

APN: 1320-08-410-025
Recording Requested By/Return To:
JULIA S. GOLD
LAW OFFICES OF JULIA S. GOLD, P.C.
641 Humboldt Street
Reno, Nevada 89509



KAREN ELLISON, RECORDER

Mail Tax Information To:

Susan J. Shankle
PO Box 93
Genoa, NV 89411

The undersigned hereby affirms that this document submitted for recording does contain the social security number of the Decedent. NRS 440.380

AFFIDAVIT – DEATH OF TRUSTEE

State of Nevada)
County of Washoe)

SUSAN J. SHANKLE, of legal age, being first duly sworn, deposes and says:

1. On August 12, 2014, ALBERT R. SHANKLE and SUSAN J. SHANKLE, as Settlor and Trustees executed the SHANKLE FAMILY TRUST.

2. That on August 12, 2014, the Settlor, AL SHANKLE and SUSAN SHANKLE, husband and wife, as joint tenants with rights of survivorship, executed a GRANT, BARGAIN, SALE DEED dated August 12, 2014, recorded as Document No. 2014-851459 on October 22, 2014, in the Official Records County of Douglas, State of Nevada, conveying title to ALBERT R. SHANKLE and SUSAN J. SHANKLE, Trustees of the SHANKLE FAMILY TRUST dated August 12, 2014, in the hereinafter described real property:

**SEE EXHIBIT “A” ATTACHED
HERETO AND INCORPORATED HEREIN**

Assessor’s Parcel Number 1320-08-410-025
Commonly known as: 2222 Park Place 3A, Minden, NV

3. On November 25, 2017, ALBERT RAY SHANKLE, the same person as ALBERT R. SHANKLE, the Co-Trustee named above and the same person as the decedent mentioned in the certified copy of Certificate of Death attached hereto, died.

4. That upon the death of ALBERT RAY SHANKLE, SUSAN J. SHANKLE became the successor trustee under the SHANKLE FAMILY TRUST DATED AUGUST 12, 2014.

5. Title in the above referenced property is now vested in SUSAN J. SHANKLE, Trustee of the SHANKLE FAMILY TRUST DATED AUGUST 12, 2014.

SHANKLE FAMILY TRUST
DATED AUGUST 12, 2014

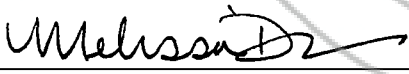
Dated: August 14, 2018.


SUSAN J. SHANKLE, TRUSTEE

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 Nevada)
County of Washoe)

Subscribed and sworn to (or affirmed) before me on this 14th day of August, 2018, by SUSAN J. SHANKLE, who proved to me on the basis of satisfactory evidence to be the person who appeared before me.


NOTARY PUBLIC
Commission Number: 12-7095-2
My Commission Expires: 2-17-2020

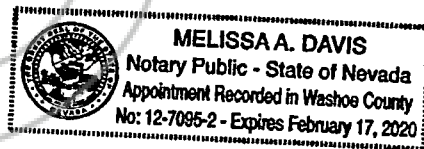


Exhibit A

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

All that portion of Block "B" of MERIDIAN BUSINESS PARK, PHASE 1, as shown on that Record of Survey #6 for Meridian Business Park, filed in the Office of the County Recorder of Douglas County, State of Nevada, on October 9, 1992, in Book 1092, Page 1545, Document No. 290399, more particularly described as follows:

Beginning at the Northeast corner of Lot 3 as shown on said Record of Survey #6;
thence North $87^{\circ}44'13''$ East 213.98 feet;
thence South $42^{\circ}22'22''$ East 425.01 feet;
thence along a curve concave to the North with a radius of 385.85 feet, a central angle of $75^{\circ}23'05''$ and an arc length of 507.67 feet, the chord of which bears South $77^{\circ}59'42''$ West 471.83 feet;
thence North $64^{\circ}18'46''$ West 42.98 feet;
thence North $00^{\circ}03'04''$ East, 385.05 feet to the POINT OF BEGINNING.

The basis of bearing of this survey is identical with that of Meridian Business Park, Phase I, filed for record on June 15, 1989, in Book 689, Page 1931, Document No. 204160, being the bearing the bearing "North $89^{\circ}46'14''$ East" along the Southerly right-of-way line of Airport Road.

Note (NRS 111.312): The above metes and bounds description appeared previously in that certain GRANT DEED, recorded in the office of the County Recorder of Douglas County, Nevada on December 18, 1997, in Book No. 1297, Page 3637 as Document No. 0428752, of Official Records.

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3927061

CERTIFICATE OF DEATH

2016021563
STATE FILE NUMBER

| | | | | | | |
|--|---|---|--|---|---|--|
| TYPE OR PRINT IN PERMANENT BLACK INK | 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Albert Ray SHANKLE | | 2. DATE OF DEATH (Mo/Day/Year) November 25, 2016 | | 3a. COUNTY OF DEATH Douglas | |
| | 3b. CITY, TOWN, OR LOCATION OF DEATH Genoa | | 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address) 2514 Jacks Valley Road | | 3e. if Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home | |
| DECEDENT | 4. SEX Male | | 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 | |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS | 8. DATE OF BIRTH (Mo/Day/Yr) September 09, 1940 | | 9a. STATE OF BIRTH (if not US/CA, name country) Arkansas | | 9b. CITIZEN OF WHAT COUNTRY United States | |
| | 10. EDUCATION 12 | | 11. MARITAL STATUS (Specify) Married | | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Susan RIDER | |
| PARENTS | 13. SOCIAL SECURITY NUMBER ██████████-2927 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) | | 14b. KIND OF BUSINESS OR INDUSTRY | |
| | 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Genoa | |
| DISPOSITION | 15d. STREET AND NUMBER 2514 Jacks Valley Road | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | 16. FATHER/PARENT - NAME (First Middle Last Suffix) Alva SHANKLE | |
| | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Bernice ROTTENBERRY | | 18a. INFORMANT - NAME (Type or Print) Susan SHANKLE | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2514 Jacks Valley Road Genoa, Nevada 89411 | |
| TRADE CALL | 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial | | 19b. CEMETERY OR CREMATORY - NAME Hartford Cemetery | | 19c. LOCATION City or Town State Hartford *arkansas | |
| | 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTIE D WILDE SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE NUMBER 870 | | 20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701 | |
| CERTIFIER | 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) DINA TACK M.D. 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) November 30, 2016 | | 21c. HOUR OF DEATH 23:30 | | 22b. DATE SIGNED (Mo/Day/Yr) | |
| REGISTRAR | 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22c. HOUR OF DEATH | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) | |
| | 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dina Tack M.D. 1535 Medical Parkway Carson City, NV 89703 | | 23b. LICENSE NUMBER 13333 | | 24a. REGISTRAR (Signature) SHANNON JANE MCGUINNESS SIGNATURE AUTHENTICATED | |
| CAUSE OF DEATH | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 30, 2016 | | 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) Metastatic Prostate Cancer | |
| | 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (b) DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death 2 Years | | Interval between onset and death | |
| CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST | 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (c) DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death | | Interval between onset and death | |
| | 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (d) DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death | | 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) No | | |
| 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes | | 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 | | 28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE | | |

STATE REGISTRAR

VRS-Rev-20120523a



CERTIFIED COPY OF VITAL RECORDS

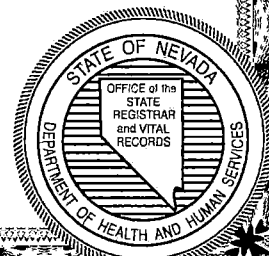
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

DEC 06 2016

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

Cody P. ...
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE