

APN# : 1318-23-216-010

Recording Requested By:
eTRCo, LLC.

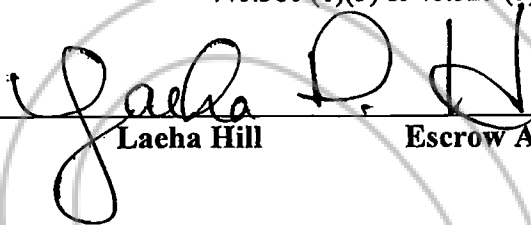
When Recorded Mail To:
Patricia Ann Kroeger Hahn
7010 Inglewood Drive
Rogers, AR 72758

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. Shirley Ann Geis Kroeger, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Shirley Ann Geis 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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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

 Patricia Ann Kroeger Hahn, Successor Trustee
Patricia Ann Kroeger Hahn, Successor Trustee

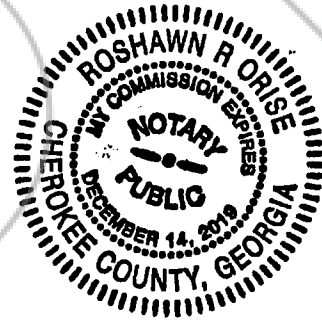
STATE OF NEVADA GEORGIA)SS

COUNTY OF Cherokee

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

By Patricia Ann Kroeger Hahn

Roshawn R Orise
Notary Public



NEW YORK STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

LOCAL REGISTRAR COPY

RECORDED DISTRICT 3204 REGISTER NUMBER 011 RESIDENCE

1. NAME: FIRST MIDDLE LAST Shirley A. Kroeger 2. SEX: MALE FEMALE 3A. DATE OF DEATH: MONTH DAY YEAR 09 16 2017 3B. HOUR: 4:00 a.m.

4A. PLACE OF DEATH: HOSPITAL DOA ER HOSPITAL OUTPATIENT HOSPITAL INPATIENT NURSING HOME PRIVATE RESIDENCE HOSPICE FACILITY OTHER 4B. IF FACILITY, DATE ADMITTED: MONTH DAY YEAR

4C. NAME OF FACILITY: 3 Imperial Drive 4D. LOCALITY: CITY VILLAGE TOWN 4E. COUNTY OF DEATH: Oneida

4F. MEDICAL RECORD NO. 4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? NO YES

5. DATE OF BIRTH: MONTH DAY YEAR 01 20 1933 6A. AGE IN YEARS: 84 yrs. 6B. IF UNDER 1 YEAR ENTER: months days 6C. IF UNDER 1 DAY ENTER: hours minutes 7A. CITY AND STATE OF BIRTH: Buffalo, NY 7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:

8. SERVED IN U.S. ARMED FORCES? 9. DECEDENT OF HISPANIC ORIGIN? 10. DECEDENT'S RACE: A White/Caucasian B Black or African American C Asian Indian D Chinese E Filipino F Japanese G Korean H Vietnamese J Native Hawaiian K Guamanian or Chamorro M Samoan N American Indian or Alaska Native P Other Asian Q Other Pacific Islander S Other

11. DECEDENT'S EDUCATION: 1 1st grade 2 2nd-8th grade 3 9th-12th grade 4 Some college credit 5 Associate's degree 6 Bachelor's degree 7 Master's degree 8 Doctorate/Professional degree

12. SOCIAL SECURITY NUMBER: 0739 13. MARITAL STATUS: NEVER MARRIED MARRIED WIDOWED DIVORCED SEPARATED 14. SURVIVING SPOUSE: Enter birth name of spouse

15A. USUAL OCCUPATION: Homemaker 15B. KIND OF BUSINESS OR INDUSTRY: Own Home 15C. NAME AND LOCALITY OF COMPANY OR FIRM: New Hartford, NY

16A. RESIDENCE: NY 16B. County or Region/Province: Oneida 16C. LOCALITY: New Hartford 16E. ZIP CODE: 13413

16D. STREET AND NUMBER OF RESIDENCE: 3 Imperial Drive 16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES NO

17. BIRTH NAME OF FATHER / PARENT: Francis Geis 18. BIRTH NAME OF MOTHER / PARENT: Ritie Cleveland

19A. NAME OF INFORMANT: Patricia Hahn 19B. MAILING ADDRESS: 7010 Inglewood Drive, Rogers, AR 72758

20A. BURIAL CREMATION REMOVAL HOLD DONATION ENTOMBMENT 20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Forest Hill Cemetery Utica, NY

21A. NAME AND ADDRESS OF FUNERAL HOME: Friedel, Williams & Edmunds Funeral And Cremation Services 21B. REGISTRATION NUMBER: 00459

22A. NAME OF FUNERAL DIRECTOR: Donald A. Edmunds 22B. SIGNATURE OF FUNERAL DIRECTOR: 22C. REGISTRATION NUMBER: 11048

23A. SIGNATURE OF REGISTRAR: 23B. DATE FILED: 09 18 2017 24A. BURIAL OR REMOVAL PERIOD ISSUED BY: 24B. DATE ISSUED: 09 18 2017

25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated. Certifier's Name: Nancy Sahug License No.: 00701-14 Signature: 09 18 2017

Certifier's Title: 0 Attending Physician 1 Coroner 2 Medical Examiner / Deputy Medical Examiner Address: 1256 Ruiver Ave Utica, NY 13501

25B. If coroner is not a physician, enter Coroner's Physician's name & title: License No.: Signature: Month Day Year

25C. If certifier is not attending physician, enter Attending Physician's name & title: License No.: Address: Month Day Year

26A. Attending physician attended deceased: FROM 4 29 2014 TO 7 19 2017 26B. Deceased last seen alive by attending physician: 7 19 2017 26C. Pronounced Dead ON 7 14 2017 AT

27. MANNER OF DEATH: NATURAL CAUSE ACCIDENT HOMICIDE SUICIDE UNDETERMINED CIRCUMSTANCES PENDING INVESTIGATION 28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? 29A. AUTOPSY? 29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH?

30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).) PART I. IMMEDIATE CAUSE: (A) Ectopic aortic rupture (B) Ruptured aortic aneurysm, chronic atherosclerotic ulcer (C) HTN, Hypertension, aortic aneurysm

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A):

31A. IF INJURY, DATE: MONTH DAY YEAR HOUR: 31B. INJURY LOCALITY: 31C. DESCRIBE HOW INJURY OCCURRED: 31D. PLACE OF INJURY: 31E. INJURY AT WORK? NO YES UNKNOWN

31F. IF TRANSPORTATION INJURY, SPECIFY: 1 Driver/Operator 2 Passenger 3 Pedestrian 4 OTHER 32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO YES 33A. IF FEMALE: 0 Not pregnant within last year 1 Pregnant at time of death 2 Not pregnant, but pregnant within 42 days of death 3 Not pregnant, but pregnant 43 days to 1 year before death 4 Unknown if pregnant within past year 33B. DATE OF DELIVERY: MONTH DAY YEAR

For use by physician or institution: NAME OF DECEDENT: TIME OF DEATH: DATE OF DEATH: AM PM

TO BE LEGAL AND VALID THIS DOCUMENT MUST BEAR THE OFFICIAL SEAL OF THE REGISTRAR OF THE TOWN OF NEW HARTFORD