

RECORDING REQUESTED BY

First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**

Marian Eloise Vassar
PO Box 137
Genoa, NV 894

Space Above This Line for
Recorder's Use Only

A.P.N. 1420-07-617-027

File No.: 12142-2547558 (JF)

Affidavit - Death of Trustee

State of Nevada)
County of Carson City)ss.
)

Marian Eloise Vassar ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Roscoe Kay Vassar** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **November 15, 1999** at **Genoa, Nevada** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **January 25, 1995** executed by **Roscoe Kay Vassar and Marion Eloise Vassar** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant, Bargain and Sale Deed** dated **January 25, 1995** which was recorded as Instrument No. **355119** in Book **0195**, Page **3695**, of Official Records of **Douglas** County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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

Dated: August 14, 2018

DECLARANT:

Marian Eloise Vassar
Marian Eloise Vassar, Trustee

State of Nevada)
County of Carson City)ss)

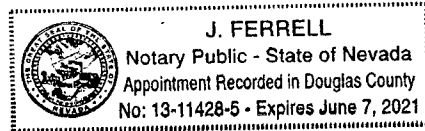
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Carson City and State Nevada this 14 day of August, 2018 by Marian Eloise Vassar, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

This area for official notarial seal

Signature [Signature]

My Commission Expires: 6-7-2021



Notary Name: _____ Notary Phone: _____
Notary Registration Number: _____ County of Principal Place of Business _____

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

99 013255

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Roscoe Kay VASSAR		2. November 15, 1999		3a. Douglas		99 013255	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emr. Rm. Inpatient (Specify)		SEX	
3b. Genoa		3c. 217 Holton Court		3e. 6		4. Male	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, specify Mexican, Cuban, Puerto Rican, etc.)		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6.		7a. 70		8. July 1, 1929	
STATE OF BIRTH (If not U.S.A. name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. California		9b. U.S.A.		10. 16		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name)	
13. 5151		14a. Manager of Projects		14b. Power Plant		12. Marian Bujalski	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Douglas		15c. Genoa		15d. 217 Holton Ct.	
INSIDE CITY LIMITS (Specify Yes or No)		FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		15e. Yes	
		16. Roscoe Kelsey Vassar		17. Elisabeth Barndt			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Marian E. Vassar		18b. P. O. Box 137, Genoa, Nevada 89411					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Cremation		19b. FitzHenry's Crematory		19c. Carson City, Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. <i>James M. C. [Signature]</i>		20b. 217		20c. Home, 1380 Hwy 395, Gardnerville, Nevada 89410			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		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) and manner stated.	
21a. <i>[Signature]</i>		21b. 11-16-99		21c. 2155		22a. <i>[Signature]</i>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH		22d. ON	
21d. Jeffrey Upton, M.D., 907 N. Mountain, Carson City, Nevada		22b.		22c.		22d. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
23a. Jeffrey Upton, M.D., 907 N. Mountain, Carson City, Nevada		24a. <i>[Signature]</i>		24b. Nov. 17, 1999		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
(a) Transferronal Carcinoma of Bladder				26. No		27. Yes	
(b) DUE TO, OR AS A CONSEQUENCE OF:							
(c) DUE TO, OR AS A CONSEQUENCE OF:							
ACC., SUICIDE, HON., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c.		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.		STREET OR R.F.D. No. CITY OR TOWN STATE	
29a.		28f.		28g.			

000730443

No.155536



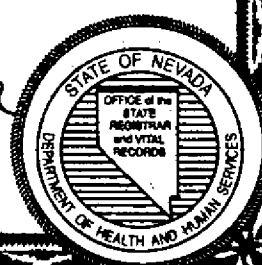
STATE REGISTRAR
CERTIFIED COPY OF VITAL RECORDS

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.

Julie Katchear
STATE REGISTRAR

DATE ISSUED: **AUG 14 2018**

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT 'A'

LOT 32, AS SHOWN ON THE PLAT OF HIGHLAND ESTATES NO. 1, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON JULY 26, 1977, AS DOCUMENT NO. 11379.

