

This document does not contain a social security number.

Natalia K. Vander Laan, Esq.

**A.P.N.: 1220-10-401-009
1220-10-401-012**



KAREN ELLISON, RECORDER

Recording Requested By:)
Vander Laan Law Firm, LLC)
1624 10th St, Suite 3)
Minden, NV 89423)

When Recorded Mail to:)
Vander Laan Law Firm, LLC)
1624 10th St, Suite 3)
Minden, NV 89423)

Mail Tax Statements to:)
Timothy R. Sheets, Trustee)
1454 Hussman Ave, Apt. 5E)
Gardnerville 89410)

AFFIDAVIT – DEATH OF TRUSTEE

I, TIMOTHY ROBERT SHEETS, also known as Timothy R. Sheets, of legal age, being first dully sworn, declare under penalty of perjury that:

DELORES SHEETS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as DELORES SHEETS named as Trustee in the Declaration of Trust executed on April 6, 2017, by Delores Sheets as Grantor.

DELORES SHEETS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as DELORES SHEETS, Trustee of the Delores Sheets Family Trust dated April 6, 2017, named as one of the parties (transferee) in that certain deed dated April 24, 2017, recorded on January 5, 2018, as Document No. 2018-908819 in the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

See Exhibit “A” and “B” attached.

Together with all tenements, hereditaments and appurtenances, if any, thereunto belonging or

appertaining, and any reversions, remainders, rents, issues or profits thereof.

Subject to:

1. All general and special taxes for the current fiscal year.
2. Covenants, conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.


DELORES SHEETS, the deceased Trustee, died on July 9, 2019, as shown in the attached certified copy of Certificate of Death.

Pursuant to the terms of the Trust, the present Trustee of the Trust is TIMOTHY R. SHEETS.

The Affiant, TIMOTHY R. SHEETS, is the son of the deceased Trustee and the sole Successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned herein, and which has not been revoked, and the Affiant hereby consents to act as such.

Executed on this 10th day of September, 2019, in Douglas County, State of Nevada.

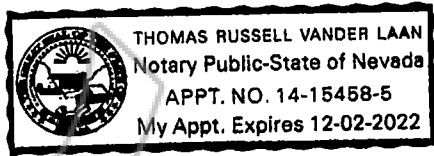
Trustee:



 TIMOTHY ROBERT SHEETS

STATE OF NEVADA)
): ss
 COUNTY OF Douglas)

Signed and sworn to (or affirmed) before me on this 10th day of September, 2019, by Timothy Robert Sheets.





 NOTARY PUBLIC

This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiant. The preparer of this affidavit assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

EXHIBIT "A"

LEGAL DESCRIPTION

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, as described as follows:

A parcel of land situate and lying wholly in the Southwest $\frac{1}{4}$ of the Southwest $\frac{1}{4}$ of Section 10, Township 12 North, Range 20 East, M.D.B. & M., more particularly described as follows:

Parcel B, as set forth on that certain Parcel Map recorded in the office of the County Recorder, Douglas County, Nevada on January 30, 1976, as Document No. 87032, of Official Records.

RESERVING THEREFROM an easement for private road, utilities with incidents thereto over, under and across all that portion of said land more particularly delineated and set forth on that certain Parcel Map recorded in the office of the County Recorder, Douglas County, Nevada, on January 30, 1976, as Document No. 87032, of Official Records.

TOGETHER with an easement for private road and utilities over and across all that portion of said land lying adjacent to Parcel B as set forth on that certain Parcel Map recorded in the office of the County Recorder, Douglas County, Nevada, on January 30, 1976, as Document No. 87032, of Official Records.

APN: 1220-10-401-009

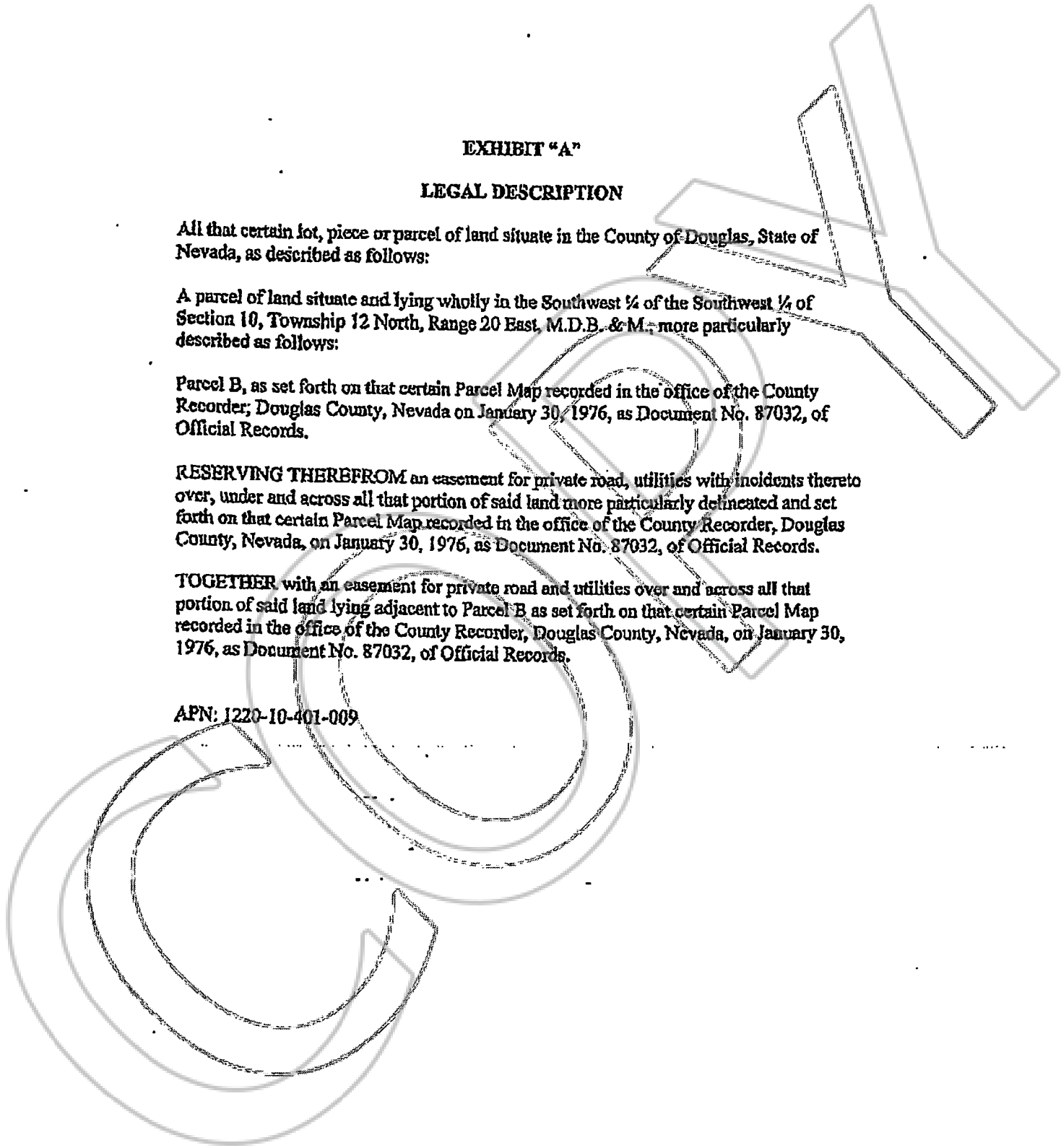


EXHIBIT "B"

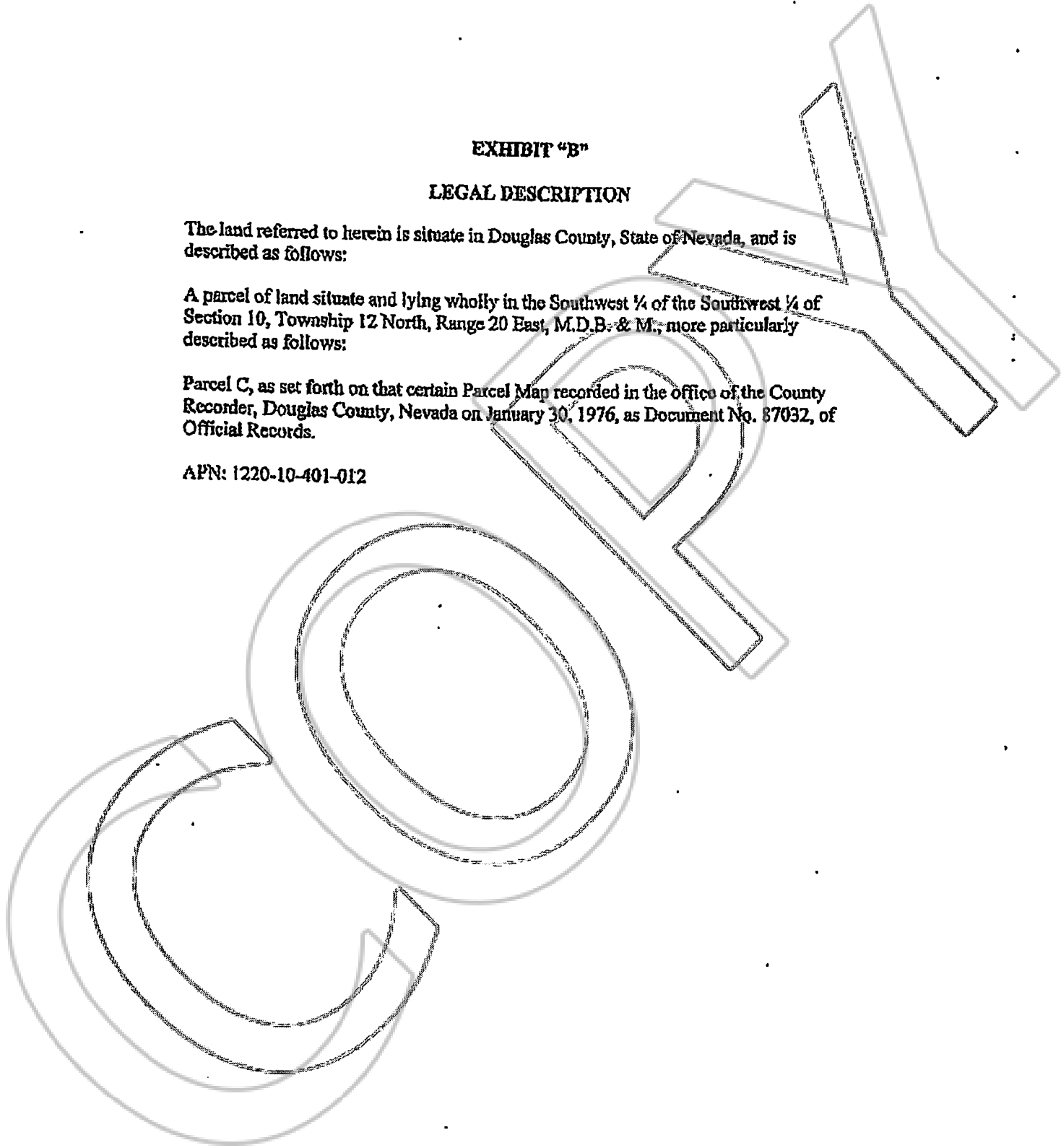
LEGAL DESCRIPTION

The land referred to herein is situate in Douglas County, State of Nevada, and is described as follows:

A parcel of land situate and lying wholly in the Southwest $\frac{1}{4}$ of the Southwest $\frac{1}{4}$ of Section 10, Township 12 North, Range 20 East, M.D.B. & M.; more particularly described as follows:

Parcel C, as set forth on that certain Parcel Map recorded in the office of the County Recorder, Douglas County, Nevada on January 30, 1976, as Document No. 87032, of Official Records.

APN: 1220-10-401-012



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4092251

CERTIFICATE OF DEATH

2019014198
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 STARTING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Delores SHEETS		2. DATE OF DEATH (Mo/Day/Year) July 09, 2019		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street ar number) 1411 Nord Circle		3e If Hosp. or Inst. mdicate DOA,OP/Emer. Rm. Inpatient(Specify) Home Home	
4. SEX Female		7a. AGE-Last birthday (Years) 83		7b. UNDER 1 YEAR MOS DAYS	
5. RACE (Specify) White		6. Hispanic Origin? Specify Yes - SPAIN		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 04, 1935		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER ██████████ 5013		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Horse Breeder		14b. KIND OF BUSINESS OR INDUSTRY Horse Breeding	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1411 Nord Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Rodrigo SANCHEZ			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Aidela JEMENEZ		
18a. INFORMANT - NAME (Type or Pnnt) Tim SHEETS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1454 Hussman Ave. Apt 5E Gardnerville, Nevada 89410			
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) CRAIG R COLEMAN		20b. FUNERAL DIRECTOR LICENSE NUMBER FD921		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) SIGNATURE AUTHENTICATED CLAUDE ROOFIAN MD					
21b. DATE SIGNED (Mo/Day/Yr) July 19, 2019		21c. HOUR OF DEATH 11:35			
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) Claude Roofian MD 7842 W Sahara Ave Las Vegas, NV 89117				23b. LICENSE NUMBER 14818	
24a. REGISTRAR (Signature) ANGELICA RAMIREZ SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 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) Malignant Neoplasm Of Head Of Pancreas DUE TO, OR AS A CONSEQUENCE OF: (b) Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) 				Interval between onset and death Interval between onset and death Interval between onset and death 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) 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	
				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	



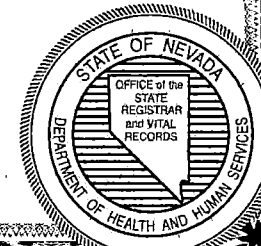
CERTIFIED COPY OF VITAL RECORDS

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: 7/23/2019

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

Lucy Shygal
Administrator
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE