RECORDING REQUESTED BY

JANICE E. BRUNER

AND WHEN RECORDED MAIL TO:

R. THOMAS PETERSON OBRIEN & PETERSON 2415 CAMPUS DR., SUITE 120 IRVINE, CA 92612

MAIL TAX STATEMENTS TO:

JANICE E. BRUNER
7 Altair Irvine, CA 92603

DOUGLAS COUNTY, NV Rec:\$40.00 Total:\$40.00 OBRIEN & PETERSON

2020-947218 06/05/2020 02:58 PM

Pas=3



KAREN ELLISON, RECORDER

A.P.N.: 1219-10-002-035

AFFIDAVIT - DEATH OF TRUSTEE

State of California	}
	} ss.
County of Orange	}

JANICE E. BRUNER ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada.

- 1. ALBERT D. BRUNER ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on December 28, 2019 at Carson City, State of Nevada:
- 2. Decedent is the same person named as a trustee in that certain Declaration of Trust dated June 19, 1995 as amended and restated on May 30, 2019, executed by Albert D. Bruner and Janice E. Bruner as trustors (the "Trust").
- 3. Decedent as a trustee is the same person who was named as a grantee in that certain Grant, Bargain & Sale Deed dated May 25, 2006 which was recorded on August 2, 2006 as Instrument No. 0681072 in Book 0806, Page 0658, of Official Records of Douglas County, Nevada as legally described as follows:

LOT 7, IN BLOCK B OF SIERRA RANCHO ESTATES NO. 2, IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, FILED IN THE OFFICE OF THE COUNTY RECORDER OF SAID COUNTY, ON MAY 17, 1985 IN BOOK 585, PAGE 1534, AS DOCUMENT NO. 117513.

TOGETHER with all tenements, hereditaments and appurtenances, including easements and water rights, if any thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

Commonly known as: 245 Shadow Mountain Circle, Gardnerville, NV, 89460

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

I declare under penalty of perjury under the laws of the State of California, the laws of the State of Nevada, and the laws of the United States of America, that the foregoing is true and correct.

Dated: May 15, 2020

JANICE E. BRUNER, Declarant

JURAT

Attached to Affidavit of Death of Trustee

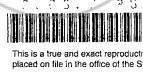
A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }
County of Orange }
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in
and for said County of Orange, and State of California, this 15 day of May, 2020, by
Janice E Brunc proved to me on this basis of satisfactory evidence to be
the person who appeared before me.
WITNESS my hand and official seal.
Signature Signature
My Commission Expires March 10, 2023
Notary Name: Aaron Michael Conzinge Notary Phone: 949.552 2049
Notary Registration Number: 2280306 County of Principal Place of Business Wells Farge



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

											1	
CASE FILE NO. 4121268			CERTIFICATE OF DEATH				2019025743					
TYPE OR	r										FILE NUMBE	
PRINT IN	1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFI			12. DATE OF L			DATE OF DE	DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH				
PERMANENT BLACK INK	Albert Donnell			BRUNER				December 28, 2019			Carson City	
	1	lnumber)	C HOSPITAL OR OTHER INSTITUTION -Name(If not either, give s				treet ar 3e If F	Hosp. or Inst. inc ent(Specify)	licate DOA	OP/Emer Rr	n. 4. SEX	
DECEDENT	Carson City	Carson Tahoe Regional Medical Center				Intensive Care Unit (ICU) M						
	5 RACE (Specify)	/hite	6 Hispanic Origin? Specify 7a AGE-Last birthday No - Non-Hispanic (Years)			birthday 7b	7b. UNDER 1 YEAR 7c UNDER 1 DAY 8. DATE OF BIRTH (Mo/Day/Yr)					
IC DEATH		82			82	November 08, 1937						
IF DEATH OCCURRED IN INSTITUTION SEE	9a. STATE OF BIRTH (If not US/CA, 9b. (name country) Florida		CITIZEN OF WHAT COUNTRY 10 EDUCATIO		N 11 MARITAL STATUS (Specify) Married		Specify) 12) 12, SURVIVING SPOUSE'S NAME (Last name prior to first			or to first marriage)	
HANDBOOK REGARDING	I loilda		USUAL OCCUPATION (Give Kind of Work Done Duning Mos		est of I					ever in US Armed		
COMPLETION OF RESIDENCE	-0862				Electrical Engineer						orces? Yes	
ITEMS	15a RESIDENCE - STATE	15b, COUNTY	,	15c CITY,	TOWN OR LOC	CATION 1	5d STREE	ET AND NUM				15e INSIDE CITY LIMITS (Specify Yes
L	California	Or	ange		Irvine	7	7 Altair	- "	L		74	or No) Yes
PARENTS	16 FATHER/PARENT - NAME		•		7				(First Middle	Last Suf	fix)	1
	do lucopului di di	BRUNER						ne Elizabe		NCE		
	18a. INFORMANT- NAME (Typ. Jan		186	MAILING ADDR	RESS (Stre		1 10	Town, State, Zip	•		1	
			R (Specify) 10	h CEMETER	OD CDEMATO	NOV NAME	Alt	air irvine,	California 9:		O	
DISPOSITION	19a BURIAL, CREMATION, REMOVAL, OTHER (Specify Cremation			Autumn Cremation Services			, /	19c LOCATION City or Town State Carson City Nevada 89701				
	20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) 20b FUNERAL DIRECTOF 20c NAME AND ADDRESS OF FACILITY											
	JOHN LAWRENCE LICENSE NUMBER Autumn Funerals & Cremations											
		TURE AUTHI	ENTICATED		FD304	h	\	1575	N Lompa Ln	Carson C	City NV 89	9701_
TRADE CALL	TRADE CALL - NAME AND AD					1	1				-	
	21a To the best of my kn	iowledge, deal ignature & Title	n occurred at the SIGN	e time, date ar ATURE AUT	id place and due	P ≥ 22a	On the bas e time, date	sis of examinati e and place and	ion and/or investi d due to the cause	gation, in m	y opinion deat	h occurred
OEDTIELED	ΙΦ´Τ		GUIRRE N		700	- Bate	N	1/4				<u> </u>
CERTIFIER	21b. DATE SIGNED (Mo	21c. HOL	and at the time, date and place and due SIGNATURE AUTHENTICATED REPORT OF DEATH 13:29 22a. On the basis of example at the time, date and place at the time.				IGNED (Mo/E	Day/Yr)	22c. ⊦	OUR OF DEA	ATH	
			AN IF OTHER T	13:29 S S S S S S S S S S S S S S S S S S S				UNCED DEA	DEAD (Mo/Day/Yr) 22e PRONOUNCED DEAD AT (Hour)			
	유병 (Type or Print)	/ /			The same of the sa	P O		N	The same of the sa			DENOTE (Floar)
	23a NAME AND ADDRESS OF	CERTIFIER (F	HYSICIAN, AT	TENDING PH	YSICIAN, MEDI	CAL EXAMINI	ER, OR CO	DRONER) (T)	/pe or Print)	23	b. LICENSE I	
	24a REGISTRAR (Signature)				Parkway Ca	rson City, 24b DATE RE			lou r	\		1479
REGISTRAR	The real of the re		AISE SAT			(Mo/Day/Yr)	1	ary 02, 202	7987	YES		UNICABLE DISEASE
CAUSE OF	25 IMMEDIATE CAUSE				OR (a), (b), AN	D (c))	banac	ary 02, 202		120		reen onset and death
DEATH	PARTI (a) Cardiopu	Ilmonary	Arrest		(/) (-/)	_ (-/-/				- 1	THE VEL DELV	reen onset and death
		AS A CONSEQ					-			+	Interval betw	veen onset and death
CONDITIONS IF ANY WHICH		Brain Injur				- /	- /					
GAVE RISE TO IMMEDIATE	Due to, or as a consequence of Acute Hypoxemic Respiratory Failure									<u> </u>	Interval betw	reen onsel and death
STATING THE ->		AS A CONSEQ		ory Fallu	re		<u>/</u>					
UNDERLYING CAUSE LAST	► Atrial Fit	rillation	DENCE OF.	The Real Property lies and the Personal Property lies and the						- [Interval betw	veen onset and death
-/ /	(4)		Conditions co	otabuting to do	ath but not man	ting in the :	dadulaa		Day 1	<u> </u>	2002 J-	
/ /										WAS CASE FERRED TO CORONER		
1 1	28a ACC , SUICIDE, HOM., UNDET	28b. DATE OF	INJURY (Mo/Day	/Yr) 286	HOUR OF INJUR	Y 128d DE	SCRIBE HOL	WINJURY OCC	URRED	<u> </u>	No (S	No.



CERTIFIED COPY OF VITAL RECORDS

28g. LOCATION

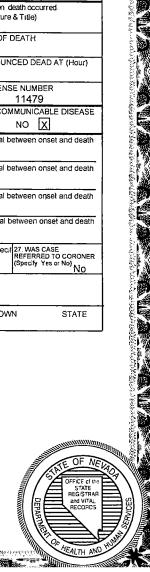
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

28f PLACE OF INJURY- At home, farm, street, factory, office

building, etc. (Specify)

1/6/2020 DATE ISSUED:

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



STATE

CITY OR TOWN

STREET OR R.F.D. No.

Administrator