

APN: 1420-33-312-063



KAREN ELLISON, RECORDER

When Recorded, Please Return To:

Heritage Law Group, P.C.
1625 Highway 88, Suite 304
Minden, Nevada 89423

Mail Future Tax Statements To:

Shirley Illomae Klein
1301 Wrangler Circle
Minden, NV 89423

AFFIDAVIT OF DEATH OF SETTLOR/TRUSTEE OF TRUST

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

SHIRLEY ILLOMAE KLEIN, being of legal age, and being of sound mind and body, hereby swears (or affirms) under penalty of perjury, that the following is true of her own personal knowledge:

That ANTHONY C. KLEIN, the decedent mentioned in the attached certified copy of Certificate of Death issued by the State of Nevada, is the same person as ANTHONY C. KLEIN, Settlor and Trustee of the Klein Family Trust and named as one of the grantees in that certain Grant, Bargain and Sale Deed dated July 26, 1990, executed by Anthony C. Klein and Shirley Illomae Klein, husband and wife, and recorded on February 8, 2010, as Document No. 0758311 of Official Records of Douglas County, State of Nevada, which deed pertains to property situated at 1301 Wrangler Circle, Minden, Nevada, more precisely described as:

All that real property situated in the County of DOUGLAS, State of Nevada, bounded and described as follows:

Lot 167 SETFORTH ON THE FINAL MAP OF WILD HORSE UNIT NO 6 A PLANNED UNIT DEVELOPMENT, FILED IN THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON MARCH 15, 1994 IN BOOK 394 AT PAGE 2741 AS DOCUMENT NO 332336.

Pursuant to NRS 111.312, the above legal description previously appeared in Grant, Bargain, Sale Deed recorded on February 8, 2010, as Document No. 0758311.

SHIRLEY ILLOMAE KLEIN shall forthwith serve as sole Trustee of the Klein Family Living Trust, dated July 26, 1990.

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Date: December 3, 2018

Shirley Klein
Shirley Illomae Klein, Trustee

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

Subscribed and sworn to (or affirmed) before me on this 3rd day of December, 2018, by SHIRLEY ILLOMAE KLEIN, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Linda M. Huntsberger
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4014671

CERTIFICATE OF DEATH

2018007488
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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) Anthony C KLEIN | | 2. DATE OF DEATH (Mo/Day/Year) April 14, 2018 | | 3a. COUNTY OF DEATH Douglas | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Minden | | 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and 1301 Wrangler Circle | | 3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. (Inpatient)(Specify) Home | |
| 4. SEX Male | | 5. RACE (Specify) White | | 6. Hispanic Origin? Specify No - Non-Hispanic | |
| 7a. AGE-Last birthday (Years) 90 | | 7b. UNDER 1 YEAR MOS DAYS | | 7c. UNDER 1 DAY HOURS MINS | |
| 8. DATE OF BIRTH (Mo/Day/Yr) February 10, 1928 | | 9a. STATE OF BIRTH (If not US/CA, name country) California | | 9b. CITIZEN OF WHAT COUNTRY United States | |
| 10. EDUCATION 16 | | 11. MARITAL STATUS (Specify) Married | | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Shirley Illomae TEDRICK | |
| 13. SOCIAL SECURITY NUMBER 5822 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Management | | 14b. KIND OF BUSINESS OR INDUSTRY Gas Company | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Minden | |
| 15d. STREET AND NUMBER 1301 Wrangler Circle | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | Ever in US Armed Forces? Yes | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) Anthony Christopher KLEIN | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Marguereta DURANGO | | |
| 18a. INFORMANT- NAME (Type or Print) Shirley Illomae KLEIN | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1301 Wrangler Circle Minden, Nevada 89423 | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services | | 19c. LOCATION City or Town State Carson City Nevada 89701 | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Actin... Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD304 | | 20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701 | |
| 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) REED DOPF MD SIGNATURE AUTHENTICATED | | | 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) | | |
| 21b. DATE SIGNED (Mo/Day/Yr) April 17, 2018 | | 21c. HOUR OF DEATH 03:05 | | 22b. DATE SIGNED (Mo/Day/Yr) | |
| 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) Reed Dopf MD 907 Mountain Street Carson City, NV 89703 | | | | 23b. LICENSE NUMBER 13920 | |
| 24a. REGISTRAR (Signature) MELISSA KNIGHT SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 18, 2018 | | 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) Terminal Complications Of Chronic End Stage Renal Failure, Withdrawl From Dialysis Interval between onset and death (b) DUE TO, OR AS A CONSEQUENCE OF: Chronic Kidney Disease Stage V Interval between onset and death (c) DUE TO, OR AS A CONSEQUENCE OF: Diabetic Nephropathy Interval between onset and death Years (d) DUE TO, OR AS A CONSEQUENCE OF: Diabetes Interval between onset and death Years | | | | 26. AUTOPSY (Specify Yes or No) No | |
| PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Pulmonary Hypertension | | | | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No | |
| 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



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 27 2018**

Julie Katchear
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

