

A. P. No. 1220-14-000-002

Escrow No.

When recorded mail to:  
Jo Linda Bobula, Trustee  
860 US HWY 395  
Gardnerville, NV 89410

**AFFIRMATION PURSUANT TO  
NRS 111.312(1)(2) AND 239B.030(4)**

*The undersigned, hereby affirm that this document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by the following: NRS 440.380.*

AFFIDAVIT OF SURVIVING TRUSTEE

STATE OF NEVADA            )  
  ) ss  
COUNTY OF DOUGLAS        )

I, JO LINDA BOBULA, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated September 29, 2017, JAMES CLARK BOBULA and I, executed the JIM AND JO LINDA LIVING TRUST dated September 29, 2017.

(2) Said trust appointed me, JO LINDA BOBULA, to serve as Surviving Sole Trustee upon the death or incapacity of JAMES CLARK BOBULA.

(3) That JAMES CLARK BOBULA is now deceased, having died in Douglas County, State of Nevada, on August 29, 2020. Attached hereto is a certified copy of the Certificate of Death of JAMES CLARK BOBULA, which has been duly filed with the Nevada State Department of Human Resources, Division of Health, Section of Vital Statistics, Carson City, Nevada.

That your affiant expressly incorporates said Certificate of Death in this affidavit.

(4) Pursuant to the terms of the Trust, I, JO LINDA BOBULA, have assumed the responsibilities of Surviving Sole Trustee.

(5) That following described real property is situate in the County of Douglas, State of Nevada, and is part of the trust estate, and is more particularly described as follows:

That certain piece or parcel of land lying in the westerly portion of the Northwest 1/4 of the Southeast 1/4 of Section 14, Township 12 North, Range 20 East, M.D.B.&M., in Douglas County, Nevada, and more particularly described by metes and bounds as follows, to wit:

Beginning at a point at the southeast corner of the parcel, on the subdivision line and the westerly right of way line of U. S. Highway No. 395, said point of beginning being described as bearing 58°32' West, a distance of 2,529.13 feet from the southeast corner of Section 14, Township 12 North, Range 20 East; thence south 89°46' West along the fence and subdivision line a distance of 498.30 feet to a point at the southwest corner of the parcel; thence North 1°15' West along the fence line a distance of 397.60 feet to a point; thence North 3°11' East, along the fence line a distance of 455.40 feet to a point; thence North 0°59' West along the fence line a distance of 260.80 feet to a point at the north end of the parcel, on the westerly side of said highway right of way line; thence South 23°20' East along said highway right of way line a distance of 1,210.00 feet to the point of beginning.

EXCEPT THEREFROM all that portion of said land conveyed to the State of Nevada in Deed dated January 23, 1928 and recorded in Book S of Deeds, Page 368, Douglas County, Nevada Records.

"IN COMPLIANCE WITH NEVADA REVISED STATUTE 111.312, THE HEREIN ABOVE LEGAL DESCRIPTION WAS TAKEN FROM INSTRUMENT RECORDED NOVEMBER 26, 2007, BOOK 1107, PAGE 6328, AS FILE NO. 713662, RECORDED IN THE OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA."

TOGETHER WITH all water rights, surface or ground, permitted, certified, adjudicated, or vested, as well as all seeps, springs, and other rights to water, of any nature whatsoever, appurtenant to or historically used on the property.

TOGETHER WITH all and singular tenements, hereditaments and appurtenances thereunto, belonging or in anywise

appertaining, and any reversions, remainders, rents, issues or profits thereof.

(6) and I are authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Surviving Trustee with respect to the Trust's interest in the described property.

(7) No other person has a right to the interest of the Trust in the described property.

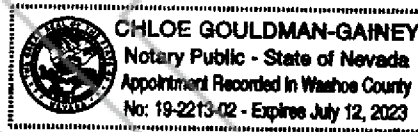
Executed this 2 day of October, 2020, at Douglas County, Nevada.

Jo Linda Bobula  
JO LINDA BOBULA  
Surviving Trustee

STATE OF NEVADA            )  
  ) ss  
COUNTY OF WASHOE        )

This instrument was acknowledged before me on October 2nd, 2020, by JO LINDA BOBULA as Surviving Trustee of the JIM AND JO LINDA LIVING TRUST dated September 29, 2017.

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Notary Public



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4165353

**CERTIFICATE OF DEATH**

2020019060  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>James BOBULA</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 29, 2020</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or number) <b>860 U.S Highway 395 North</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
DECEDENT	4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) <b>77</b>		7b. UNDER 1 YEAR MOS    DAYS    HOURS    MINS		7c. UNDER 1 DAY HOURS    MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) <b>January 31, 1943</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Wisconsin</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
	10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Jo Linda GERHAUSER</b>	
PARENTS	13. SOCIAL SECURITY NUMBER <b>██████-9000</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>BUSINESS OWNER</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>SEPTIC CLEANING</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
DISPOSITION	15d. STREET AND NUMBER <b>860 U.S Highway 395 North</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>John BOBULA</b>	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Matilda KRETSCHMER</b>		18a. INFORMANT- NAME (Type or Print) <b>Jo Linda BOBULA</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>860 U.S Highway 395 North Gardnerville, Nevada 89410</b>	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Truckee Meadows Crematory</b>		19c. LOCATION City or Town State <b>Sparks Nevada 89431</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>HARRISON CODY BILLIAN</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD943</b>		20c. NAME AND ADDRESS OF FACILITY <b>Nevada Funeral Services</b> <b>3094 Research Way #63 Carson City NV 89706</b>	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>NITA SCHWARTZ MD</b> SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) <b>September 03, 2020</b>		21c. HOUR OF DEATH <b>14:46</b>	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	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) <b>Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703</b>		23b. LICENSE NUMBER <b>9114</b>		24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b> SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 03, 2020</b>		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 <b>(a) Cerebral Atherosclerosis</b>	
	25a. ACC, SUICIDE HOM, UNDET, OR PENDING INVEST. (Specify)		25b. DATE OF INJURY (Mo/Day/Yr)		25c. HOUR OF INJURY	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25d. DESCRIBE HOW INJURY OCCURRED		25e. INJURY AT WORK (Specify Yes or No)		25f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)	
	25g. LOCATION STREET OR R.F.D. No    CITY OR TOWN    STATE		26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No)	



CERTIFIED COPY OF VITAL RECORDS

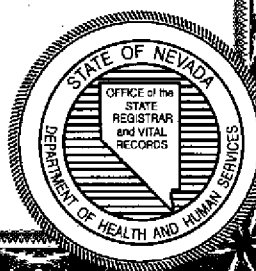
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

9/16/2020

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

*Wesley T Storey*  
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE