

APN# _____

Recording Requested by/Mail to:

Name: Debra Riley

Address: 400 Shakehill Dr.

City/State/Zip: Markleeville, CA
96120

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____



00112205202009470700100101

KAREN ELLISON, RECORDER

Small Estate Affidavit

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Debra Ann Riley
Signature

Debra Ann Riley
Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

Metropolitan Life Insurance Company
Group # 0148166
\$10,000
Claim # 22001014397

SMALL ESTATE AFFIDAVIT

[Note: For use only where the *total gross* property of the *entire estate* (not just the property held by Unclaimed Property Division) does not exceed \$20,000 and does not include real estate or an interest in real estate.

Disclaimer: This form is provided as a convenience only. The law may have changed. Please consult NRS 146.080 and any other relevant statutes. If you have questions, you must consult private counsel. The Division of Unclaimed Property cannot give legal advice.]

STATE OF Newada

COUNTY OF Douglas

I, Debra Ann Riley, being first duly sworn, upon oath says:

1. That I am person who has a right to succeed to the property of the decedent.
2. That the decedent, Lorene Joan Sauer (full name of decedent), died on 11/29/2019 (date of death), at Gardnerville Douglas, NV (place of death, e.g., city, county and state).
3. That the gross value of the decedent's property in this State, except amounts due the decedent for services in the Armed Forces of the United States, does not exceed \$20,000, and that the property does not include any real property nor interest therein, nor mortgage or lien thereon;
4. That at least 40 days have elapsed since the death of the decedent, as shown in the certificate of death of the decedent, a certified copy of which is attached to this affidavit;
5. That no petition for the appointment of a personal representative is pending or has been granted in any jurisdiction;
6. That all debts of the decedent, including funeral and burial expenses, and money owed to the Department of Health and Human Services as a result of the payment of benefits for Medicaid, have been paid or provided for;
7. That the decedent's property consists of the following, and I am entitled to the following share(s) of the property: (describe all of the known property of the decedent, and for each item, state the share you claim. If you are claiming less than a 100% share, list all other claimants and the share each claims)

8. That I have given written notice, by personal service or by certified mail, identifying my claim and describing the property claimed, to every person whose right to succeed to the decedent's property is equal or superior to mine, and that at least 14 days have elapsed since the notice was served or mailed;
9. That I am personally entitled, or the Department of Health and Human Services is entitled, to full payment or delivery of the property claimed or I am entitled to payment or delivery on behalf of and with the written authority of all other successors who have an interest in the property; and,
10. That I acknowledge and understand that filing a false affidavit constitutes a felony in this State.
11. I further state that probate proceedings (check one):

Have taken place or are currently pending. Probate documents are attached, including any letters testamentary or other letters or petitions for issuance of letters

-or-

Have not taken place and are not currently pending.

12. The affiant further states that the decedent (did) did not (circle one) leave a will. If the decedent did leave a will, a true and correct copy of the will is attached hereto. (Note: If the decedent did not leave a will, Form UP-40, Affidavit of Heirship, must also be completed.)

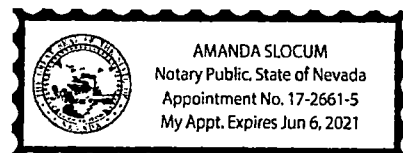
I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

EXECUTED this 29th day of May, 2020.

BY: Debra Ann Riley
Debra Ann Riley (Affiant)

Notary Signature: [Signature]

My Commission expires: June, 6 2021



LAST WILL AND TESTAMENT

OVERVIEW OF PERTINENT INFORMATION

EXECUTOR APPOINTED FOR LORENE J. SAUER

I. Initial Executor: WILBUR O. SAUER

II. Alternate Executor:

If above Executor is unable or refuses to serve for any reason whatsoever, the below named individual is nominated to serve as alternate executor, as specified in the document

**DEBRA A. RILEY
400 SHAKEHILL ROAD
MARKLEEVILLE, CA 96120**

LAST WILL AND TESTAMENT

OF

LORENE J. SAUER

I, **LORENE J. SAUER**, a resident of the County of **CONTRA COSTA**, State of California, do make and declare this to be my Will, and I revoke all my prior Wills and Codicils.

FIRST: Declaration Concerning Family. I declare that I am married and that my husband's name is **WILBUR O. SAUER**, and that I have one (1) child now living, namely **DEBRA A. RILEY**, and that I have no other children living or deceased. The terms "child", "children" and "issue" shall include adopted children. I further declare it is my intention to dispose of all property I am entitled to dispose of by Will.

SECOND: Nomination and Appointment of Executor. I hereby nominate and appoint **WILBUR O. SAUER** to be my Executor hereunder, to serve without bond. In the event my nominee fails to become or at any time ceases to be the duly appointed and acting Executor hereunder, I nominate **DEBRA A. RILEY** as Executor, to serve without bond. The term "Executor" as used herein shall apply regardless of gender.

THIRD: Last Illness and Funeral Expenses; Powers of Executor. I direct my Executor to pay my last illness and funeral expenses. I authorize my Executor to receive and retain any of my property; to sell, at public or private sale, encumber or lease any property of my estate without notice, at such prices and upon such terms as he deems best, and without the giving of any bond, subject, however, to such confirmation as may be required by law; to hold, manage and operate such property; to continue the operation of any business of my estate, alone or in partnership with others, for such times and in such manner as deemed advisable, or to sell or liquidate such business, and any such operation, sale or liquidation shall be at the risk of my estate and without liability on my Executor for any losses resulting therefrom; to invest and reinvest surplus moneys in such investments as he deems advisable; to determine what is principal and what is income of my estate and to allocate and charge to either principal or income any debts, taxes and expenses of administration.

FOURTH: Disposition of All Property; Exercise of Power of Appointment. It is my intention by this Will to dispose of my separate property, if any, and also my share of the community property of my husband, WILBUR O. SAUER, and myself. I do not intend hereby to exercise any power of appointment which I may have arising from that Trust Agreement described in Paragraph SIXTH.

FIFTH: Disposition of Personal Effects. Except as provided in any written instructions to my Executor regarding the disposition of personal effects, I give any interest I may have in all personal automobiles, clothing, jewelry, china, silver, books, pictures and other works of art, household furniture and furnishings and all other items of domestic, household or personal use to my husband, if he survives me. If my husband fails to so survive me, I give such property to the Trustee of that Trust Agreement described in Paragraph SIXTH. The bequests made by this paragraph shall be free and clear of estate and inheritance taxes, which I direct my Executor to charge against the residue of my estate.

SIXTH: Disposition of Residue of Estate.

(1) All the rest, residue and remainder of my estate, both real and personal and of whatever kind and wherever situated, including all of my separate property, if any, and my share of the community property of my husband and myself, I give, devise and bequeath to the individual or bank then acting as Trustee under that certain Trust Agreement designated as THE SAUER FAMILY TRUST, signed earlier this day and bearing the same date as this Will, of which my husband and I are the Co-Trustors and the Co-Trustees, to be combined with the other assets of the trust and held, administered and distributed as a part of that trust, according to the terms thereof and any amendments made to it prior to my death. It is my intent, if it be permissible, not to create a separate trust by this Will and not to subject THE SAUER FAMILY TRUST or the property added to it by this Subparagraph (1) to the jurisdiction of the probate court.

(2) If for any reason the disposition in Subparagraph (1) is not operative or is invalid, or if the trust referred to in Subparagraph (1) fails or has been revoked, then I give the rest, residue and remainder of my estate, including my share of our community property, to the individual or bank which would have been Trustee of such trust had such trust been operative, valid and unrevoked at my death, to be held, administered and distributed under the terms and conditions of THE SAUER FAMILY TRUST, signed earlier this day and bearing the same date as this Will, which trust is incorporated herein by reference.

(3) Anything else herein to the contrary notwithstanding, should any portion of such trust be terminable upon my death, the disposition made in this Paragraph SIXTH shall be made directly to the beneficiaries for whom the outright distribution from the trust shall be made, and the remainder which will remain in such trust, if

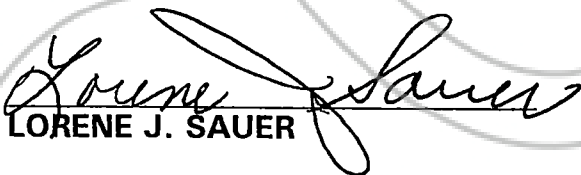
any, shall pass into such trust under the provisions of Paragraph SIXTH (1) or (2), as the case may be.

(4) Should the Trustee of that trust described in Paragraph SIXTH (1) and (2) elect not to pay any or all of the estate, gift or inheritance taxes from such trust, then, to the extent they are not so paid, all taxes levied by the United States or any state, district, territory or possession thereof upon or because of any property passing under this Will or any Codicil thereto or by reason of any transfer or gift made by me during my lifetime or at my death, or which may be imposed by reason of my death, or the acquisition of property by any person upon my death by succession, inheritance, survivorship or otherwise, shall be paid out of the residue of my estate as an expense of administration. My Executor is authorized to accept any distributions from the Trustee of that trust described in Paragraph SIXTH (1) or (2) for purpose of such payment.

SEVENTH: Omitted Heirs; Will Contests. Except as otherwise specified in this Will, I have intentionally and with full knowledge omitted to provide for my heirs at the time of my death. If any beneficiary under this Will or heir at law of mine or person claiming through any of them shall contest or otherwise challenge the validity of this Will or attack any of its provisions or the trust described in Paragraph SIXTH herein, directly or indirectly, any share or interest in my estate given to such person under this Will is hereby revoked, and such share or interest shall be distributed in the same manner provided herein as if such person had predeceased me.

EIGHTH: Partial Invalidity. Should any part, clause, provision or condition of this Will be held to be void, invalid or inoperative, then I direct that such invalidity shall not affect any other provision hereof, which shall be effective as though such invalid provisions had not been made.

IN WITNESS WHEREOF, I have signed and subscribed my name to this Will this 12TH day of JUNE, 1997.


LORENE J. SAUER

On the date last above written, the testator declared to us, the undersigned, that this instrument, consisting of four (4) pages, including the page signed by us as witnesses, was the testator's will.

The testator then signed this will in our presence, all of us being present at the same time.

The testator appears to us to be over eighteen (18) years of age and of sound mind, and we have no knowledge of any facts indicating that this instrument or any part of it was procured by duress, menace, fraud, or undue influence.

We understand that this instrument is the testator's will, and we now subscribe our names as witnesses.

We declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATED: 6/12/97

WITNESS: Betty J. Holtzhausen

Residing at

3320 Concord Ave.
Brentwood, Ca. 94513

DATED: 6-12-97

WITNESS: Tamy Fluor

Residing at

2010 CROW CANYON PL

SAN RAMON CA 94583

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4117457

CERTIFICATE OF DEATH

2019024171
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
STAYING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Lorene Joan SAUER		2. DATE OF DEATH (Mo/Day/Year) November 29, 2019		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street ar number) Chateau at Gardnerville		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) 87		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) November 18, 1932		9a. STATE OF BIRTH (If not US/CA, name country) Iowa		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 ██████████-3037		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of POSTAL CLERK		14b. KIND OF BUSINESS OR INDUSTRY U.S POST OFFICE	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1565 Virginia Ranch Road		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) John Henry STRAHMANN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Katharina Matilda NISSEN		
18a. INFORMANT - NAME (Type or Print) Debra RILEY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 400 Shakehill Drive Markleeville, California 96120			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) HARRISON CODY BILLIAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD943		20c. NAME AND ADDRESS OF FACILITY Nevada Funeral Services 3094 Research Way #63 Carson City NV 89706	
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) NITA SCHWARTZ 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) December 10, 2019		21c. HOUR OF DEATH 15:35		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703			
23b. LICENSE NUMBER 9114		24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 10, 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			
(a) Cerebral Atherosclerosis		Interval between onset and death			
(b) Unknown		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 1.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or 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	

000797675



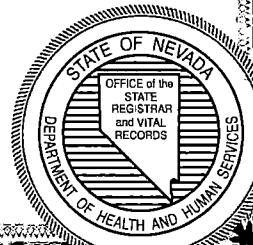
CERTIFIED COPY OF VITAL RECORDS

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: 12/16/2019

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

Blaise Satariano
Administrator



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of KERN

DEPARTMENT OF PUBLIC HEALTH

1700 FLOWER STREET, BAKERSFIELD, CALIFORNIA 93305-4198

CERTIFICATE OF DEATH

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS						LOCAL REGISTRATION NUMBER		
1. NAME OF DECEDENT—FIRST (GIVEN) WILBUR			2. MIDDLE OTTO			3. LAST (FAMILY) SAUER				
4. DATE OF BIRTH MM/DD/CCYY 08/21/1931			5. AGE YRS. 70		6. SEX M		7. DATE OF DEATH MM/DD/CCYY 03/30/2002			
8. HOUR 2200			9. STATE OF BIRTH MICHIGAN			10. SOCIAL SECURITY NO. -8621		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		
12. MARITAL STATUS MARRIED			13. EDUCATION—YEARS COMPLETED 14			14. RACE CAUCASIAN				
15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			16. USUAL EMPLOYER WATER RESOURCES STATE OF CALIFORNIA			17. OCCUPATION SHOP FOREMAN				
18. KIND OF BUSINESS WATER RESOURCE MANAGEMENT			19. YEARS IN OCCUPATION 23			20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 3360 CONCORD AVENUE				
21. CITY BRENTWOOD			22. COUNTY CONTRA COSTA		23. ZIP CODE 94513		24. YRS IN COUNTY 34			
25. STATE OR FOREIGN COUNTRY CALIFORNIA			26. NAME, RELATIONSHIP LORENE JOAN SAUER - WIFE			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 3360 CONCORD AVE., BRENTWOOD, CA 94513				
28. NAME OF SURVIVING SPOUSE—FIRST LORENE			29. MIDDLE JOAN		30. LAST (MAIDEN NAME) STRAHMANN					
31. NAME OF FATHER—FIRST WILLIAM			32. MIDDLE AUGUST		33. LAST SAUERS		34. BIRTH STATE MI			
35. NAME OF MOTHER—FIRST CLARA			36. MIDDLE BELLE		37. LAST (MAIDEN) DAY		38. BIRTH STATE IOWA			
39. DATE MM/DD/CCYY 04/03/2002			40. PLACE OF FINAL DISPOSITION RES: LORENE SAUER, 3360 CONCORD AVE., BRENTWOOD, CA 94513							
41. TYPE OF DISPOSITION(S) CR/RES			42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED				43. LICENSE NO. -			
44. NAME OF FUNERAL DIRECTOR BASHAM FUNERAL CARE			45. LICENSE NO. FD1708		46. SIGNATURE OF LOCAL REGISTRAR B. JINADU, M.D. <i>CJR</i>		47. DATE MM/DD/CCYY 04/02/2002			
101. PLACE OF DEATH MEMORIAL HOSPITAL			102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA			103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY KERN		
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 420 34TH ST.			106. CITY BAKERSFIELD							
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)			TIME INTERVAL BETWEEN ONSET AND DEATH 4 days		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER					
IMMEDIATE CAUSE (A) <i>Acute Myocardial Infarction</i>			DUE TO (B)		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
DUE TO (C)			DUE TO (D)		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO			112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.										
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY 03/27/2002			115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>			116. LICENSE NO. A48280		117. DATE MM/DD/CCYY 04/02/2002		
DECEDENT LAST SEEN ALIVE MM/DD/CCYY 03/29/2002			118. TYPE ATTENDING PHYSICIAN'S NAME MAILING ADDRESS, ZIP S. KARIMAN, M.D., 3700 MALL VIEW RD., BAKERSFIELD, CA 93306							
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED			120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY		122. HOUR		123. PLACE OF INJURY	
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER <i>[Signature]</i>			127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER					
STATE REGISTRAR		A		B		C		D		
E		F		G		H		FAX AUTH. # 9983425		
CENSUS TRACT		✓								

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CERTIFIED COPY OF VITAL RECORDS

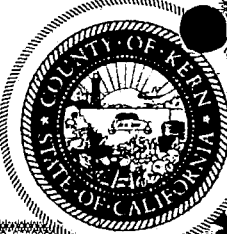
STATE OF CALIFORNIA }
COUNTY OF KERN } SS

DATE ISSUED
APR 05 2002

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION OF THE DEPARTMENT OF PUBLIC HEALTH SERVICES

B. A. JINADU, MD, MPH
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE