

The undersigned hereby affirms that this document submitted for recording does contain a social security number as required by NRS 440.380(1)(A) & NRS 40.525(5)



00099756201909364130030035

KAREN ELLISON, RECORDER

A.P.N. 1420-07-310-002
1420-07-310-003

When Recorded Return to:
Scott J. Heaton, Esq.
P.O. Box 605
Carson City, NV 89702

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA)
) ss.
CARSON CITY)

ROBERT CHRISTOPHER BRAUN, Successor Trustee of the W.A. JOE WEAVER 2007 TRUST dated November 21, 2007, of legal age, being duly sworn, deposes and says:

That W.A. JOE WEAVER, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as W.A. JOE WEAVER, Trustee of the W.A. JOE WEAVER 2007 TRUST named as one of the parties in that certain Deed of Trust With Assignment of Rents dated October 15, 2015 executed by WILLIAM A. McCLAIN and CASSIE JOY McCLAIN, husband and wife as joint tenants to W.A. JOE WEAVER, Trustee of the W.A. JOE WEAVER 2007 TRUST recorded as Document Number 2015-871804 on October 27, 2015 of Official Records of Douglas County, Nevada, covering the

following described property:

Lots 5 and 7, in Block J, of VISTA GRANDE SUBDIVISION UNIT NO. 1, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on November 9, 1964 in Book 27, page 644, as File No. 26518

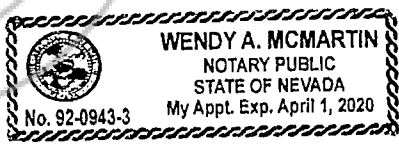
DATED this 25th day of September, 2019.

Robert Christopher Braun
ROBERT CHRISTOPHER BRAUN, Successor
Trustee of the W.A. JOE WEAVER 2007
TRUST dated November 21, 2017

STATE OF NEVADA)
) ss.
CARSON CITY)

On September 25, 2019, personally appeared before me, the undersigned, a Notary Public, ROBERT CHRISTOPHER BRAUN, Successor Trustee of the W.A. JOE WEAVER 2007 TRUST dated November 21, 2017, who acknowledged to me that he executed the above instrument.

Wendy A. McMartin
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4087237

CERTIFICATE OF DEATH

2019011739
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) Wa Joe WEAVER		2 DATE OF DEATH (Mo/Day/Year) June 12, 2019		3a COUNTY OF DEATH Carson City	
3b CITY, TOWN, OR LOCATION OF DEATH Carson City		3c HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address number) 5500 Goni Rd		3e If Hosp or Inst. indicate DOA,OP/Emer Rm Inpatient(Specify) Home	
4 SEX Male		7a AGE-Last birthday (Years) 88		7b UNDER 1 YEAR MOS DAYS	
5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic		7c UNDER 1 DAY HOURS MINS	
8 DATE OF BIRTH (Mo/Day/Yr) September 14, 1930		9a STATE OF BIRTH (if not US/CA, name country) Texas		9b CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 12		11 MARITAL STATUS (Specify) Never Married		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13 SOCIAL SECURITY NUMBER ██████████-7610		14a USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b KIND OF BUSINESS OR INDUSTRY RACE CAR	
15a RESIDENCE - STATE Nevada		15b COUNTY Carson City		15c CITY, TOWN OR LOCATION Carson City	
15d STREET AND NUMBER 5500 Goni Rd		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16 FATHER/PARENT - NAME (First Middle Last Suffix) James Newborn WEAVER			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Eussie BUSH		
18a INFORMANT - NAME (Type or Print) Robert BRAUN		18b MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) 5500 Goni Rd Carson City, Nevada 89706			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c LOCATION City or Town State Carson City Nevada 89701	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMAR R BEAULAC SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD870		20c NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) DOUGLAS VACEK DO SIGNATURE AUTHENTICATED			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)		
21b DATE SIGNED (Mo/Day/Yr) June 15, 2019		21c HOUR OF DEATH 14:07		22b DATE SIGNED (Mo/Day/Yr)	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Douglas Vacek DO 850 6th Street Lovelock, NV 89419				23b LICENSE NUMBER 1125	
24a REGISTRAR (Signature) ANGELICA RAMIREZ SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 17, 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))				Interval between onset and death	
PART I (a) Cardiac Arrest				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF (b) Atherosclerotic Cardiovascular Disease				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF (c) Hypertension				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF (d)				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 Type 2 Diabetes, Advanced Age				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

Janey Shugart
Interim Administrator

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:

STATE REGISTRAR

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

