

APN# : 1022-16-001-079

DOUGLAS COUNTY, NV      **2019-926216**  
Rec:\$35.00  
\$35.00      Pgs=5      02/28/2019 02:57 PM  
ETRCO  
KAREN ELLISON, RECORDER

**Recording Requested By:**  
Western Title Company

**When Recorded Mail To:**  
George E. Kohler  
1275 Crain Street  
Carson City, NV 89703

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. (Per NRS 440.380 (1)(5) & 40.525 (5))

**Signature** \_\_\_\_\_  
**Traci Adams      Escrow Officer**

\_\_\_\_\_  
**Affidavit Death of Trustee**

This page added to provide additional information required by NRS 111.312  
(additional recording fee applies)

## AFFIDAVIT - DEATH OF TRUSTEE

George E. Kohler, of legal age, being first duly sworn, deposes and says:

That Carol L. Davis-Kohler, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Carol Lynette Davis-Kohler named as one of the parties in that certain Grant Deed dated 5/5/2005 executed by George Kohler and Carol Kohler, husband and wife as joint tenants with right of survivorship to George E. Kohler and Carol L. Davis-Kohler, Trustees of The George and Carol Kohler Living Trust dated May 5, 2005, recorded as instrument No. 0644052, on 5/11/2005, in Book0505, Page 04533, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Dated 2-23-19

George E Kohler  
George E. Kohler  
Surviving Joint Tenant

STATE OF NEVADA


COUNTY OF CARSON CITY

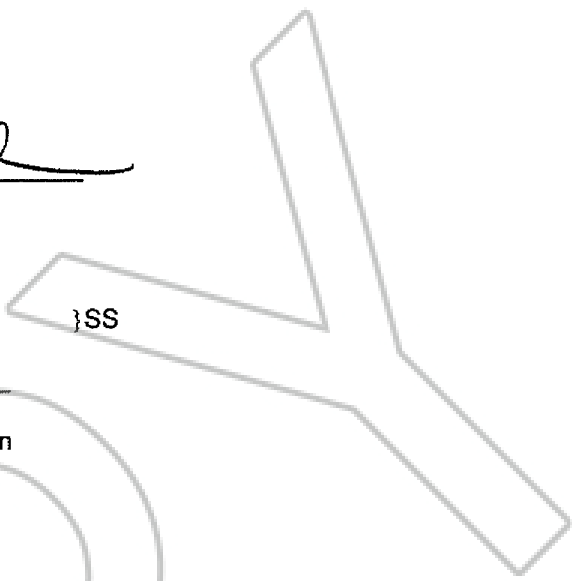
This instrument was acknowledged before me on

FEBRUARY 21, 2019

by George E. Kohler.

[Signature]  
Notary Public

 ERNIE MAYHORN  
Notary Public, State of Nevada  
Appointment No. 04-89904-3  
My Appt. Expires Oct 21, 2020

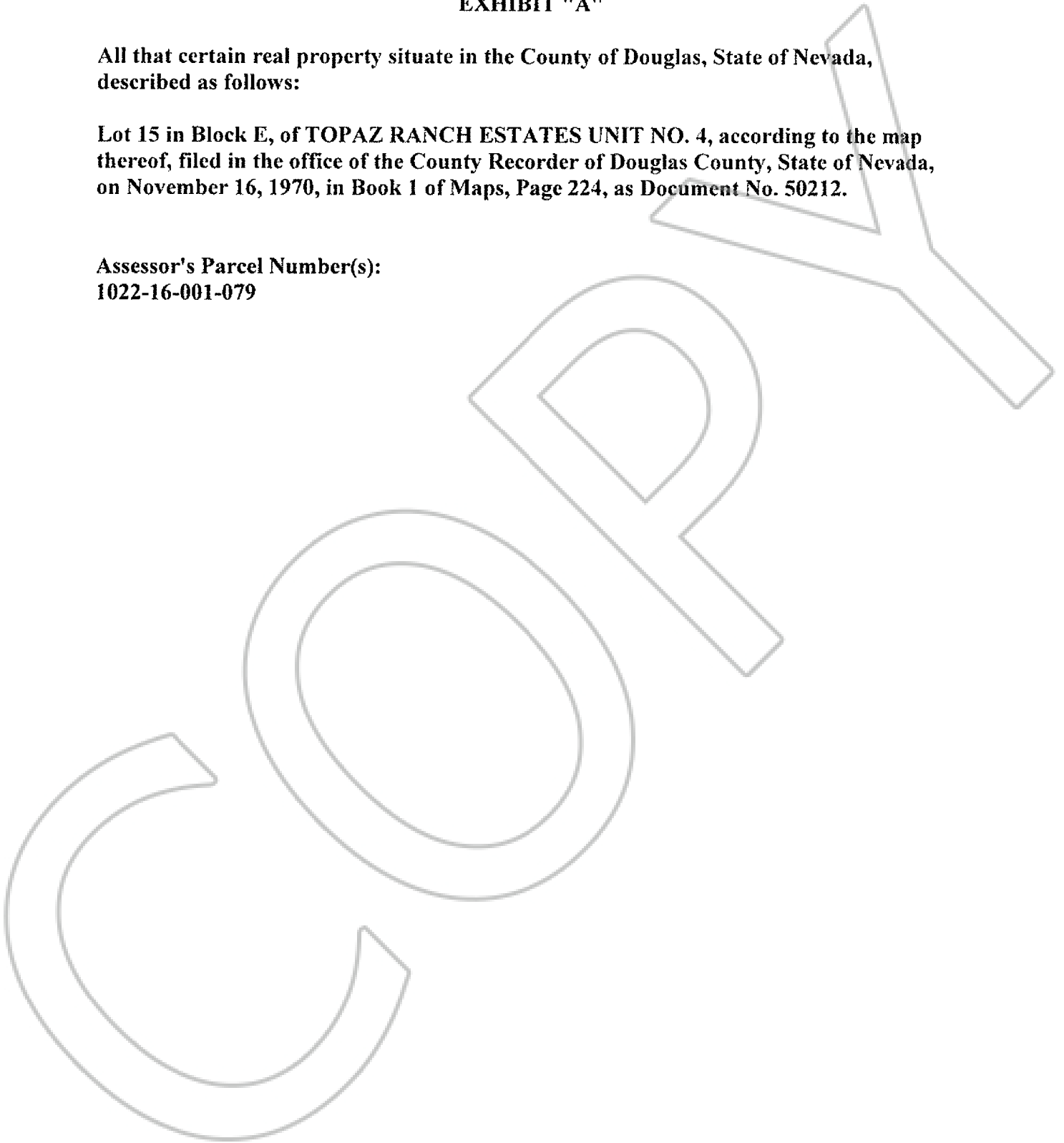


**EXHIBIT "A"**

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

**Lot 15 in Block E, of TOPAZ RANCH ESTATES UNIT NO. 4, according to the map  
thereof, filed in the office of the County Recorder of Douglas County, State of Nevada,  
on November 16, 1970, in Book 1 of Maps, Page 224, as Document No. 50212.**

**Assessor's Parcel Number(s):  
1022-16-001-079**



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

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

CASE FILE NO. 4065256

**CERTIFICATE OF DEATH**

2019002466  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

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) <b>Carol Lynette DAVIS-KOHLER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 04, 2019</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. <b>Emergency Room / Outpatient</b>	
4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>58</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>DAYS</b>	
7d. HOURS <b>HOURS</b>		7e. MINS <b>MINS</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>December 12, 1960</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>	
11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>George Eric KOHLER</b>		13. SOCIAL SECURITY NUMBER <b>-5255</b>	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) <b>Senior Account Manager</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Drug Industry</b>		Ever in US Armed Forces? <b>No</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Carson City</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
15d. STREET AND NUMBER <b>1275 Crain Street</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Bill DAVIS</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Barbara GILMORE</b>		18a. INFORMANT - NAME (Type or Print) <b>George Eric KOHLER</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1275 Crain Street Carson City, Nevada 89703</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Autumn Cremation Services</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD304</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations</b> <b>1575 N Lompa Ln Carson City NV 89701</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. (Signatures & Title) <b>SOWJANYA REGANTI MD</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)		
21b. DATE SIGNED (Mo/Day/Yr) <b>February 11, 2019</b>		21c. HOUR OF DEATH <b>20:50</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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>Sowjanya Reganti MD 236 West 6th Street Reno, NV. 89503</b>		23b. LICENSE NUMBER <b>12627</b>	
24a. REGISTRAR (Signature) <b>ANGELICA RAMIREZ</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 11, 2019</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		PART I		Interval between onset and death	
(a) <b>Pancreatic Cancer</b>				<b>02/05/2018</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b)				Interval between onset and death	
(c)				Interval between onset and death	
(d)				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) <b>No</b>	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
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

000755173



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: **FEB 14 2019**

*Julie Katcheva*  
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

VRS-Rev-20120523a

