

APN#: 1318-23-216-010

Recording Requested By:
eTRCo, LLC.

When Recorded Mail To:
Patricia Ann Kroeger Hahn
7010 Inglewood Drive
Rogers, AR 72758

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature

Laeha Hill

Escrow Assistant

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT – DEATH OF TRUSTEE

Patricia Ann Kroeger Hahn, of legal age, being first duly sworn, deposes and says:

1. Robert Charles Kroeger, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Robert Charles Kroeger named as Trustee in the Declaration of Trust dated 6/21/1996 and executed by Robert Charles Kroeger and Shirley Ann Geis Kroeger as Trustor(s).
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 159 Holly Lane Stateline, NV 89449, which property is described in a Deed which was executed by Robert Charles Kroeger (also known as Robert C. Kroeger) and Shirley Ann Geis Kroeger (also known as Shirley A. Kroeger) as Grantor(s) on June 21, 1996 and recorded as Instrument No. 392189, in Book 0796, Page 2485, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:
3. The legal description of said property is as follows:

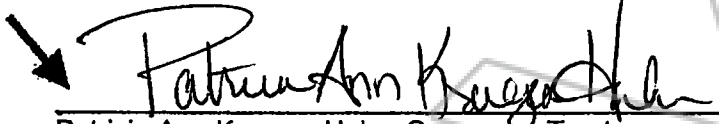
All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 87, of LAKE VILLAGE UNIT 2-E, as shown on the Official Map filed in the office of the County Recorder of Douglas County, Nevada, on October 18, 1972, in Book 1 of Maps as Document No. 62363.

4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Dated 6/13/19

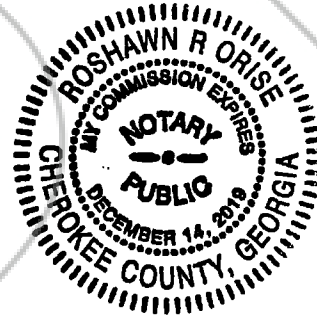
 Successor
Trustee
Patricia Ann Kroeger Hahn, Successor Trustee

STATE OF NEVADA GEORGIA)SS
COUNTY OF Cherokee

This instrument was acknowledged before me on
6/13/19

By Patricia Ann Kroeger Hahn


Notary Public



CERTIFICATION OF VITAL RECORD

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME OF DECEASED (a) FIRST Robert		(b) MIDDLE C.		(c) LAST Kroeger		(d) MAIDEN	2. SEX Male	3. DATE OF DEATH June 16, 2004
4. DATE OF BIRTH January 09, 1928		5. AGE (IN YEARS) 76	IF UNDER 1 YR. MO. DAYS	IF UNDER 1 DAY HOURS MIN.	6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) Buffalo, NY		7. SOCIAL SECURITY NO. 1182	
8. RACE White		9a. WAS THE DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		9b. IF YES SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)		10. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (9-12) COLLEGE (13-16, 17+) 17+
12. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Shirley Geis		14a. DECEDENT'S USUAL OCCUPATION Vice President		14b. KIND OF BUSINESS OR INDUSTRY Quality and MFG.		
15a. RESIDENCE STREET ADDRESS 9 Imperial Drive						15b. CITY OR TOWN New Hartford		
15c. COUNTY Oneida		15d. STATE New York		15e. ZIP CODE 13413		15f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
16. FATHER'S NAME Otto Charles Kroeger				17. MOTHER'S MAIDEN NAME Georgiana McCulmn				
18. PLACE OF DEATH (CHECK ONLY ONE)								
HOSPITAL: <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> ER/OUTPATIENT <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)								
19. COUNTY OF DEATH Collin		20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) Plano		21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address) Plano Medical Center				
22. INFORMANT - SIGNATURE & RELATIONSHIP Shirley Kroeger Wife				23. MAILING ADDRESS OF INFORMANT 9 Imperial Drive, New Hartford, NY, 13413				
24. METHOD OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)		25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE) Forest Hill Cemetery		25b. SECTION Block		26. NAME & ADDRESS OF FUNERAL HOME Edmunds Funeral Home 1123 Court Street Utica, New York 13052		
		26. LOCATION (CITY, STATE) Utica, NY		27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>Richard Mullin</i> Richard Mullin #12041		28. DATE OF DISPOSITION June 21, 2001		
30. CERTIFIER <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> MEDICAL EXAMINER } ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> JUSTICE OF THE PEACE }								
31. SIGNATURE & TITLE OF CERTIFIER <i>[Signature]</i>				32. DATE SIGNED MO. DAY YEAR M.D. 07 01 2004		33. TIME OF DEATH 14:45 P. M.		
34. PRINTED NAME & ADDRESS OF CERTIFIER Darius Peikari, MD 4001 W. 15th St. Ste 435 Plano TX 75093								
35. PART 1 ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH; DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Myocardial Infarction							Approximate Interval Between Onset and Death 2 days	
IMMEDIATE CAUSE (Final disease or condition resulting in death) →								
DUE TO (OR AS A LIKELY CONSEQUENCE OF):								
Sequitely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST								
DUE TO (OR AS A LIKELY CONSEQUENCE OF):								
DUE TO (OR AS A LIKELY CONSEQUENCE OF):								
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e., substance abuse, diabetes, smoking, etc.) Hypertension, Congestive Heart Failure				36a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
37. DID TOBACCO USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN		38. DID ALCOHOL USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN		39. WAS DECEDENT PREGNANT AT TIME OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO WITHIN LAST 12 MO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK				
40. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		41a. DATE OF INJURY		41b. TIME OF INJURY M.		41c. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		41d. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)
		41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)						
		41f. DESCRIBE HOW INJURY OCCURRED						
42a. REGISTRAR FILE NO. 07-1075		42b. DATE RECEIVED BY LOCAL REGISTRAR 7-8-2004		42c. SIGNATURE OF LOCAL REGISTRAR <i>Brenda Taylor</i>				

Texas Department of Health - Bureau of Vital Statistics

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195, 198)

VS-112 REV. 9/95

30004

STATE OF TEXAS
COUNTY OF COLLIN

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Sec.191.051 Health and Safety Code.

Issued: **7-8-2004**

Brenda Taylor
Brenda Taylor, Local Registrar
Collin County, Texas

