

APN 1318-23-810-055

**RECORDING REQUESTED BY AND  
WHEN RECORDED MAIL TO:**

Ronald D. Alling, Esq.  
c/o ALLING & JILLSON, LTD.  
276 Kingsbury Grade, Suite 2000  
Post Office Box 3390  
Lake Tahoe, Nevada 89449-3390



KAREN ELLISON, RECORDER

Pursuant to *NRS* 440.380, I, the undersigned, affirm that this document submitted for recording does not contain personal information of any person or persons.

**NOTICE OF DEATH OF TRUSTEE**

**COMES NOW** Alois J. Betschart, Jr., and being first duly sworn, deposes and says:

1. That Alois J. Betschart was the original Trustee of The Alois Betschart Revocable Trust Dated November 24, 1997;

2. That as Trustee, Alois J. Betschart acquired title to certain real property situate in the County of Douglas, State of Nevada as follows:

Lot 21, Block B, as shown on the official map of KINGSBURY MEADOWS SUBDIVISION, recorded in the office of the County Recorder on July 5, 1955, in Book 1 of Maps as Document No. 10542.

3. That Alois J. Betschart died in Douglas County, Nevada, on or about March 17, 2019. The State of Nevada issued a Death Certificate, No. 2019005200, attached hereto as Exhibit "A" and incorporated herein by reference.

4. Pursuant to the trust instrument which states, "In the event of the death of Alois J. Betschart, or if for any reason whatsoever he ceases to serve as Trustee hereunder, the Grantor nominates and appoints Alois J. Betschart, Jr. to serve as Trustee hereunder without the approval of any court";

Now, therefore, be it known the undersigned is acting as sole Trustee of The Alois Betschart Revocable Trust Dated November 24, 1997.

IN WITNESS WHEREOF, Alois J. Betschart, Jr. has executed this document at Douglas County, Nevada, on this 29<sup>th</sup> day of March, 2019.

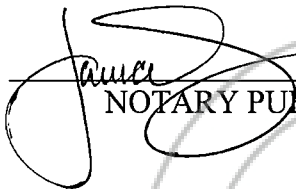


ALOIS J. BETSCHART, JR., Trustee

STATE OF NEVADA        )  
                                  ) ss.  
COUNTY OF DOUGLAS    )

This instrument was acknowledged before me on March 29, 2019 by Alois J. Betschart, Jr.

WITNESS my hand and official seal.

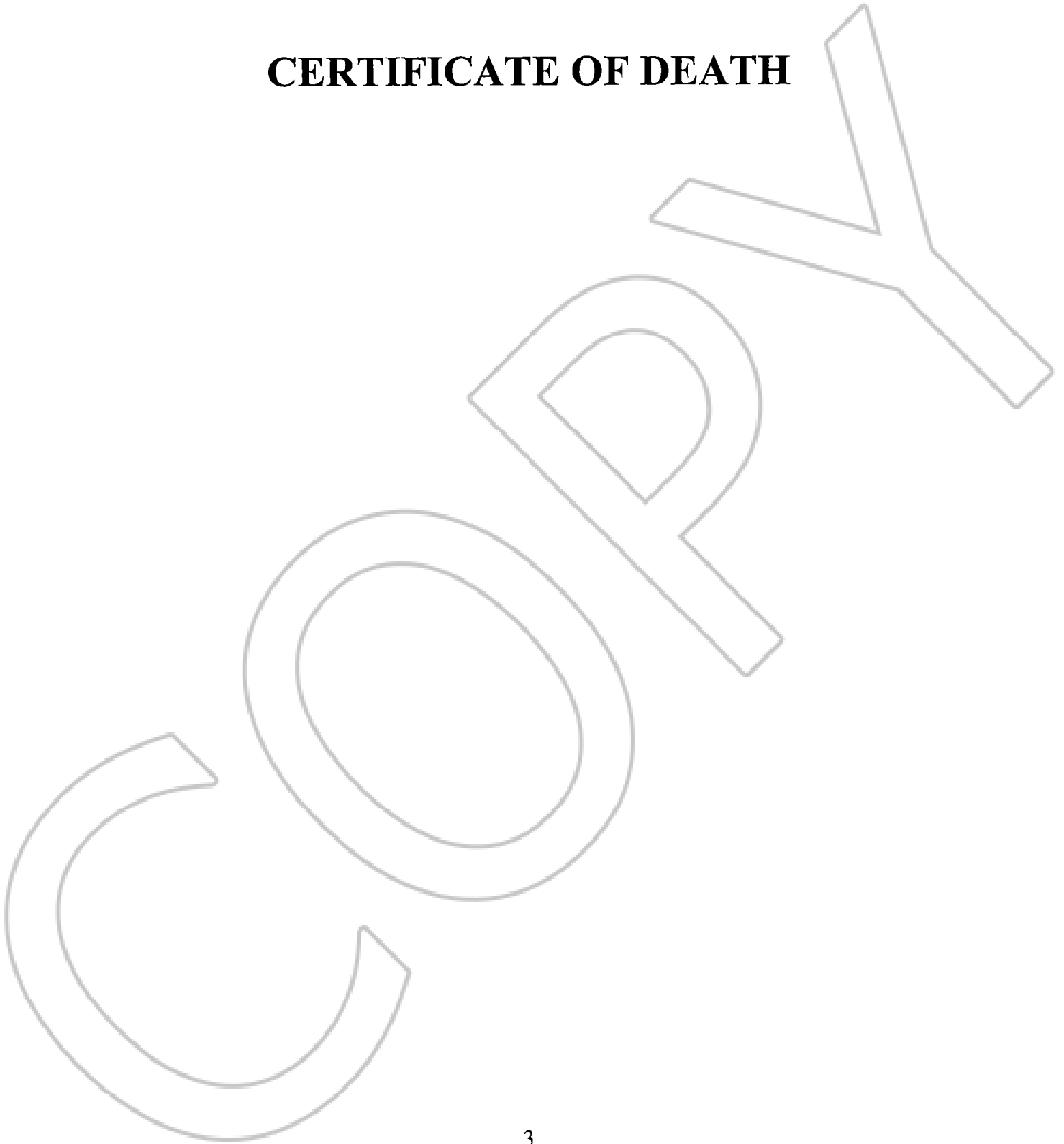


NOTARY PUBLIC



**EXHIBIT "A"**

**CERTIFICATE OF DEATH**



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

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

CASE FILE NO. 4072265

**CERTIFICATE OF DEATH**

2019005200  
STATE FILE NUMBER

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) <b>Alois Josef BETSCHART</b>		2 DATE OF DEATH (Mo/Day/Year) <b>March 17, 2019</b>		3a COUNTY OF DEATH <b>Douglas</b>	
3b CITY, TOWN, OR LOCATION OF DEATH <b>Statlina</b>		3c HOSPITAL OR OTHER INSTITUTION -Name (If not either give street and Inpatient(Specify) <b>130 Woodland Way Home</b>		4 SEX <b>Male</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	7a AGE-Last birthday (Years) <b>78</b>	7b UNDER 1 YEAR MOS   DAYS   HOURS   MINS	7c UNDER 1 DAY HOURS   MINS
8 DATE OF BIRTH (Mo/Day/Yr) <b>April 12, 1940</b>		9a STATE OF BIRTH (If not US/CA, name country) <b>Switzerland</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10 EDUCATION <b>12</b>		11 MARITAL STATUS (Specify) <b>Divorced</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13 SOCIAL SECURITY NUMBER <b>0226</b>		14a USUAL OCCUPATION (Give Kind of Work Done During Most of <b>REAL ESTATE INVESTOR</b>		14b KIND OF BUSINESS OR INDUSTRY <b>REAL ESTATE</b>	
15a RESIDENCE - STATE <b>Nevada</b>		15b COUNTY <b>Douglas</b>	15c CITY, TOWN OR LOCATION <b>Statlina</b>	15d. STREET AND NUMBER <b>130 Woodland Way</b>	15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>Alois BETSCHART</b>			17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Mary HOLDENER</b>		
18a. INFORMANT- NAME (Type or Print) <b>Alois Josef BETSCHART</b>		18b MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) <b>272 Elks Point Road Zephyr Cove, Nevada 89448</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CHRISTIE D WILDE</b>		20b FUNERAL DIRECTOR LICENSE NUMBER <b>FD917</b>	20c NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home 1637 Esmerelda Place Minden NV 89423</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>STEVEN L BROOKS 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>March 18, 2019</b>		21c HOUR OF DEATH <b>13:10</b>		22b DATE SIGNED (Mo/Day/Yr)	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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>Steven L Brooks MD PO Box 5637 Statlina, NV 89449</b>					23b LICENSE NUMBER <b>5124</b>
24a REGISTRAR (Signature) <b>ANGELICA RAMIREZ</b>		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 18, 2019</b>		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) <b>Metastatic Colon Cancer</b>					Interval between onset and death <b>2 Years</b>
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(b) DUE TO, OR AS A CONSEQUENCE OF					Interval between onset and death
(c) DUE TO, OR AS A CONSEQUENCE OF					Interval between onset and death
(d) 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					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

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: **MAR 21 2019**

*Julie Katcheva*  
STATE REGISTRAR

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

