



KAREN ELLISON, RECORDER

APN: 21-522-28

WHEN RECORDED RETURN TO:
Richard P Schulze, Esq
140 West Huffaker Lane, Suite 510
Reno, NV 89511

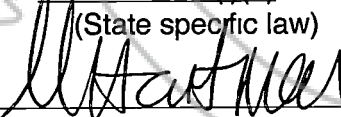
GRANTEE – Mail Tax Statements To:
Allen Wiese
3401 Sunridge Court
Carson City, NV 89705

AFFIDAVIT OF SUCCESSOR TRUSTEE
TITLE OF DOCUMENT

Please complete Affirmation Statement below:

- I the undersigned hereby affirm that this document submitted for recording does not contain the social security number of any person or persons (Per NRS 239B 030)
- I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law NRS 440 380(i)(a)

(State specific law)



Signature (Print name under signature)
MELISSA HARTMAN

APN: 21-522-28

RECORDING REQUESTED BY:

Melissa Hartman
140 West Huffaker Lane, Suite 510
Reno, NV 89511

WHEN RECORDED MAIL TO:

Melissa Hartman
140 West Huffaker Lane, Suite 510
Reno, NV 89511

MAIL TAX STATEMENTS TO:

Allen Wiese
3401 Sunridge Court
Carson City, NV 89705

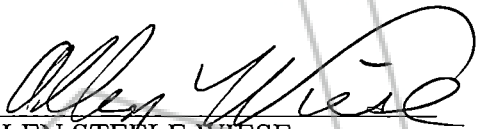
AFFIDAVIT OF SUCCESSOR TRUSTEE

I, ALLEN STEELE WIESE the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct

- (1) By instrument dated March 12, 1997 JOYCE ANN WIESE and ALLEN STEELE WIESE executed the WIESE FAMILY REVOCABLE LIVING TRUST as amended ("Trust")
- (2) Said trust appointed me to serve as sole Successor Trustee upon the death or incapacity of JOYCE ANN WIESE
- (3) JOYCE ANN WIESE died on November 3, 2018 at Reno, Nevada, and was a resident of Douglas County, Nevada Attached hereto is a certified copy of the death certificate
- (4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Successor Trustee
- (5) The following described real property is part of the trust estate See **Exhibit "A"** attached
- (6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustee with respect to the trust's interest in the described property
- (7) No other person has a right to the interest of the Trust in the described property

(8) The described property shall be transferred to me as Successor Trustee

Executed on January 29, 2019 at Reno, Nevada



ALLEN STEELE WIESE
Successor Trustee

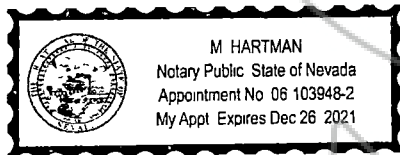
On January 29, 2019 before me, MELISSA HARTMAN a Notary Public, in and for said County and State personally appeared **Allen Steele Wiese** who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that s/he executed the same in his/her authorized capacity, and that by his/her signature on the instrument the persons, or entity upon behalf on which the person acted, executed the instrument

I certify under PENALTY OF PURJURY under the laws of the State of Nevada that the foregoing paragraph is true and correct

WITNESS my hand and official seal



Notary Public

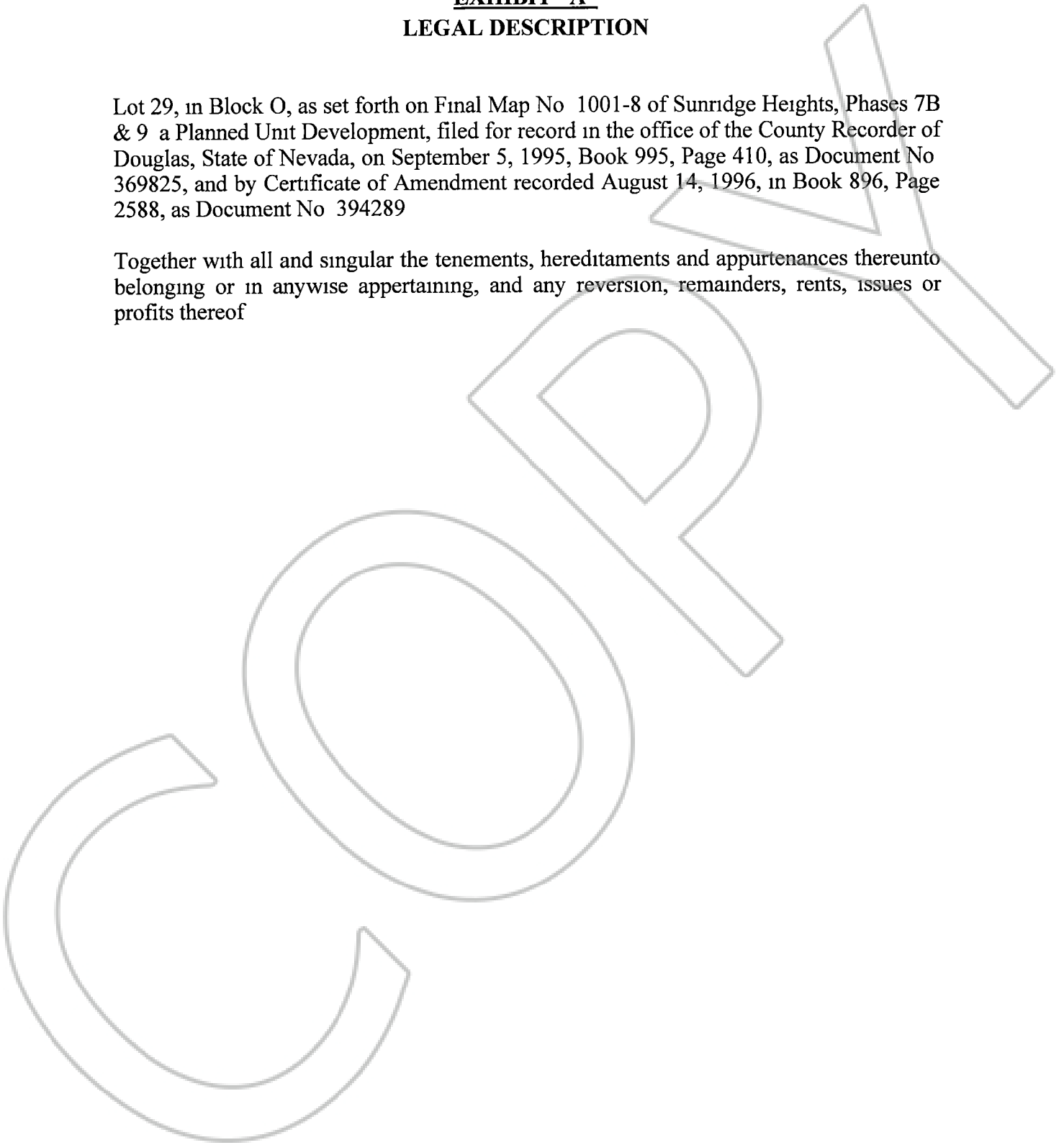


MY Commission Expires 12/26/21

EXHIBIT "A"
LEGAL DESCRIPTION

Lot 29, in Block O, as set forth on Final Map No 1001-8 of Sunridge Heights, Phases 7B & 9 a Planned Unit Development, filed for record in the office of the County Recorder of Douglas, State of Nevada, on September 5, 1995, Book 995, Page 410, as Document No 369825, and by Certificate of Amendment recorded August 14, 1996, in Book 896, Page 2588, as Document No 394289

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversion, remainders, rents, issues or profits thereof



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO NEVADA

CERTIFICATE OF DEATH

2018021205

STATE FILE NUMBER

CASE FILE NO 4049004

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) Joyce Ann WIESE		2 DATE OF DEATH (Mo/Day/Yr) November 03 2018		3a COUNTY OF DEATH Washoe	
3b CITY TOWN OR LOCATION OF DEATH Reno		3c HOSPITAL OR OTHER INSTITUTION -Name (If not either give street and Renown Regional Medical Center		3e If Hosp or Inst indicate DOA OPI/Emer Rm Inpatient(Specify) Inpatient	
4 SEX Female		5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic	
7a AGE Last birthday (Years) 76		7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS	
8 DATE OF BIRTH (Mo/Day/Yr) October 19, 1942		9a STATE OF BIRTH (If not US/CA name country) California		9b CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 13		11 MARITAL STATUS (Specify) Married		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Allen S WIESE	
13 SOCIAL SECURITY NUMBER ██████████ 2888		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Homemaker		14b KIND OF BUSINESS OR INDUSTRY Own Home	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY TOWN OR LOCATION Carson City	
15d STREET AND NUMBER 3401 Sunridge Court		15e INSIDE CITY LIMITS (Specify Yes or No) No		16 FATHER/PARENT - NAME (First Middle Last Suffix) Cyprian Andrew DAVIS	
17 MOTHER/PARENT - NAME (First Middle Last Suffix) Sarah COOK		18a INFORMANT - NAME (Type or Print) Allen S WIESE		18b MAILING ADDRESS (Street or R F D No City or Town State Zip) 3401 Sunridge Court Carson City Nevada 89705	
19a BURIAL, CREMATION REMOVAL OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME Sierra Crematory		19c LOCATION City or Town State Reno Nevada 89503	
20a FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) TAMAR R BEAULAC		20b FUNERAL DIRECTOR LICENSE NUMBER FD870		20c NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502	
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) JULIE SCHRADER DO		21b DATE SIGNED (Mo/Day/Yr) November 07, 2018		21c HOUR OF DEATH 09 03	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Julie Schrader DO 990 E Ninth St Reno, NV 89512		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) JULIE SCHRADER DO		22b DATE SIGNED (Mo/Day/Yr) November 07, 2018	
22c SIGNATURE AUTHENTICATED		22d PRONOUNCED DEAD (Mo/Day/Yr) November 03, 2018		22e PRONOUNCED DEAD AT (Hour) 09 03	
23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING/PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) Julie Schrader DO 990 E Ninth St Reno, NV 89512		23b LICENSE NUMBER DO2116		24a REGISTRAR (Signature) VICTORIA STEBBINS	
24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 07, 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) Complications Of Blunt Force Trauma Of The Head	
25b DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death		25c DUE TO OR AS A CONSEQUENCE OF	
25d DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death		25e DUE TO OR AS A CONSEQUENCE OF	
25f DUE TO OR AS A CONSEQUENCE OF		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 Mechanical Heart Valve Replacement With Medical Anticoagulation	
26 ACC SUICIDE HOM UNDET OR PENDING INVEST (Specify) ACCIDENT		26b DATE OF INJURY (Mo/Day/Yr) October 25 2018		26c HOUR OF INJURY 0220	
26d DESCRIBE HOW INJURY OCCURRED Ground Level Fall With Medical Co-Morbidities		27 AUTOPSY (Specify Yes or No) No		27 W-S CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28a INJURY AT WORK (Specify Yes or No) No		28b PLACE OF INJURY - At home, farm street factory office building etc (Specify) Residence		28c LOCATION STREET OR R F D No CITY OR TOWN STATE 3401 Sunridge Court Carson City Nevada	

STATE REGISTRAR

000320273

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

11/8/2018

SIGNATURE AUTHENTICATED

DEPUTY REGISTRAR

DATE ISSUED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

