

WHEN RECORDED MAIL TO:

Rauber Trust
PO Box 384
Genoa, NV 89411

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. 02001473RLT

APN No.: 1319-00-002-005

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of Douglas }

Frances Carline Rauber , being duly sworn, deposes and says:

1. Spencer N. Rauber, the decedent mentioned in attached copy of Certificate of Death, is the same person as Spencer N. Rauber named as one of the trustee(s) in that certain Quitclaim Deed dated September 16, 1991, executed by Spencer Rauber and Carline Rauber, his wife as joint tenants to Spencer N Rauber, Trustee and Francis Carline Rauber Trustee of The Spencer N. Rauber and Francis Carline Rauber Trust , recorded on September 16, 1991 as instrument number 260387, 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, Frances Carline Rauber, 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.

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2015010892

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) Spencer N RAUBER		2. DATE OF DEATH (Mo/Day/Year) June 23, 2015		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 1740 Foothill Rd		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 87	
9a. STATE OF BIRTH (If not U.S.A., New York		9b. CITIZEN OF WHAT COUNTRY? United States		10. EDUCATION 14	
13. SOCIAL SECURITY NUMBER [REDACTED]-2127		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Self-employed Contractor		14b. KIND OF BUSINESS OR INDUSTRY Home Builder	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
16. FATHER/PARENT - NAME (First Middle Last Suffix) John SPENCER		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Edna KELLY		15d. STREET AND NUMBER 1740 Foothill Rd	
18a. INFORMANT- NAME (Type or Print) Frances C RAUBER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1740 Foothill Rd Gardnerville, Nevada 89410			
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) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 217		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 969 West Moana Lane Reno NV 89509	
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) REED DOPF M.D. 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 26, 2015		21c. HOUR OF DEATH 02:15		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Reed Dopf M.D. 18653 Wedge Pkwy Reno, NV 89511				23b. LICENSE NUMBER 13920	
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 29, 2015		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) Terminal Complications Of Malignant, Metastatic Prostate Adenocarcinoma				Interval between onset and death Weeks	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:				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.				26. AUTOPSY (Specify Yes or 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)		28g. LOCATION STREET OR R.F.D. No CITY OR TOWN STATE	

STATE REGISTRAR

3839281

99844

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.

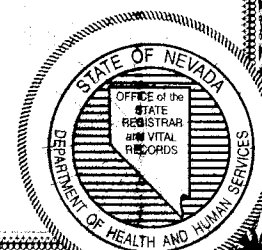
DATE ISSUED:

7/7/2015

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

Reed Dopf
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

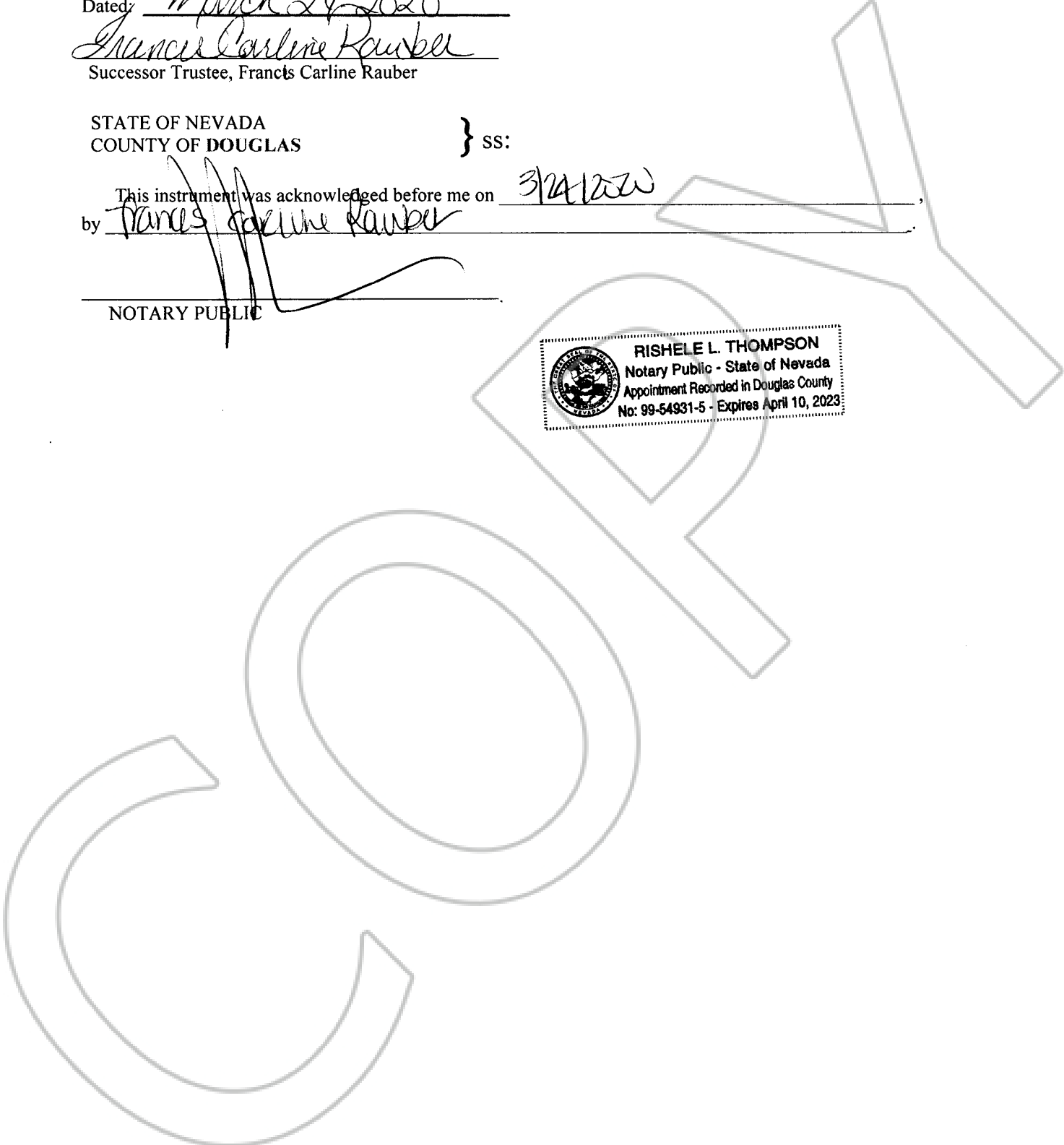
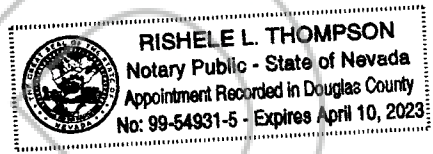


Dated: March 24, 2020
Francis Carline Rauber
Successor Trustee, Francis Carline Rauber

STATE OF NEVADA }
COUNTY OF DOUGLAS } SS:

This instrument was acknowledged before me on 3/24/2020
by Francis Carline Rauber

[Signature]
NOTARY PUBLIC



Order No.: 02001473-RLT

EXHIBIT A

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

Parcel 2 as shown on Parcel Map for Spencer & Carline Rauber, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on June 23, 1977 in Book 677, Page 1541, as File No. 10443, Official Records.

APN: 1319-00-002-005

