

APN: 1420-06-310-032

WHEN RECORDED RETURN TO:
JOEL W. LOCKE, ESQ.
ALLISON MacKENZIE, LTD.
P.O. Box 646
Carson City, Nevada 89702



KAREN ELLISON, RECORDER

MAIL TAX STATEMENTS TO:
Donald Schacht, Trustee
2605 Fahey Court
Pinole, CA 94564

The person executing this document hereby affirms that this document submitted for recording DOES contain the social security number of a person or persons pursuant to NRS 440.380

AFFIDAVIT OF DEATH OF TRUSTEE

DONALD SCHACHT, being first duly sworn, deposes and says:

1. That the SH STEVENS REVOCABLE TRUST was created on February 23, 2012 and amended thereafter from time to time by STUART A. STEVENS and HELEN K. STEVENS, as Grantors and as Trustees.

2. That Grantor and Trustee, HELEN K. STEVENS died on July 16, 2014, and an Affidavit of Death of Co-Trustee was recorded herein on October 13, 2014 as Document No. 2014-850984, Official Records, Douglas County, Nevada.

3. That STUART A. STEVENS, died on November 17, 2019, and a certified copy of his death certificate issued by the State of Nevada is attached hereto.

4. That pursuant to that certain Deed recorded with the Douglas County Recorder on February 23, 2012, as Document No 0797702, said Trust is the owner of all that certain parcel of real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 59 of Sierra Estates, as shown on the map of the County Recorder of Douglas County, State of Nevada, filed on September 27, 1960.

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(This legal description was previously recorded in the Official Records of Douglas County, State of Nevada, on October 13, 2014, as Document No. 2014-850984)

5. That due to the passing of STUART A. STEVENS, DONALD SCHACHT is the currently acting sole Trustee of the SH STEVENS REVOCABLE TRUST.

6. That Affiant certifies and declares under penalty of perjury of the laws of the State of Nevada that the foregoing is true and correct.

Further, Affiant sayeth naught.

DATED this 7th day of February, 2020.



DONALD SCHACHT

A notary public or other office completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

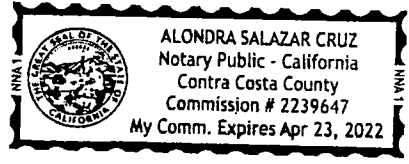
STATE OF CALIFORNIA)
 : ss.
COUNTY OF Contra)
 costa

On 2/7, 2020, before me, Alondra Salazar Cruz a notary public, personally appeared DONALD SCHACHT, who proved to me on the basis of satisfactory evidence to be the person(s) whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that he foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature  (Seal)



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4114729

CERTIFICATE OF DEATH

2019023107
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Stuart A STEVENS		2. DATE OF DEATH (Mo/Day/Year) November 17, 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 ar number) Skyline Estates		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Assisted Living Facility	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 93	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) November 27, 1925	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) South Dakota		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)			
PARENTS	13. SOCIAL SECURITY NUMBER ████████-5341		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
DISPOSITION	15d. STREET AND NUMBER 3687 Shawnee Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Myron STEVENS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Crystal BENTLEY		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) Donald SCHACHT		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2605 Fahey Court Pinole, California 94564			
	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	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN BLANSETT SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	
	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 REED DOPF MD					
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) November 20, 2019		21c. HOUR OF DEATH 06:20		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)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
CAUSE OF DEATH	21e. 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) Reed Dopf MD 907 Mountain Street Carson City, NV 89703				23b. LICENSE NUMBER 13920	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 25, 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).)					
STATE OF NEVADA	PART I				Interval between onset and death	
	(a) Respiratory Arrest					
DUE TO, OR AS A CONSEQUENCE OF:						
(b) Acute Respiratory Failure				Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:						
(c) Unspecified Pattern Of Dementia				Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:						
(d) Etiology Is Not Specified				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 Diabetes, Chronic Kidney Disease, Coronary Heart Disease				26. AUTOPSY (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		
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28d. DESCRIBE HOW INJURY OCCURRED		
28g. LOCATION		STREET OR R.F.D. No.		CITY OR TOWN STATE		

000795934



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: **12/4/2019**

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

Janey [Signature]
Administrator
STATE REGISTRAR

