

**RECORDING REQUESTED BY  
AND WHEN RECORDED  
RETURN TO AND MAIL TAX  
STATEMENTS TO:**

Sherrie S. Young  
1046 W Zuni Ln  
Lakeside, AZ 85929

Space Above This Line for  
Recorder's Use Only

**A.P.N. 1420-07-811-002**

File No.: 8752177

**Affidavit - Death of Trustee**

State of *Arizona* )  
County of *Navajo* )ss.  
)

Sherrie S. Young ("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. Audrey Louise Soehner-Sowers ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on January 6, 2019 at Carson City, Nevada (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated November 18, 1997 executed by Richard L. Sowers and Audrey L. Sowers as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain Quit Claim Deed dated July 15, 2004 which was recorded on July 30, 2004 as Instrument No. 0620278 in Book 0704, Page 13984, 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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.



**EXHIBIT "A"**

LOT 24, IN BLOCK R, AS SET FORTH ON THE FINAL MAP OF SUNRIDGE HEIGHTS, PHASE 6A & 8A, A PLANNED UNIT DEVELOPMENT, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON MAY 1, 1995, BOOK 595, PAGE 1, AS DOCUMENT NO. 361213 AND BY CERTIFICATE OF AMENDMENT RECORDED MAY 17, 1995, BOOK 595, PAGE 2588, AS DOCUMENT NO. 362268, AND ALSO BY CERTIFICATE OF AMENDMENT RECORDED AUGUST 7, 1995, IN BOOK 895, AT PAGE 816, AS DOCUMENT NO. 367680.

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

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

**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

CASE FILE NO. 4059853

2019000669  
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>Audrey Louise SOEHNER-SOWERS</b>			2. DATE OF DEATH (Mo/Day/Year) <b>January 06, 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 and 3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>985 Sunview Dr Home</b>			4. SEX <b>Female</b>						
5. RACE (Specify) <b>White</b>			6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>84</b>		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Year) <b>November 22, 1934</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>12</b>		11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		
13. SOCIAL SECURITY NUMBER <b>██████████-██████-1935</b>			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of			14b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</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>985 Sunview Dr</b>			15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Henry Fredrick SOEHNER</b>						17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Eileen Alice BARKER</b>						
18a. INFORMANT - NAME (Type or Print) <b>Sherrie S YOUNG</b>						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1046 W. Zuni Ln Lakeside, Arizona 85929</b>						
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>			19b. CEMETERY OR CREMATORY - NAME <b>Truckee Meadows Crematory</b>			19c. LOCATION City or Town State <b>Sparks Nevada 89431</b>						
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>ANDREW W JOYCE</b> SIGNATURE AUTHENTICATED			20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD936</b>		20c. NAME AND ADDRESS OF FACILITY <b>Nevada Funeral Services</b> <b>3094 Research Way #63 Carson City NV 89706</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>SIGNATURE AUTHENTICATED</b> <b>NITA SCHWARTZ 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>January 16, 2019</b>			21c. HOUR OF DEATH <b>07:20</b>			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH			
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>Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703</b>									23b. LICENSE NUMBER <b>9114</b>			
24a. REGISTRAR (Signature) <b>ANGELICA RAMIREZ</b> SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 16, 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>Emphysema</b> Interval between onset and death												
DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death												
(b) Interval between onset and death												
DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death												
(c) Interval between onset and death												
DUE TO, OR AS A CONSEQUENCE OF: 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

VRS-Rev-20120523a



CERTIFIED COPY OF VITAL RECORDS

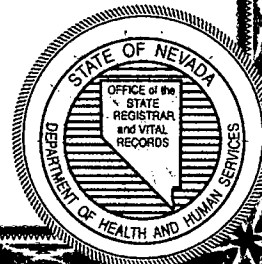
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

**JAN 17 2019**

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

*Julie Katchera*  
STATE REGISTRAR



[ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE]