

APN: 1220-20-001-062

When Recorded, Please Return To:
Cassandra G. Jones, Esq.
PO Box 1616
Minden NV 89423



KAREN ELLISON, RECORDER

Mail Future Tax Statements To:
Susan J. Schell, Trustee
Schell Family Revocable Trust
PO Box ~~601~~ 6201
Gardnerville, NV 89460

The undersigned hereby affirms that this document submitted for recording does not contain any personal information and/or social security number of any person.

AFFIDAVIT – DEATH OF TRUSTEE

The attached document does contain the social security number of a person as required by NRS 440.380.

SUSAN J. SCHELL ("Declarant") being of legal age, and being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada that:

1. KARL ARTHUR SCHELL ("Decedent") is the same person as Karl A. Schell who died on December 9, 2007, as referenced in the certified copy of the Certificate of Death which is attached hereto as **Exhibit A** and incorporated herein by this reference.
2. Decedent is the same person named as a trustee in that SCHELL FAMILY REVOCABLE TRUST dated September 25, 2007 ("the Trust"), executed by KARL ARTHUR SCHELL and SUSAN J. SCHELL as Grantors of the Trust.
3. Decedent as a trustee is the same person who was named as a grantee in that certain GRANT, BARGAIN AND SALE DEED, which was recorded on October 1, 2007, as Document No. 071294 in Douglas County, Nevada, as legally described as follows:
See Exhibit B attached hereto and incorporated herein by this reference.
4. Declarant is the sole surviving trustee under the Trust. The Trust was in effect at the date of the death of Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

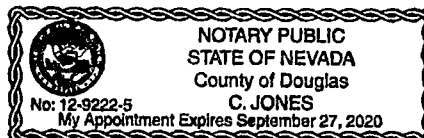
Date: 9/25/2020

SUSAN J. SCHELL, Trustee

State of Nevada)
County of Douglas)

Signed and sworn to (or affirmed) before me on this 25th day of September, 2020, by SUSAN J. SCHELL, as Trustee.

Notary Public



**EXHIBIT A
CERTIFICATE OF DEATH**

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2007011428
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 Karl			1b. MIDDLE Arthur			1c. LAST SCHELL			2. DATE OF DEATH (Mo/Day/Year) December 09, 2007			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 number) 764 Rojo Way						3e. If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient (Specify)			4. SEX Male		
5. RACE (e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. No Non-hispanic			7a. AGE-Last birthday (Years) 49			7b. UNDER 1 YEAR MOS DAYS			7c. UNDER 1 DAY HOURS MINS			8. DATE OF BIRTH (Mo/Day/Yr) January 08, 1958		
9a. STATE OF BIRTH (If not U.S.A., name country) California			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 14			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (If wife, give maiden name) Susan DENNIS					
13. SOCIAL SECURITY NUMBER 8225						14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Radio Technician						14b. KIND OF BUSINESS OR INDUSTRY U. S. Government					
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Gardnerville			15d. STREET AND NUMBER 764 Rojo Way			15e. INSIDE CITY LIMITS (Specify Yes or No) No					
16. FATHER - NAME (First Middle Last Suffix) Joseph Allen SCHELL						17. MOTHER - NAME (First Middle Last Suffix) Erika Margarete UHLIG											
18a. INFORMANT - NAME (Type or Print) Susan J SCHELL						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 764 Rojo Way Gardnerville, Nevada 89460											
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					
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED						20b. FUNERAL DIRECTOR LICENSE 620			20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703								
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) SIGNATURE AUTHENTICATED MARK MEADORS						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 11, 2007			21c. HOUR OF DEATH 09:30			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH								
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) MARK MEADORS 1525 Medical Parkway Suite B Carson City, NV 89703									23b. LICENSE NUMBER 1296								
24a. REGISTRAR (Signature) MIKE NEUMANN SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 12, 2007			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).)												Interval between onset and death					
PART I (a) Metastatic Pancreatic Cancer																	
DUE TO, OR AS A CONSEQUENCE OF:												Interval between onset and death					
(b)																	
DUE TO, OR AS A CONSEQUENCE OF:												Interval between onset and death					
(c)																	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.												26. AUTOPSY (Specify Yes or No) No			27. WAS CASE REFERRED TO CORONER (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			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		

STATE REGISTRAR

182061

CERTIFIED COPY OF VITAL RECORDS

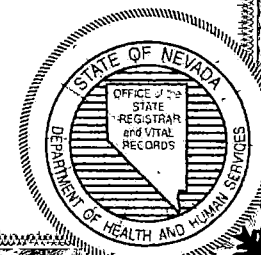
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

12/12/2007

SIGNATURE AUTHENTICATED

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



PHNCO 11-11-07

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**EXHIBIT B
LEGAL DESCRIPTION**

All that certain parcel of real property situated in County of Douglas, State of Nevada, more particularly described as follows:

LOT 34, OF BLOCK F, AS SHOWN ON THE MAP OF MARRON ESTATES, FILE FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON SEPTEMBER 9, 1980, IN BOOK 980. AS DOCUMENT NO 48330

Per NRS 111.312, this legal description was previously recorded on October 1, 2007, as Document No. 0710294.

More Commonly Known as: 764 Rojo Way

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