

APN# 1220-10-811-010

**Recording Requested by:**

**Name:** First American Title Insurance Company

**Address:** 1663 US Highway 395, Suite 101

**City/State/Zip:** Minden, NV 89423

**Order Number:** 143-2555486

Affidavit - Death of Trustee (for Recorder's use only)  
(Title of Document)

**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 111.312  
(State specific law)

Natalie Frey - EO  
Signature Title

Natalie Frey  
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:**  
Gordon Glenn Patterson  
8663 Battle Creek Dr  
Singletown, CA 96088

Space Above This Line for  
Recorder's Use Only

**A.P.N. 1220-10-811-010**

File No.: 143-2555486 (NF)

**Affidavit - Death of Trustee**

State of CA )  
 )ss.  
County of Shasta )

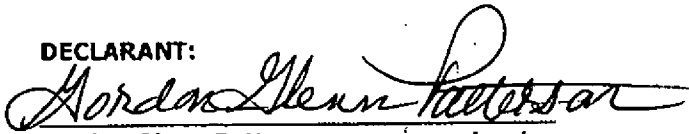
**Gordon Glenn Patterson** ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **John Bieth** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **July 16, 2004** at **Gardnerville, NV** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **May 25th, 1994** executed by **John Bieth and Helen Joyce Bieth** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Individual Grant Deed** dated **September 13, 1995** which was recorded as Instrument No. **370382** in Book **0995**, Page **1919**, 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: January 3, 2019

**DECLARANT:**  
  
Gordon Glenn Patterson, successor trustee

State of \_\_\_\_\_ )  
                                          ) ss  
County of \_\_\_\_\_ )

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County \_\_\_\_\_ and State \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ 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 \_\_\_\_\_

*See Attached  
#6*

My Commission Expires: \_\_\_\_\_

Notary Name: \_\_\_\_\_ Notary Phone: \_\_\_\_\_  
Notary Registration Number: \_\_\_\_\_ County of Principal Place of Business \_\_\_\_\_

# 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

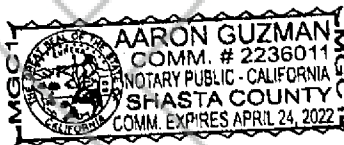
County of Shasta

Subscribed and sworn to (or affirmed) before me on this 10 day of January,  
20 19 by Gordon Glenn Patterson

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature

(Seal)



## OPTIONAL INFORMATION

## INSTRUCTIONS

### DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages \_\_\_\_\_ Document Date \_\_\_\_\_

Additional information

The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one with does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and county information must be the state and county where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of the document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
  - ❖ Additional information is not required but could help to ensure this jurat is not misused or attached to a different document.
  - ❖ Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document with a staple.

**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**

20040009439

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF CERTIFICATE

PARENTS

DISPOSITOR

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH

CAUSE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1 John BIETH		2 July 16, 2004	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b Gardnerville		3a Douglas	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
3c Carson Valley Medical Center		3e Emergency Room	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		SEX	
5 White		4 Male	
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)	
6		7a 80	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a California		9b U.S.A.	
SOCIAL SECURITY NUMBER		Decedent's Education. Specify highest grade completed.	
13 [REDACTED]-3879		10 14 Years	
RECIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a Nevada		15c Gardnerville	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16 Jacob Bieth		17 Barbara Troxler	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a Helen Bieth - Wife		18b 1505 Niblick Drive, Gardnerville, NV 89460	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a Cremation		19b FitzHenry's Crematory	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		NAME AND ADDRESS OF FACILITY	
20a [Signature]		20c Home, 1380 Hwy 395, Gardnerville, NV 89410	
20b 217		20d FitzHenry's Carson Valley Funeral	
21a To the best of my knowledge, death occurred at the time, date and place specified due to the cause(s) stated.		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.	
21b [Signature]		22b [Signature]	
21c 7/16/04		22c 0936	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d ON	
21e		22e AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		LICENSE NUMBER	
23a Joseph Stevenson, M.D., 704 West Nye Lane, Carson City, NV 89703		23b 974	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.)	
24a [Signature]		24b July 20, 2004	
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		DEATH DUE TO COMMUNICABLE DISEASE	
PART 1 (a) Coronary Artery Disease		24c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(b) Ischemic Cardiomyopathy		Interval between onset and death	
(c)		Interval between onset and death	
PART 2 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY (Specify Yes or No)	
26 No		27 Yes	
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo. Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
25a	26b	26c M	26d
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
26e	26f	26g	

STATE REGISTRAR

No. 267721



CERTIFIED COPY OF VITAL RECORDS

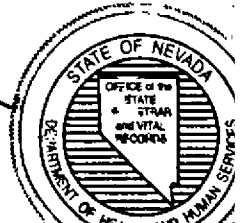
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

DEC 18 2018

*Julie Katchear*  
STATE REGISTRAR

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



**EXHIBIT 'A'**

**LOT 78, AS SAID LOT IS SHOWN ON THE OFFICIAL PLAT OF GARDNERVILLE RANCHOS  
UNIT NO. 3, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY,  
NEVADA, ON JUNE 1, 1965, IN BOOK 28, PAGE 117, AS DOCUMENT NO. 28310, AND  
AMENDED TITLE SHEET ON JUNE 4, 1965, IN BOOK 31, PAGE 687, AS DOCUMENT NO.  
28378.**