

WHEN RECORDED MAIL TO:

Joan Marie Schiavo

11201 N. County Rd #17
Ft. Collins, CO 80524

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 01906933RLT

APN No.: 1320-30-211-022

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of Douglas }

Joan Marie Schiavo ,being duly sworn, deposes and says:

1. Adelheid A. Butler, the decedent mentioned in attached copy of Certificate of Death, is the same person as Adelheid A. Butler, Co-Trustee of The Butler Family Trust Agreement dated July 29, 1992 named as one of the trustee(s) in that certain Grant, Bargain, Sale Deed dated July 29, 1992, executed by Victor Raymond Butler and Adelheid A. Butler, husband and wife, as community property to Victor Raymond Butler and Adelheid A. Butler Co-Trustees of the Butler Family Trust Agreement dated July 29, 1992, recorded on July 29, 2019 as instrument number 284563, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

2. That I, Joan Marie Schiavo, am named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

Dated: December 23, 2019

Joan Marie Schiavo
Joan Marie Schiavo, Successor Trustee

STATE OF Colorado
COUNTY OF Larimer } ss:

This instrument was acknowledged before me on December 23, 2019,
by Joan Marie Schiavo, Successor Trustee.

Shirley Preuit
NOTARY PUBLIC

SHIRLEY PREUIT
NOTARY PUBLIC - STATE OF COLORADO
NOTARY ID 20034027751
MY COMMISSION EXPIRES AUG 19, 2023

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4098460

CERTIFICATE OF DEATH

2019016528
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) Adelheid A BUTLER		2. DATE OF DEATH (Mo/Day/Year) August 18, 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 or number) Ormsby Post Acute Care		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Assisted Living Facility	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 79		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
7d. UNDER 1 DAY MIN		8. DATE OF BIRTH (Mo/Day/Yr) November 10, 1939			
9a. STATE OF BIRTH (If not US/CA, name country) Germany		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER 0891		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) SCHOOL TEACHER		14b. KIND OF BUSINESS OR INDUSTRY EDUCATION	
15. Ever in US Armed Forces? No		15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	
15c. CITY, TOWN OR LOCATION Minden		15d. STREET AND NUMBER 842 Mahogany Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Engelbert HILDEBRAND			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Josephine WILHELM		
18a. INFORMANT - NAME (Type or Print) Christine CONKLING		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1742 Edinborough Drive Rochester Hills, Michigan 48306			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Creations 1600 Buckeye Rd Minden NV 89423	
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) RICARDO ALMAGUER MD 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) August 20, 2019		21c. HOUR OF DEATH 18:40		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) Ricardo Almaguer MD 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 925	
24a. REGISTRAR (Signature) ANGELICA RAMIREZ SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 22, 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				Interval between onset and death	
(a) Cardiopulmonary Arrest				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Acute Multifocal Pneumonia				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Anemia				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Hypertension				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. Acute Hyperkalemia; Atrial Fibrillation; 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 STREET OR R.F.D. No. CITY OR TOWN STATE	



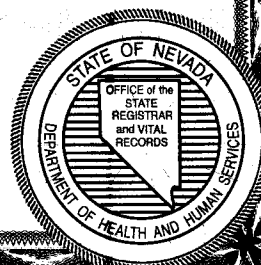
CERTIFIED COPY OF VITAL RECORDS

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: **8/22/2019**

Janey Floyd
Administrator
STATE REGISTRAR

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



Escrow No. 1906933-RLT

**EXHIBIT A
LEGAL DESCRIPTION**

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

Lot 17, Block E, as shown on the Official Map of Westwood Village Unit No. 1, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on October 5, 1979, in Book 1079, Page 440, Document No. 37417, Official Records, and amended by Certificate of Amendment recorded July 14, 1980, in Book 780, Page 783, Document No. 46166, and recorded January 31, 1991, in Book 191, Page 3820, Document No. 243938, and recorded January 3, 1994, in Book 194, Page 130, as document No. 326601, Official Records.

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