

Assessor's Parcel Number: 1220-24-801-009

Recording Requested by:
Nancy Rey Jackson, Ltd.
1591 Mono Avenue
Minden, NV 89423



00091714201909296830030030

KAREN ELLISON, RECORDER

Mail Documents and Tax Statements to:
Nancy Lang
699 Marron Way
Gardnerville, NV 89460

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. (Per NRS 239B.030(4))

(State specific law):

NRS 440.090 Requisites of certificates.

NRS 440.380(1)(a) Medical certificate of death: Signature; contents

NRS 40.525(5) Death certificate attached to affidavit

AFFIDAVIT - DEATH OF TRUSTOR

NANCY LANG, of legal age, being first duly sworn, deposes and says:

1. ROBERT WILLIAM LANG, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ROBERT W. LANG, Trustee of The Robert W. Lang 2018 Revocable Trust (Trust).

2. The decedent passed away on March 15, 2019. I am the successor Trustee of the Trust.

3. At the time of the decedent's death, he was the record owner, as Trustee, by way of that certain Quitclaim Deed executed by ROBERT W. LANG, Grantor, recorded on March 29, 2018, as Document Number 912186, Official Records, Douglas County Nevada, concerning the real property commonly known as 619 Appaloosa Lane, Gardnerville, Nevada, and more particularly described as:

A parcel of land situate in and being a portion of Southeast 1/4 of the Southwest 1/4 of Section 24, Township 12 North, Range 20 East, M.D.B.&M. Douglas County, Nevada, said parcel being further described as follows:

Parcel C as shown on that certain Parcel Map for Marvin Stewart recorded July 11, 1979, in Book 779, Page 601, Document No. 34391, Official Records of Douglas County, Nevada.

Together with the tenements, hereditaments, and appurtenances, including easements and water rights, if any thereunto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

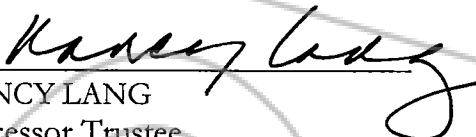
4. I, Nancy Lang, am the named Successor Trustee of the Trust, which was in effect at the time of the death of the decedent, and which has not been revoked. I hereby consent to act as such.

5. The subject property belongs to The Robert W. Lang 2018 Revocable Trust dated March 14, 2018.

6. There is no federal estate tax due as the result of the death of the decedent.

7. There was no probate proceeding relative to the estate of ROBERT W. LANG.

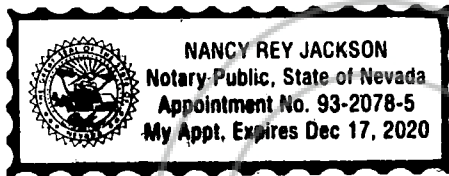
Dated: May 29, 2019.



NANCY LANG
Successor Trustee

STATE OF NEVADA }
COUNTY OF DOUGLAS }

This instrument was acknowledged before me on May 29, 2019, by NANCY LANG.





Notary Public

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4072496

CERTIFICATE OF DEATH

2019005281
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Robert William LANG		2. DATE OF DEATH (Mo/Day/Year) March 15, 2019		3a. COUNTY OF DEATH Carson City	
	3b CITY, TOWN, OR LOCATION OF DEATH Carson City		3c HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or Inpatient(Specify) Carson Tahoe Regional Medical Center Inpatient		3e If Hosp or Inst indicate DOA,OP,Emer Rm Inpatient	
DECEDENT	5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 64	
	7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY		8. DATE OF BIRTH (Mo,Day/Yr) November 05, 1954	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a STATE OF BIRTH (If not US/CA, name country) California		9b CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 18	
	11 MARITAL STATUS (Specify) Never Married		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13 SOCIAL SECURITY NUMBER ██████████-4046		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of		14b KIND OF BUSINESS OR INDUSTRY Aircraft	
	15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d STREET AND NUMBER 619 Appaloosa Lane		15e INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Peter Wall LANG	
	17 MOTHER/PARENT - NAME (First Middle Last Suffix) Sharon Elizabeth COX		18a. INFORMANT - NAME (Type or Pnnt) Nancy LANG		18b MAILING ADDRESS (Street or R.F.D. No. City or Town, State Zip) 699 Marron Way Gardnerville, Nevada 89460	
TRADE CALL	19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
	20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN BLANSETT SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD861		20c NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	
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) CRAIG RAU MD 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) March 19, 2019		21c HOUR OF DEATH 13:05		22b DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Pnnt)		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) Craig Rau MD 1600 Medical Parkway Carson City, NV 89703		23b LICENSE NUMBER 10991	
CAUSE OF DEATH	24a REGISTRAR (Signature) ANGELICA RAMIREZ SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day-Yr) March 19, 2019		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) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF (b) Septic Shock DUE TO, OR AS A CONSEQUENCE OF (c) Severe Hypotension DUE TO, OR AS A CONSEQUENCE OF (d) Atrial Fibrillation		Interval between onset and death			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Acute Kidney Injury; Hypertension; Unknown Etiology		26 AUTOPSY (Specify Yes or No) No		27 WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
	28a ACC, SUICIDE, HOM UNDET OR PENDING INVEST (Specify)		28b DATE OF INJURY (Mo,Day,Yr)		28c HOUR OF INJURY	
28e INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc (Specify)		28d DESCRIBE HOW INJURY OCCURRED		
				28g. LOCATION STREET OR R.F.D. No CITY OR TOWN STATE		

STATE REGISTRAR



CERTIFIED COPY OF VITAL RECORDS

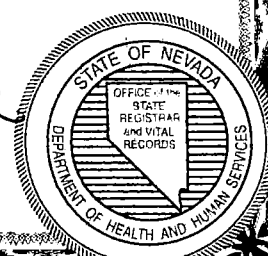
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **MAR 21 2019**

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

Julie Katcheva
STATE REGISTRAR

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE