

APN# 1320-32-811-012



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Michael D. Tillson, Esq.

Address: 589 Tahoe Keys Blvd, Ste E4

City/State/Zip: South Lake Tahoe, CA 96150

Mail Tax Statements to:

Name: Rudolph M. Pakes,II and Floyd Kirk Pakes

Address: 971 Third Street

City/State/Zip: South Lake Tahoe, CA 96150

Affidavit-Death of Settlor, Trustee and Beneficiary

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

 Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

 Judgment – NRS 17.150(4)

 Military Discharge – NRS 419.020(2)

Signature

Michael D. Tillson, Esq.

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

Document Transfer Tax \$ -0-
Assessor's Parcel No.: 1320-32-811-012

WHEN RECORDED MAIL TO:

Rudolph M. Pakes II, Trustee
Floyd Kirk Pakes, Trustee
971 Third Street
South Lake Tahoe, CA 96150

MAIL TAX STATEMENTS TO:

Same as Above

The grantor declares:

Documentary transfer tax is \$ -0-
 computed on full value of property conveyed,

AFFIDAVIT--DEATH OF SETTLOR, TRUSTEE AND BENEFICIARY

RUDOLPH M. PAKES, II, and FLOYD KIRK PAKES, of legal age, being first duly sworn, depose and say:

That RUDOLPH MARTIN PAKES, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as is named as the party in that certain Grant, Bargain, and Sale Deed dated April 5, 2006, executed by Rudolph M. Pakes and Edith C. Pakes, to Rudolph M. Pakes, Trustee of the Rudolph M. Pakes Revocable Trust of 2006, as well as the beneficiary under said trust; it being further acknowledged that RUDOLPH M. PAKES, II and FLOYD KIRK PAKES, are the successor trustees under said declaration of trust on the death of RUDOLPH MARTIN PAKES.

The original Grant, Bargain, and Sale Deed aforementioned is recorded as Document No. 0695658 on February 23, 2007, in the Official Records of Douglas County, State of Nevada, covering the following described property situate in the County of Douglas, State of Nevada:

Lot 9, as shown on the map of SIERRA MEADOWS SUBDIVISION PHASE I, filed in the office of the County Recorder of Douglas County, Nevada, on May 18, 1977, as Document No. 09292.

Dated: 8-8-18
~~8-18-18~~

Rudolph M Pakes II
RUDOLPH M. PAKES, II

Dated: 8-8-18

Floyd Kirk Pakes
FLOYD KIRK PAKES

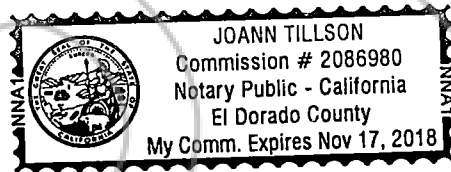
JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document

STATE OF CALIFORNIA)
)
COUNTY OF EL DORADO)

Subscribed and sworn to (or affirmed) before me on this 8th day of August 2018 by RUDOLPH M. PAKES, II, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Joann Tillson



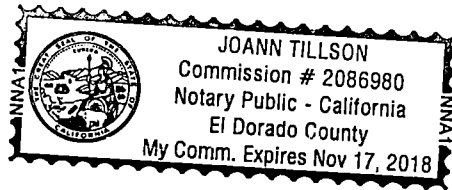
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STATE OF CALIFORNIA)
)
COUNTY OF EL DORADO)

Subscribed and sworn to (or affirmed) before me on this 8th day of August 2018 by FLOYD KIRK PAKES, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Joann Tillson



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY

HEALTH AND HUMAN SERVICES AGENCY

PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH

3201809000182

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) RUDOLPH		3. LAST (Family) PAKES	
2. MIDDLE MARTIN		4. DATE OF BIRTH mm/dd/yyyy 06/04/1926	
AKA, ALSO KNOWN AS - Includes full AKA (FIRST, MIDDLE, LAST)		5. AGE Yrs. 91 If UNDER ONE YEAR: Months Days If UNDER 24 HOURS: Hours Minutes	
6. SEX M		7. DATE OF DEATH mm/dd/yyyy 02/14/2018	
8. BIRTH STATE/FOREIGN COUNTRY OH		10. SOCIAL SECURITY NUMBER -8707	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SROP (at Time of Death) MARRIED	
13. EDUCATION - Highest Level/Degree (See worksheet on back) HS GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14.15. WAS DECEDENT HISPANIC/LATINO/VAQUERO/SPANISH? If yes, see worksheet on back <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. DECEDENT'S RACE - Up to 3 races may be listed (See worksheet on back) WHITE		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED OWNER	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AUTOMOTIVE		19. YEARS IN OCCUPATION 20	
20. DECEDENT'S RESIDENCE (Street and number, or location) 2186 VENICE DRIVE			
21. CITY SOUTH LAKE TAHOE		22. COUNTY/PROVINCE EL DORADO	
23. ZIP CODE 96150		24. YEARS IN COUNTY 41	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP RUDOLPH PAKES, SON	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 2060 SLALOM COURT, SOUTH LAKE TAHOE, CA 96150		28. NAME OF SURVIVING SPOUSE/SROP-FIRST EDITH	
29. MIDDLE -		30. LAST (BIRTH NAME) CRUZ	
31. NAME OF FATHER/PARENT-FIRST ANDREW		32. MIDDLE -	
33. LAST PAKES		34. BIRTH STATE CZECH REP	
35. NAME OF MOTHER/PARENT-FIRST SUSAN		36. MIDDLE ELIZABETH	
37. LAST (BIRTH NAME) KREMPASKY		38. BIRTH STATE CZECH REP	
39. DISPOSITION DATE mm/dd/yyyy 02/20/2018		40. PLACE OF FINAL DISPOSITION RESIDENCE OF WIFE EDITH PAKES 2186 VENICE DRIVE, SOUTH LAKE TAHOE, CA 96150	
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT MC FARLANE MORTUARY INC	
45. LICENSE NUMBER FD1180		46. SIGNATURE OF LOCAL REGISTRAR ▶ NANCY J WILLIAMS, MD, MPH	
47. DATE mm/dd/yyyy 02/20/2018		48. SIGNATURE OF LOCAL REGISTRAR	
101. PLACE OF DEATH DECEDENT'S RESIDENCE- HOSPICE			
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY EL DORADO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2186 VENICE AVE.	
106. CITY SOUTH LAKE TAHOE		107. CAUSE OF DEATH Enter the chain of events -> disease, injuries, or complications -> that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or venous by fibrillation when it follows the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) RENAL CELL CARCINOMA (B) (C) (D) Sequentially, list conditions, if any, leading to cause on LINE A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	
108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" 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 RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NONE			
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 Decedent Last Seen Alive (A) 07/20/2016 (B) 01/11/2018		115. SIGNATURE AND TITLE OF CERTIFIER ▶ ERIN ELIZABETH JONES M.D.	
116. LICENSE NUMBER A115611		117. DATE mm/dd/yyyy 02/16/2018	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE 2170 SOUTH AVE, SOUTH LAKE TAHOE, CA 96151		ERIN ELIZABETH JONES M.D.	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Cause Not De-termined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
121. INJURY DATE mm/dd/yyyy			
122. HOUR (24 Hours)			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR	A	B	C
D	E	FAX AUTH.#	
CENSUS TRACT		"010001003806182"	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA, COUNTY OF EL DORADO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health and Human Services Agency.

DATE ISSUED

FEB 26 2018



000186846

Nancy Williams
NANCY J WILLIAMS MD, MPH
COUNTY HEALTH OFFICER

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CAELDORADJ