

APN# 1320-33-401-020

**Recording Requested by:**

**Name:** First American Title Insurance Company  
**Address:** 1663 US Highway 395, Suite 101  
**City/State/Zip:** Minden, NV 89423  
**Order Number:** 143-2555098

AFFIDAVIT - DEATH OF TRUSTEE  
(Title of Document)

(for Recorder's use only)

**Recorder Affirmation Statement**

**Please complete Affirmation Statement below:**

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

**-OR-**

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 440.380  
(State specific law)

Emily Tobias Escrow asst.  
**Signature** **Title**

Emily Tobias  
**Print Signature**

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)

**RECORDING REQUESTED BY**

First American Title Insurance  
Company of Nevada

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

Robert Hemsath  
P.O. Box 23  
Gardnerville, NV 89410

Space Above This Line for  
Recorder's Use Only

**A.P.N. 1320-33-401-020**

File No.: 143-2555098 (mk)

**Affidavit - Death of Trustee**

State of Nevada )  
County of Douglas )ss.  
 )

**Robert H. Hemsath** ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

- Susan Katherine Hemsath** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **6-12-2017** at **Gardnerville, Nevada** (city and state of death).
- Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **10-14-1987** executed by **Robert H. Hemsath and Susan K. Hemsath** as trustor(s) (the "Trust").
- Decedent as a trustee is the same person who was named as a grantee in that certain **Grant Bargain Sale Deed** dated **4-12-1996** which was recorded as Instrument No. **385695** in Book **0496**, Page **3248**, 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**

- Decedent 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: 11-27-2018

**DECLARANT:**

Robert M. Hemsath  
**Robert M. Hemsath**  
W.

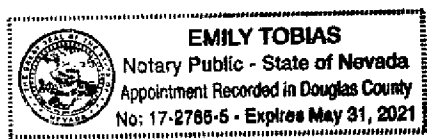
State of NV )  
 )ss  
County of Douglas )

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State Nevada this 12 day of December, 20 18 by Robert W. Hemsath, 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 Emily Tobias  
My Commission Expires: 5/31/21



Notary Name: Emily Tobias Notary Phone: 775-782-5411  
Notary Registration Number: 1727855 County of Principal Place of Business Douglas

**EXHIBIT 'A'**

**A PARCEL OF LAND SITUATED IN AND BEING A PORTION OF SECTION 33, TOWNSHIP 13 NORTH, RANGE 20 EAST, LYING IN THE TOWN OF GARDNERVILLE, COUNTY OF DOUGLAS, STATE OF NEVADA.**

**BEGINNING AT A POINT ON THE NORTHWEST SIDE OF SCHOOL STREET (GILMAN AVENUE), A DISTANCE OF 291 FEET FROM THE CORNER OF SCHOOL STREET AND MAIN STREET, (U.S. HIGHWAY 395): THENCE AT RIGHT ANGLES IN A NORTHWESTERLY DIRECTION, A DISTANCE OF 100.00 FEET TO A POINT; SAID POINT BEING THE SOUTHEAST CORNER OF THE PARCEL OF LAND CONVEYED TO ANNA ATCHESON, A WIDOW, IN DEED RECORDED MAY 16, 1956, IN BOOK C-1 OF DEEDS, PAGE 57, DOUGLAS COUNTY, NEVADA, RECORDS; THENCE AT RIGHT ANGLES IN A SOUTHWESTERLY DIRECTION, A DISTANCE OF 100 FEET TO THE NORTHEAST LINE OF DOUGLAS AVENUE; THENCE AT RIGHT ANGLES IN A SOUTH-EASTERLY DIRECTION, ALONG THE NORTHEASTERLY LINE OF SAID DOUGLAS AVENUE, A DISTANCE OF 100 FEET; THENCE AT RIGHT ANGLES IN A NORTHEASTERLY DIRECTION, A DISTANCE OF 100 FEET, TO THE POINT OF BEGINNING.**

**NOTE : THE ABOVE METES AND BOUND DESCRIPTION APPEARED PREVIOUSLY IN THAT CERTAIN DOCUMENT RECORDED OCTOBER 7, 1980, IN BOOK 1080, PAGE 530, AS INSTRUMENT NO. 49388.**

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 3961791

**CERTIFICATE OF DEATH**

**2017011363**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Susan Katherine HEMSATH</b>		2. DATE OF DEATH (Mo/Day/Year) <b>June 12, 2017</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or Inpatient)(Specify) <b>1421 Douglas Ave Home</b>		4. SEX <b>Female</b>	
	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>75</b>	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>May 28, 1942</b>	
	9a. STATE OF BIRTH (If not US/CA, name country) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Robert W HEMSATH</b>			
	13. SOCIAL SECURITY NUMBER <b>8717</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>Hardware</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
	15d. STREET AND NUMBER <b>1421 Douglas Ave</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Earnhart W THRAN</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Dorothy A ATCHESON</b>		
DECEDENT	18a. INFORMANT - NAME (Type or Print) <b>Judith THRAN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>PO Box 36 Gardnerville, Nevada 89410</b>			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CRAIG R COLEMAN</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD921</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> <b>1521 Church Street Gardnerville NV 89410</b>	
	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) <b>JUDITH E ROSSO DO</b> SIGNATURE AUTHENTICATED					
PARENTS	21b. DATE SIGNED (Mo/Day/Yr) <b>June 19, 2017</b>		21c. HOUR OF DEATH <b>07:47</b>		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)	
	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		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) <b>Judith E Rosso DO 1520 Virginia Ranch Rd Gardnerville, NV 89410</b>			
	23b. LICENSE NUMBER <b>DO750</b>		24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b> SIGNATURE AUTHENTICATED			
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 19, 2017</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
DISPOSITION	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I					
	(a) <b>Cardiopulmonary Arrest</b>				Interval between onset and death <b>Days</b>	
	(b) DUE TO, OR AS A CONSEQUENCE OF: <b>Pulmonary Embolism</b>				Interval between onset and death <b>Days</b>	
	(c) DUE TO, OR AS A CONSEQUENCE OF: <b>Atrial Fibrillation</b>				Interval between onset and death <b>Years</b>	
	(d) DUE TO, OR AS A CONSEQUENCE OF: <b>Cardiomyopathy</b>				Interval between onset and death <b>Years</b>	
TRADE CALL	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Hypertension etrial Flutter hypoxia</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		28a. ACC. BURIAL, 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					

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

000677615



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: JUN 23 2017

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



*Cody P. King*  
STATE REGISTRAR

