

APN: 1319-03-201-004  
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 Settlers and Trustees executed the SHANKLE FAMILY TRUST.

2. That on August 12, 2014, the Settlers, ALBERT R. SHANKLE and SUSAN J. SHANKLE, husband and wife, as joint tenants executed a GRANT, BARGAIN, SALE DEED, recorded as Document No. 2014-851456 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 1319-03-201-004  
Commonly known as: 2514 Jacks Valley Road

3. On November 25, 2016 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, also known as ALBERT R. SHANKLE, SUSAN J. SHANKLE became the sole 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.

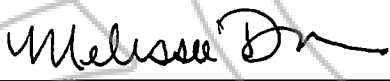
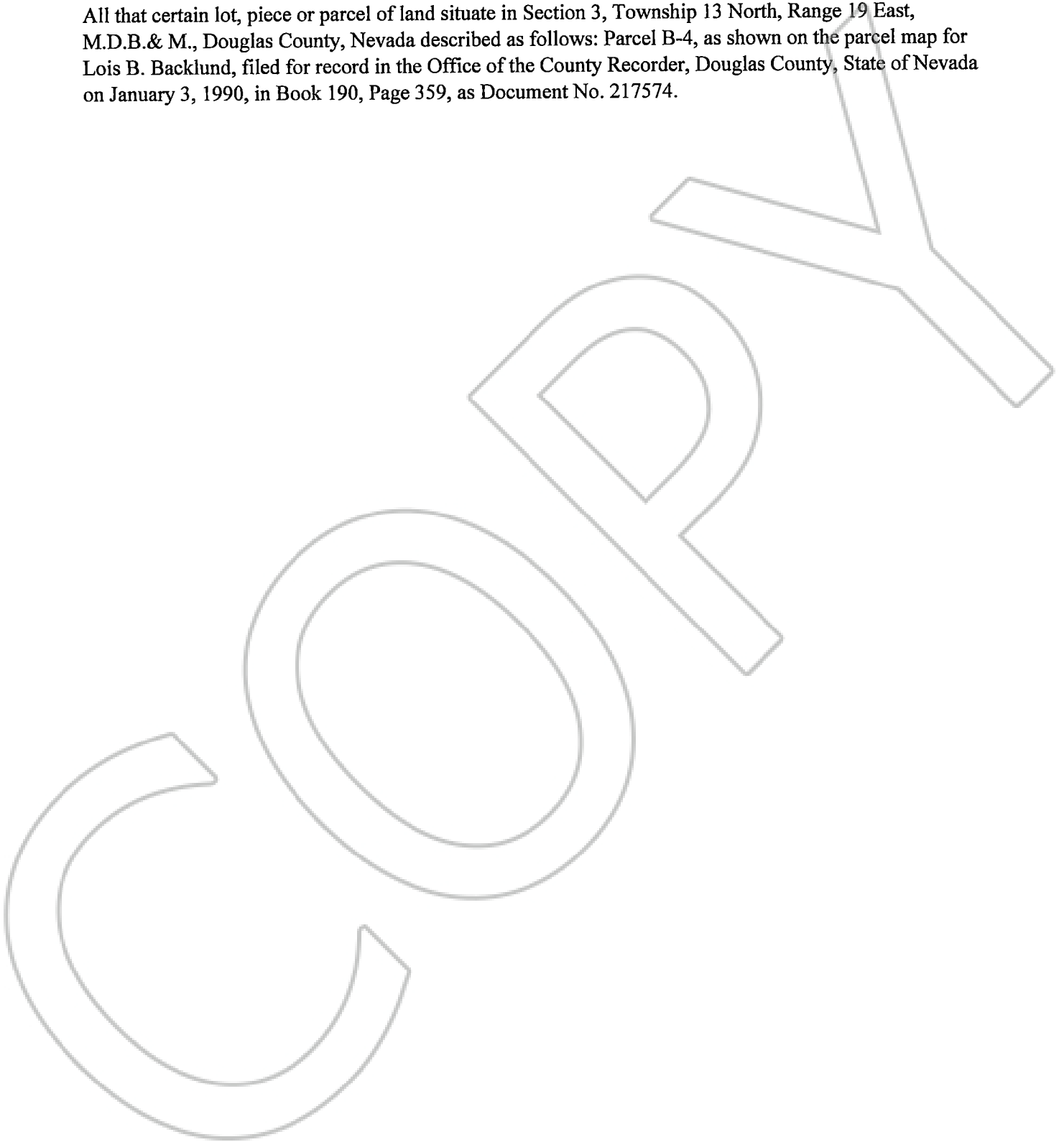
  
\_\_\_\_\_  
NOTARY PUBLIC  
Commission Number: 12-7095-2  
My Commission Expires: 2-17-2020



Exhibit A

All that certain lot, piece or parcel of land situate in Section 3, Township 13 North, Range 19 East, M.D.B. & M., Douglas County, Nevada described as follows: Parcel B-4, as shown on the parcel map for Lois B. Backlund, filed for record in the Office of the County Recorder, Douglas County, State of Nevada on January 3, 1990, in Book 190, Page 359, as Document No. 217574.



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

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

CASE FILE NO. 3927081

**CERTIFICATE OF DEATH**

**2016021563**  
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)<br><b>Albert Ray SHANKLE</b>   |  | 2. DATE OF DEATH (Mo/Day/Year)<br><b>November 25, 2016</b>   |  | 3a. COUNTY OF DEATH<br><b>Douglas</b>   |  |
| 3b. CITY, TOWN, OR LOCATION OF DEATH<br><b>Genoa</b>  |  | 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and<br><b>2514 Jacks Valley Road</b>  |  | 3e. If Hosp. or Inst. indicate DOA,OP,Emer. Rm. Inpatient(Specify)<br><b>Home</b>   |  |
| 4. SEX<br><b>Male</b>   |  | 5. RACE (Specify)<br><b>White</b>  |  | 6. Hispanic Origin? Specify<br><b>No - Non-Hispanic</b>   |  |
| 7a. AGE-Last birthday (Years)<br><b>76</b>  |  | 7b. UNDER 1 YEAR<br><b>MOS</b>   |  | 7c. UNDER 1 DAY<br><b>HOURS</b>   |  |
| 8. DATE OF BIRTH (Mo/Day/Yr)<br><b>September 09, 1940</b>   |  | 9a. STATE OF BIRTH (If not US/CA, name country)<br><b>Arkansas</b>   |  | 9b. CITIZEN OF WHAT COUNTRY<br><b>United States</b>   |  |
| 10. EDUCATION<br><b>12</b>  |  | 11. MARITAL STATUS (Specify)<br><b>Married</b>   |  | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)<br><b>Susan RIDER</b>                                     |  |
| 13. SOCIAL SECURITY NUMBER<br><b>-2927</b>  |  | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of<br><b>General Contractor</b>  |  | 14b. KIND OF BUSINESS OR INDUSTRY<br><b>Commercial</b>  |  |
| 15a. RESIDENCE - STATE<br><b>Nevada</b>   |  | 15b. COUNTY<br><b>Douglas</b>  |  | 15c. CITY, TOWN OR LOCATION<br><b>Genoa</b>   |  |
| 15d. STREET AND NUMBER<br><b>2514 Jacks Valley Road</b>   |  | 15e. INSIDE CITY LIMITS (Specify Yes or No)<br><b>Yes</b>  |  | 16. FATHER/PARENT - NAME (First Middle Last Suffix)<br><b>Alva SHANKLE</b>  |  |
| 17. MOTHER/PARENT - NAME (First Middle Last Suffix)<br><b>Bernice ROTTENBERRY</b>   |  | 18a. INFORMANT - NAME (Type or Print)<br><b>Susan SHANKLE</b>  |  | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)<br><b>2514 Jacks Valley Road Genoa, Nevada 89411</b> |  |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Burial</b>   |  | 19b. CEMETERY OR CREMATORY - NAME<br><b>Hartford Cemetery</b>  |  | 19c. LOCATION City or Town State<br><b>Hartford *arkansas</b>   |  |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br><b>CHRISTIE D WILDE</b>   |  | 20b. FUNERAL DIRECTOR LICENSE NUMBER<br><b>870</b>   |  | 20c. NAME AND ADDRESS OF FACILITY<br><b>Fitzhenrys Funeral Home<br/>3945 Fairview Dr Carson City NV 89701</b>             |  |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)<br><b>DINA TACK M.D.</b>                             |  | 21b. DATE SIGNED (Mo/Day/Yr)<br><b>November 30, 2016</b>   |  | 21c. HOUR OF DEATH<br><b>23:30</b>  |  |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  |  | 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) |  | 22b. DATE SIGNED (Mo/Day/Yr)  |  |
| 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)<br><b>Dina Tack M.D. 1535 Medical Parkway Carson City, NV 89703</b> |  | 23b. LICENSE NUMBER<br><b>13333</b>  |  | 24a. REGISTRAR (Signature)<br><b>SHANNON JANE MCGUINNESS</b>  |  |
| 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>November 30, 2016</b>   |  | 24c. DEATH DUE TO COMMUNICABLE DISEASE<br><b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>   |  | 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)<br><b>(a) Metastatic Prostate Cancer</b>       |  |
| 25. IMMEDIATE CAUSE (b)<br><b>(b) DUE TO, OR AS A CONSEQUENCE OF:</b>   |  | Interval between onset and death<br><b>2 Years</b>   |  | 25. IMMEDIATE CAUSE (c)<br><b>(c) DUE TO, OR AS A CONSEQUENCE OF:</b>   |  |
| 25. IMMEDIATE CAUSE (d)<br><b>(d) DUE TO, OR AS A CONSEQUENCE OF:</b>   |  | Interval between onset and death   |  | 25. IMMEDIATE CAUSE (d)<br><b>(d) DUE TO, OR AS A CONSEQUENCE OF:</b>   |  |
| 25. IMMEDIATE CAUSE (d)<br><b>(d) DUE TO, OR AS A CONSEQUENCE OF:</b>   |  | Interval between onset and death   |  | 26. AUTOPSY (Specify Yes or No)<br><b>No</b>  |  |
| 26. AUTOPSY (Specify Yes or No)<br><b>No</b>  |  | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No)<br><b>Yes</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



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.

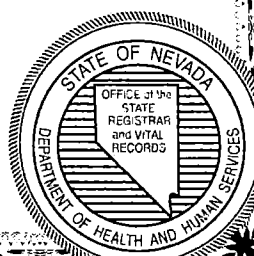
DATE ISSUED:

DEC 06 2016

*Codya Perry*  
STATE REGISTRAR

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

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE