

When recorded mail to;

Robert E. Stewart

P.O. Box 366

Minden, NV 89423



KAREN ELLISON, RECORDER

APN: 1320-30-211-047

AFFIDAVIT DEATH

State of Nevada
County of Douglas

Now on this 12th day of SEPTEMBER, 2019, I Robert E. Stewart, of lawful age, being duly sworn, states as follows:

Attached hereto a certified copy of the Death Certificate of Susan E. Stewart deceased, issued by the Department of Health for the State of Nevada showing that the deceased died on the 6th day of May, 2016.

And further affiant saith not.

Signed [Signature]
Affiant Robert E Stewart et

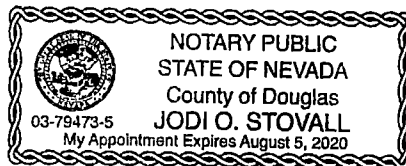
Notary Public

State of Nevada)
County of Douglas)

Before me, the undersigned, a Notary Public, in and for said County and State on the 12 day of Sept 2019, personally appeared "Robert E. Stewart" to me known to be the identical person who executed the within and foregoing instrument
IN WITNESS WHEREOF, I have hereunto set my official signature and affixed my official seal the day and year first above written.

My Commission Expires: 8-5-20

[Signature]



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3893344

CERTIFICATE OF DEATH

2016008526
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) Susan Elizabeth STEWART		2. DATE OF DEATH (Mo/Day/Year) May 06, 2016		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or Inpatient(Specify)) Renown Regional Medical Center Inpatient		4. SEX Female	
5. RACE (Specify) White		6. Hispanic Origin? Specify No- Non-Hispanic		7a. AGE-Last birthday (Years) 66	
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
13. SOCIAL SECURITY NUMBER 1674		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Frank Peter SOMMER		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Elizabeth Ann HATCH		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Robert STEWART III	
11. MARITAL STATUS (Specify) Married		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) January 25, 1950		11a. EDUCATION 16		11b. MARITAL STATUS (Specify) Married	
13a. SOCIAL SECURITY NUMBER 1674		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Underwriter		14b. KIND OF BUSINESS OR INDUSTRY Insurance	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1739 Westwood St		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. EVER IN US Armed Forces? No	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Reno		19c. LOCATION City or Town State Reno Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such). DUSTIN OLSON		20b. FUNERAL DIRECTOR LICENSE NUMBER 779		20c. NAME AND ADDRESS OF FACILITY Simple Cremation Reno 4800 Kietzke Lane, Ste. G-173 Reno NV 89503	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SEAN T LINSTEDT M.D.		21b. DATE SIGNED (Mo/Day/Yr) May 11, 2016		21c. HOUR OF DEATH 05:53	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) David K Ritchie M.D.		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). Sean T Linstedt M.D. 1155 Mill St Reno, NV 89502		23b. LICENSE NUMBER 15720		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a. REGISTRAR (Signature) SANDI BRIDGES		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 11, 2016		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) Respiratory Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Multiple Sclerosis DUE TO, OR AS A CONSEQUENCE OF: (c) Acute Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (d) Seizure		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 I. Unknown Etiology		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
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		28h. STREET OR R.F.D. No.		28i. CITY OR TOWN	
28j. STATE		28k. COUNTY		28l. ZIP CODE	

STATE REGISTRAR
Information Corrected, State Affidavit# 65040, 02/08/2017 - 16b 16c 17a 17b



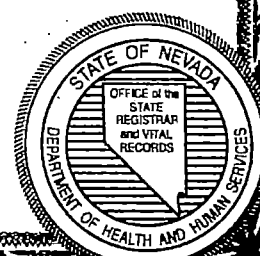
CERTIFIED COPY OF VITAL RECORDS

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:

FEB 27 2017

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



Cody Thirney
STATE REGISTRAR

VRS-Rev-20120523a

LEGAL DESCRIPTION

The real property situate in the County of Douglas, State of Nevada, described as follows:

PARCEL 1:

ALL THAT CERTAIN LOT, PIECE OR PARCEL OF LAND SITUATE IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, DESCRIBED AS FOLLOWS:

LOT 18, IN BLOCK I, AS SHOWN ON THE OFFICIAL MAP OF WESTWOOD VILLAGE UNIT NO. 1, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON OCTOBER 5, 1979, IN BOOK 1079, PAGE 440, DOCUMENT NO. 37417; CERTIFICATE OF AMENDMENT RECORDED JULY 14, 1980 IN BOOK 780, PAGE 783, DOCUMENT NO. 46166 AND CERTIFICATE OF AMENDMENT RECORDED JANUARY 31, 1991, IN BOOK 191, PAGE 3820, DOCUMENT NO. 243938.

EXCEPTING THEREFROM A PARCEL OF LAND LOCATED WITH A PORTION OF SECTION 30, TOWNSHIP 13 NORTH, RANGE 20 EAST, MOUNT DIABLO BASELINE AND MERIDIAN, DOUGLAS COUNTY, NEVADA, DESCRIBED AS FOLLOWS:

COMMENCING AT THE SOUTHWEST CORNER OF LOT 18, BLOCK I, WESTWOOD VILLAGE SUBDIVISION UNIT I, AS RECORDED IN BOOK 1079, AT PAGE 440, DOUGLAS COUNTY, NEVADA RECORDER'S OFFICE; THENCE NORTH 18° 00' 00" WEST, 110.00 FEET TO THE POINT OF BEGINNING; THENCE NORTH 72° 00' 00" EAST, 110.00 FEET; THENCE SOUTH 18° 00' 00" EAST, 4.87 FEET; THENCE SOUTH 74° 32' EAST, 110.11 FEET TO THE POINT OF BEGINNING AS SHOWN IN DOCUMENT RECORDED MAY 13, 1988, IN BOOK 588, PAGE 1788, AS DOCUMENT NO. 178057.

PARCEL 2:

A PARCEL OF LAND LOCATED WITHIN A PORTION OF SECTION 30, TOWNSHIP 13 NORTH, RANGE 20 EAST, MOUNT DIABLO BASELINE AND MERIDIAN, DOUGLAS COUNTY, NEVADA, DESCRIBED AS FOLLOWS:

COMMENCING AT THE SOUTHWEST CORNER OF LOT 18, BLOCK I, WESTWOOD VILLAGE SUBDIVISION UNIT 1, AS RECORDED IN BOOK 1079, AT PAGE 440, DOUGLAS COUNTY, NEVADA, RECORDER'S OFFICE; THENCE NORTH 72° 00' 00" EAST, 110.00 FEET TO THE POINT OF BEGINNING; THENCE NORTH 18° 00' 00" WEST, 77.73 FEET; THENCE NORTH 72° 00' 00" EAST, 2.22 FEET; THENCE SOUTH 16° 21' 47" WEST, 77.76 FEET TO THE POINT OF BEGINNING, AS SHOWN IN DOCUMENT RECORDED, MAY 13, 1988, IN BOOK 588, PAGE 1790, AS DOCUMENT NO. 178058.

TOGETHER WITH A PARCEL OF LAND LOCATED WITHIN A PORTION OF SECTION 30, TOWNSHIP 13 NORTH, RANGE 20 EAST, MOUNT DIABLO BASELINE AND MERIDIAN, DOUGLAS COUNTY, NEVADA, DESCRIBED AS FOLLOWS:

COMMENCING AT THE SOUTHWEST CORNER OF LOT 18, BLOCK I, WESTWOOD VILLAGE SUBDIVISION UNIT 1, AS RECORDED IN BOOK 1079, AT PAGE 440, DOUGLAS COUNTY, NEVADA, RECORDER'S OFFICE; THENCE NORTH 72° 00' 00" EAST, 110.00 FEET; THENCE NORTH 18° 00' 00" WEST, 77.73 FEET TO THE POINT OF BEGINNING; THENCE NORTH 18° 00' 00" WEST, 27.40 FEET; THENCE NORTH 74° 32' 00" EAST, 3.01 FEET; THENCE SOUTH 16° 21' 47" EAST, 27.28 FEET; THENCE SOUTH 72° 00' 00" WEST,

2.22 FEET TO THE POINT OF BEGINNING, AS SHOWN IN DOCUMENT RECORDED , MAY 13, 1988, IN BOOK 588, PAGE 1792, AS DOCUMENT NO. 178059.

NOTE: THE ABOVE METES AND BOUND DESCRIPTION APPEARED PREVIOUSLY IN THAT CERTAIN DOCUMENT RECORDED OCTOBER 21, 1998, IN BOOK 1098, PAGE 3981, AS INSTRUMENT NO. 452135.

COPY