTER (SE ¼); SOUTHEAST QUARTER (SE ¼) OF SOUTHEAST QUARTER (SE ¼)

SECTION 29: ALL

SECTION 32: ALL

4. That THE GEORGE C. ROBERTS 1990 TRUST, dated November 29, 1990 the successor trustee of is THOMAS E. DRENDEL.

5. That this Affidavit has been executed in the County of WASHOE, State of Nevada.

6. That Affiant certifies and declares under penalty of perjury that the forgoing is true and correct.

Dated: June 12, 2018

THOMAS E. DRENDEL

STATE OF Nevada)
) ss.
COUNTY OF Washoe)

Subscribed and Sworn to before me on June 12, 2018, by THOMAS E. DRENDEL .

Notary Public

ALICIA HOLLAND
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 12-8400-2 - Expires July 21, 2020

COPY

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF RECORDER

COUNTY OF MONO

BRIDGEPORT, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS

VS-11 (REV. 7/97)

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER: 2 1999 26 000024

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN): GEORGE
2. MIDDLE: CLAYTON
3. LAST (FAMILY): ROBERTS
4. DATE OF BIRTH MM/DD/CCYY: 02/06/1921
5. AGE YRS.: 78
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HOURS: HOURS / MINUTES
6. SEX: MALE
7. DATE OF DEATH MM/DD/CCYY: 09/05/1999
8. HOUR: 2233
9. STATE OF BIRTH: CA
10. SOCIAL SECURITY NO.: [redacted] - 3337
11. MILITARY SERVICE: ☐ YES ☒ NO ☐ UNK
12. MARITAL STATUS: MARRIED
13. EDUCATION—YEARS COMPLETED: 12
14. RACE: WHITE
15. HISPANIC—SPECIFY: ☐ YES ☒ NO
16. USUAL EMPLOYER: SELF
17. OCCUPATION: SHEEP RANCHER
18. KIND OF BUSINESS: RANCHING INDUSTRY
19. YEARS IN OCCUPATION: 68

USUAL RESIDENCE

20. RESIDENCE—(STREET AND NUMBER OR LOCATION): 417 ROBERTS RANCH ROAD
21. CITY: TOPAZ
22. COUNTY: MONO
23. ZIP CODE: 96133
24. YRS IN COUNTY: 78
25. STATE OR FOREIGN COUNTR: CALIFORNIA

INFORMANT

26. NAME, RELATIONSHIP: CATALINA ROBERTS - WIFE
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP): 417 ROBERTS RANCH ROAD, TOPAZ, CA 96133

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST: CATALINA
29. MIDDLE: -
30. LAST (MAIDEN NAME): CERVACIO
31. NAME OF FATHER—FIRST: ALBERT
32. MIDDLE: -
33. LAST: ROBERTS
34. BIRTH STA: CA
35. NAME OF MOTHER—FIRST: MABEL
36. MIDDLE: RUTH
37. LAST (MAIDEN): KRAUGH
38. BIRTH STA: CA

DISPOSITION(S)

39. DATE MM/DD/CCYY: 09/10/1999
40. PLACE OF FINAL DISPOSITION: COLEVILLE CEMETERY, COLEVILLE, CA

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S): BURIAL
42. SIGNATURE OF EMBALMER: ▶ [signature]
43. LICENSE NO.: E-6976
44. NAME OF FUNERAL DIRECTOR: WALTONS COLONIAL CHAPEL
45. LICENSE NO.: FD -707
46. SIGNATURE OF LOCAL REGISTRAR: ▶ John O. Cecil, Deputy
47. DATE MM/DD/CCY: 09/08/1999

PLACE OF DEATH

101. PLACE OF DEATH: AT HOME
102. IF HOSPITAL, SPECIFY ONE: ☐ IP ☐ ER/OP ☐ DOA
103. ☐ CONV. HOSP. ☐ RES. CARE ☐ OTHER
104. COUNTY: MONO
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION): 417 ROBERTS RANCH ROAD
106. CITY: TOPAZ

CAUSE OF DEATH

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	ATRIAL FIBRILLATION	MINUTES
DUE TO (B)	ARTERIOSCLEROTIC HEART DISEASE	YEARS
DUE TO (C)		
DUE TO (D)		

108. DEATH REPORTED TO CORONER: ☒ YES ☐ NO — REFERRAL NUMBER: 99-24
109. BIOPSY PERFORMED: ☐ YES ☒ NO
110. AUTOPSY PERFORMED: ☐ YES ☒ NO
111. USED IN DETERMINING CAUSE: ☐ YES ☐ NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: COPD, PULMONARY HYPERTENSION

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.

PHYSICIAN'S CERTIFICATION

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; DECEDENT LAST SEEN ALIVE MM/DD/CCYY
115. SIGNATURE AND TITLE OF CERTIFIER: ▶
116. LICENSE NO.
117. DATE MM/DD/CCY
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

119. MANNER OF DEATH: ☒ NATURAL ☐ SUICIDE ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED
120. INJURY AT WORK: ☐ YES ☐ 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: ▶ S.J. Maris
127. DATE MM/DD/CCYY: 09/07/1999
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER: S.J. MARIS, CHIEF DEPUTY CORONER

2292

STATE REGISTRAR

A / B C D E F G H | FAX AUTH. # | CENSUS TRACT

THE GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA, COUNTY OF MONO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Mono County Recorder.

DATE ISSUED September 14, 1999

RENN NOLAN
MONO COUNTY RECORDER

This copy is not valid unless prepared on an engraved border, displaying the date and signature of the Recorder.

COUNTY RECORDER — MONO COUNTY, CALIFORNIA

THIS DOCUMENT HAS 3 NOTE COLORS

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE