

Assessor's Parcel Number: 1220-25-000-009, 1220-25-000-010

Recording Requested by:
Nancy Rey Jackson, Ltd.
1591 Mono Avenue
Minden, NV 89423



KAREN ELLISON, RECORDER

Mail Documents and Tax Statements to:

Tracy Carlson
776 Scout Circle
Gardnerville, NV 89410

I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law. (Per NRS 239B.030(4))(State specific law):
NRS 440.380(1)(a) Medical certificate of death: Signature; contents
NRS 40.525(5) Death certificate attached to affidavit

AFFIDAVIT - DEATH OF TRUSTOR

Tracy Carlson, of legal age, being first duly sworn, deposes and says:

1. Peter A. Youngdahl and Roberta Youngdahl, the decedents mentioned in the attached Certificates of Death, are the same persons as Peter A. Youngdahl and Roberta Youngdahl, Co-Trustee of the Peter A. Youngdahl and Roberta Youngdahl Family Trust dated December 23, 1986.

2. The decedent Roberta Youngdahl passed away on July 8, 2018. The decedent Peter A. Youngdahl passed away on November 21, 2019. I am the daughter of the decedents and the designated successor trustee of the Peter A. Youngdahl and Roberta Youngdahl Family Trust dated December 23, 1986.

3. At the time of the decedent Peter A. Youngdahl's death, he was the surviving trustee of the Trust, co-trustee Roberta having predeceased him. As surviving co-trustee and thus sole trustee of the Trust, Peter A. Youngdahl was the record owner and beneficiary of a Deed of Trust, recorded on December 28, 2018, as Document Number 2018-924044, Official Records of Douglas County Nevada, concerning Assessor Parcel Numbers 1220-25-000-009 and 1220-25-000-010.

Source of information above: Deed of Trust with Assignment of Rents recorded 12/28/20185, as Document No. 2018-924044, Official Records, Douglas County, Nevada.

4. The interest of the Deed of Trust belongs to me, Tracy Carlson, as the designated and nominated successor trustee of the Peter A. Youngdahl and Roberta Youngdahl Family Trust dated December 23, 1986. I accept to serve as successor trustee of the Trust.

5. There is no federal estate tax due as the result of the death of the decedent.

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6. There was no probate proceeding relative to the estate of either Roberta Youngdahl or Peter A. Youngdahl.

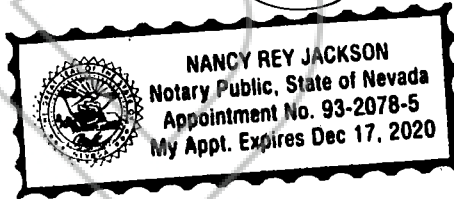
Dated: December 12, 2019

Tracy Carlson
TRACY CARLSON, Trustee

STATE OF NEVADA }
COUNTY OF DOUGLAS }

This instrument was acknowledged before me on December 12th, 2019, by Tracy Carlson.

Nancy Rey Jackson
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. 4029344

CERTIFICATE OF DEATH

2018013434
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Roberta Ann YOUNGDAHL		2. DATE OF DEATH (Mo/Day/Year) July 08, 2018		3a. COUNTY OF DEATH Douglas		
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION - Name(If not either, give street and Inpatient)(Specify) 550 Hwy 395 Home		4. SEX Female		
DECEDENT	5 RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 79		
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) May 08, 1939		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Oregon		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14		
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Peter Andrew YOUNGDAHL				
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-7029		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 Gardnerville		
DISPOSITION	15d. STREET AND NUMBER 550 Hwy 395		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Robert Amos ADAMS		
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Cleo CRAWFORD		18. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 550 Hwy 395 Gardnerville, Nevada 89410				
TRADE CALL	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		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		
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) GRANT P ANDERSON MD		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) July 12, 2018		21c. HOUR OF DEATH 21:30		22b. DATE SIGNED (Mo/Day/Yr)		
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)		
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Grant P Anderson MD 5345 Reno Corporate Dr Reno, NV 89511		23b. LICENSE NUMBER 3156				
CAUSE OF DEATH	24a. REGISTRAR (Signature) BLAISE SATARIANO		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 13, 2018		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))		26. AUTOPSY (Specify Yes or No) No				
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART I		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		
	(a) Parkinson's Disease		Interval between onset and death		28b. DATE OF INJURY (Mo/Day/Yr)		
Y	(b) Unknown Etiology		Interval between onset and death		28c. HOUR OF INJURY		
	(c) 		Interval between onset and death		28d. DESCRIBE HOW INJURY OCCURRED		
(d) 		Interval between onset and death		28e. INJURY AT WORK (Specify Yes or No)			
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.		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	

STATE REGISTRAR

000729930



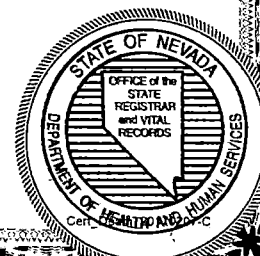
CERTIFIED COPY OF VITAL RECORDS

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: 7/18/2018

Julie Katchear
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT
VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4115299

CERTIFICATE OF DEATH

2019023179
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
PRINT IN
PERMANENT
BLACK INK

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) Peter Andrew YOUNGDAHL		2. DATE OF DEATH (Mo/Day/Year) November 21, 2019		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) Renown Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm, Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 80		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
8. DATE OF BIRTH (Mo/Day/Yr) September 11, 1939		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 ██████-1253		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Salesman		14b. KIND OF BUSINESS OR INDUSTRY Plastic Pipe	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 776 Scout Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) <input type="checkbox"/> Yes <input type="checkbox"/> No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Carl Robert YOUNGDAHL	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Louise C CANINI		18a. INFORMANT- NAME (Type or Print) Tracy CARLSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 776 Scout Circle Gardnerville, Nevada 89410	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMAR R BEAULAC		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	
20d. SIGNATURE AUTHENTICATED		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) Laura D Knight MD		21b. DATE SIGNED (Mo/Day/Yr) November 22, 2019		21c. HOUR OF DEATH 15:43	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Laura D Knight MD		22d. PRONOUNCED DEAD (Mo/Day/Yr) November 21, 2019		22e. PRONOUNCED DEAD AT (Hour) 15:43	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Laura D Knight MD 990 E Ninth St Reno, NV 89512		23b. LICENSE NUMBER 15930			
24a. REGISTRAR (Signature) CARMEN M MENDOZA		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 26, 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) Intracerebral Hemorrhage (Likely Originating In Basal Ganglia)		Interval between onset and death			
(b) Hypertension		Interval between onset and death			
(c) 		Interval between onset and death			
(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 Anti-Coagulant Therapy Related To Recent Bovine Aortic Valve Replacement, Atherosclerotic Cardiovascular Disease		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		STREET OR R F D No. CITY OR TOWN STATE	

000362053 CERTIFIED COPY OF VITAL RECORDS

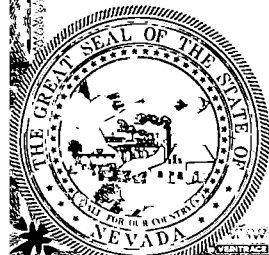
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DEPUTY REGISTRAR

Signature
Signature Authenticated

DATE ISSUED: **12/2/2019** This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Order No.: 01805617-RLT

EXHIBIT A

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

PARCEL 1

Parcel 1 as shown on the Record of Survey in Support of a Boundary Line Adjustment for Peter A. and Roberta Youngdahl Family Trust, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on May 7, 2003 in Book 303, Page 3802, as File No. 576038, Official Records, being more particularly described as follows:

Commencing at the center one-quarter (C ¼) corner of said Section 25, BLM brass cap dated 2001 as shown on the Certain Record of Survey for Edward R. Atencio and the Atencio Family Living Trust, recorded November 2, 2001 in the office of Recorder, Douglas County, Nevada, as Document No. 526862:

Thence along the north-south center line, North 00°18'47" West, 624.31 feet to the POINT OF BEGINNING;
thence North 36°36'12" West 724.75 feet;
thence North 32°00'00" East, 30.00 feet;
thence North 86°09'24" East 413.71 feet to the point of intersection of the Southwesterly right-of-way line of U.S. Highway 395 and said north-south center section line of said Section 25;
thence along said north-south quarter section line, South 00°18'47" East, 635.00 feet to the POINT OF BEGINNING.

APN: 1220-25-000-010

Note: Document No. 576037 is provided pursuant to the requirements of Section 6.NRS 111.312.

PARCEL 2

Parcel 2 as shown on the Record of Survey in Support of a Boundary Line Adjustment for Peter A. and Roberta Youngdahl Family Trust, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on May 7, 2003 in Book 303, Page 3802, as File No. 576038, Official Records, being more particularly described as follows:

A parcel of land located within a portion of the East one-half of the Northwest one-quarter (E 1/2 NW 1/4) of Section 25, Township 12 North, Range 20 East, Mount Diablo Meridian, described as follows:

Commencing at the center one-quarter (C 1/4) corner of said Section 25, a BLM brass cap dated 2001 as shown on that certain Record of Survey for Edward R. Atencio and The Atencio Family Living Trust, recorded November 2, 2001 in the office of Recorder, Douglas County, Nevada, as Document No. 526862;

Thence along the north-south center section line, North 00°18'47" West, 1259.31 feet to the intersection of the southwesterly right-of-way of U.S. Highway 395, the POINT OF BEGINNING;

Thence South 86°09'24" West, 413.71 feet;

Thence North 32°00'00" East, 440.00 feet to a point on said southwesterly right-of-way line of U.S. Highway 395;

Thence along said right-of-way line, non-tangent to the preceding course, along the arc of a curve to the right having a radius of 4850.00 feet, central angle of 04°36'02", arc length of 389.43 feet and chord bearing and distance of South 27°28'31" East, 389.32 feet to the POINT OF BEGINNING.

APN: 1220-25-000-009

Note: Document No. 576037 is provided pursuant to the requirements of Section 6.NRS 111.312.

