

WHEN RECORDED MAIL TO:

Daniel Hastert
12 Barton Pkwy
Oakdale, CA 95361

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 01804579DKD

APN No.: 1220-15-611-011

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of Douglas }

Daniel John Hastert, being duly sworn, deposes and says:

- Denise Marie Fernand-Stevens, the decedent mentioned in attached copy of Certificate of Death, is the same person as Denise M.F. Stevens named as one of the trustee(s) in that certain Grant, Bargain, Sale Deed dated August 20, 2009, executed by Denise M.F. Stevens to Denise M.F. Stevens, Trustee of the Denise M.F. Stevens Revocable Trust u.t.d. August 20, 2009, recorded on 08/21/2009 as instrument number 0749303, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

- That I, Daniel John Hastert, am named within the aforementioned trust as successor trustee;
- That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
- That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

Dated: Oct 17, 2018

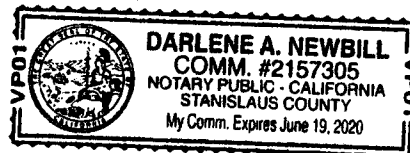
Daniel John Hastert
Successor Trustee

Daniel John Hastert, Successor Trustee

STATE OF ^{California} ~~NEVADA~~ } ss:
COUNTY OF Stanislaus

This instrument was acknowledged before me on October 17, 2018,
by Daniel John Hastert

Darlene A. Newbill
NOTARY PUBLIC



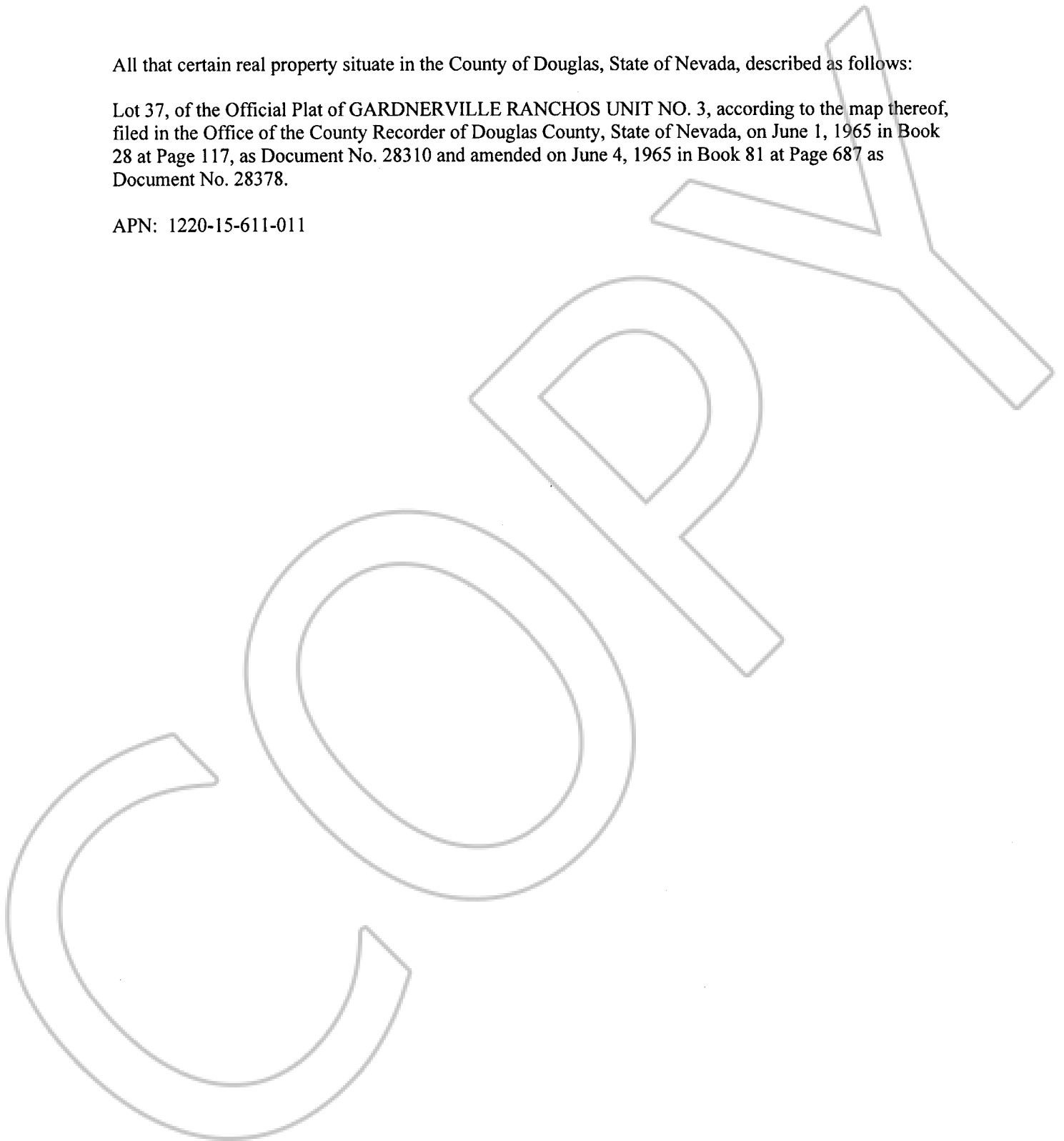
Order No.: 01804579-DKD

EXHIBIT A

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 37, of the Official Plat of GARDNERVILLE RANCHOS UNIT NO. 3, according to the map thereof, filed in the Office of the County Recorder of Douglas County, State of Nevada, on June 1, 1965 in Book 28 at Page 117, as Document No. 28310 and amended on June 4, 1965 in Book 81 at Page 687 as Document No. 28378.

APN: 1220-15-611-011



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

2012003032

STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

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) Denise Marie FERNAND-STEVENS		2. DATE OF DEATH (Mo/Day/Year) January 11, 2012		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) 1583 5th Green Ct		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 74		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY MOS DAYS HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) June 17, 1937		9a. STATE OF BIRTH (If not U.S.A., name country) Luxembourg		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER 0241		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1583 5th Green Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Jean BOEWINGER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Elisabeth MEISCH		
18a. INFORMANT - NAME (Type or Print) Dan HASTERT			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 12 Barton Park Oakdale, California 95361		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N 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) NATE ALMEIDA <i>SIGNATURE AUTHENTICATED</i>		21b. DATE SIGNED (Mo/Day/Yr) February 27, 2012		21c. HOUR OF DEATH 12:14	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) NATE ALMEIDA <i>SIGNATURE AUTHENTICATED</i>		22b. DATE SIGNED (Mo/Day/Yr) February 27, 2012	
		22c. HOUR OF DEATH 12:14		22d. PRONOUNCED DEAD (Mo/Day/Yr) January 11, 2012	
		22e. PRONOUNCED DEAD AT (Hour) 12:14			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy / Coroner NATE ALMEIDA P.O. BOX 218 Minden, NV 89423				23b. LICENSE NUMBER 359	
24a. REGISTRAR (Signature) MICHELE L YOUNG <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 01, 2012		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				Interval between onset and death	
(a) Drowning				Interval between onset and death	
(b) Acute Ethanol Intoxication				Interval between onset and death	
(c) Acute Ethanol Intoxication				Interval between onset and death	
(d) Acute Ethanol Intoxication				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) Yes	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) ACCIDENT		28b. DATE OF INJURY (Mo/Day/Yr) January 11, 2012		28c. HOUR OF INJURY 1214	
28d. DESCRIBE HOW INJURY OCCURRED Accidental		28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Home	
28g. LOCATION 1583 5th Green Ct		STREET OR R.F.D. No.		CITY OR TOWN Gardnerville	
				STATE Nevada	

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.

DATE ISSUED:

03/01/2012

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

STATE REGISTRAR
Rod White
SIGNATURE AUTHENTICATED

VR8-Rev-20110104

