DOUGLAS COUNTY, NV

ERIC J. SCHWERTLEY

Rec:\$40.00 Total:\$40.00 2020-955897

11/06/2020 09:02 AM

Pgs=4

Recording Requested By

Eric I. Schwertlev

When Recorded Return to And Mail Tax Statement to

Eric J. Schwertley 1485 Portobelo Street San Jose, CA 95118

Ш	1111		Ш						1111	Ш	l St	Ш
Н	Ш	Ш					i 141		ш	Ш	l Bł	ш
П	ш	ш	Ш						ш	Ш		ш
ш	14 1 1	ш		111					ш	111		Ш
<u>.</u>	22	00/	201	2000	550	9700	MOO	12	••••		 	

KAREN ELLISON, RECORDER

A.P.N. 07-231-01	
1318-23-811-012	AFFIDAVIT - DEATH OF TRUSTEES
State of California County of Santa Clara) ss.)

Eric J. Schwertley, (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. Frederick William Schwertley (first decedent) is the person referenced in the attached certified copy of the Certification of Death who died on March 6, 2016, at Saratoga, California.
- 2. First Decedent is the same person named as one of the trustees in that Certain Declaration of trust dated November 16, 1984, executed by Frederick William Schwertley and Regina Lee Schwertley as trustors (the "Trust").
- 3. First Decedent as a trustee is the same person who was named as a grantee in that certain Grant, Bargain, Sale Deed dated July 27, 1987, which was recorded as Instrument No. 158856, in Book 787, Page 3327, of Official Records of Douglas County, Nevada as legally described following paragraph 8 of this instrument.
- 4. First Decedent as a trustee is the same person who was named as a grantee in that certain Grant, Bargain, Sale Deed dated September 2, 1988, which was recorded as Instrument #186548, in Book 988, Page 2473, of Official Records of Douglas County Nevada as legally described following paragraph 8 of this instrument.
- Regina Lee Schwertley (second Decedent) is the person referenced in the attached certified copy of the Certification of Death who died on April 7, 2020 at Saratoga, California.

- 6. Second Decedent is the same person named as one of the trustees in that certain Declaration of Trust dated November 16, 1984, executed by Frederick William Schwertley and Regina Lee Schwertley as trustors (the "Trust").
- 7. Second Decedent as a trustee is the same person who was named as a grantee in that certain Grant, Bargain, Sale Deed dated July 27, 1987, which was recorded as Instrument No. 158856 in Book 787, Page 3327, of Official Records of Douglas County, Nevada as legally described following paragraph 8 of this instrument.
- 8. Second Decedent as a trustee is the same person who was named as a grantee in that certain Grant, Bargain, Sale Deed dated September 2, 1988, which was recorded as Instrument #186548, in Book 988, Page 2473, of Official Records of Douglas County Nevada as legally described below:

Lot 19, in Block G, of the First Addition of Kingsbury Meadows Subdivision according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on July 17, 1957, as Document No. 12441.

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

Dated: October 21, 2020

Declarant

Eric J. Schwertley, successor trustee The Schwertley Family Trust

[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) ss. County of Santa Clara)

SUBSCRIBED AND SWORN TO (or affirmed) before me on this $2 \frac{1}{3}$ day of October, 2020 by Eric J. Schwertley, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature _

My commission expires: 04/23/2021

Notary Name: Keller Jon Olson

Seal

KELLEN JOHN OLSON
COMM. #2193315
NOTARY PUBLIC - CALIFORNIA
SANTA CLARA COUNTY
My Commission Expires 04/23/2021



CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT VITAL RECORDS AND REGISTRATION

	3052020076251		CERTIFICATE OF DEATH STATE OF CALFORMA USE BLACK MA CHAN'T MELENGARS, WOILE OF ALLERATIONS				3202043003199				
	STATE FILE NUMBER			A2-1 MHTA 2A(P)				LOCAL REGISTRATION NUMBER			
	T NAME OF DECEDENT-FIRST (GIVEN)	LEE	2 MIDDLE 3. LAST (FAITH) LEE SCHWERTLEY				\ \				
DECEDENT'S PERSONAL DATA	AXA, ALSO KNOWN AS - Include full AXA	.1	4. DATE 0 06/18	F BERTH #EE/del/ecy: /1936	5 AGC Yrs. F	INDER ONE YEAR #	UNDER 74 HOURS 6 SEX				
	9. BIRTH STATE/FOREIGN COUNTRY	☐ ve	EX VO TONK	12, MARTIAL STATUSAS WIDOWED	0	0ATE OF DEATH minus 04/07/2020	0800				
	13, EDUCATION - Highest Carel/Degree 14/15. these rentished on back! HS GRADUATE	WAS DECEDENT HISPANICAL YES	at nojavspanish? (ii ye	a. see worksheel on back)	NHITE	CE - Up to 3 races may	be keteg (see worksheet o	on back)			
	17. USUAL OCCUPATION - Type of work to HOMEMAKER	RETURED 18	OUSTAY (e.g., grocer)	store, road construction	, employment agency etc	19 YEARS IN OCCUPATION 36					
RESI	20. DECEDENT'S RESIDENCE (Street and number; or location) 15300 HUME DRIVE 21. CITY 22. COUNTY/PROVINCE 23. ZIP CODE 24. YEARS IN COUNTY 25. STATE/FOREIGN COUNTY										
	SARATOGA	ITA CLARA	23 28° 9507	25. STATE/FOREIGN (1						
INFOR-								state and ze) 8			
E/SRDP AND INFORMATION	28. NAME OF SURVIVING SPOUSE/SRDF	29_MIDDLE		NAME)	\						
	31. NAME OF FATHER/PARENT-FIRST FRANK		32. MIDGLE 33. LAST WHITMORE					34 EIRTH STATE IOWA			
PARENT	35. NAME OF MOTHER/PARENT—1755		36, MIDOLE HAZEL			38 BURTH STATE IOWA					
L DIRECTOR/ REGISTRAR	39. DISPOSITION DATE <i>mentiod/ccyy</i> 4 04/10/2020 41. TYPE OF DISPOSITION(S)	10 PLACE OF FINAL DISPOS 14766 OAK STE	REET, SARAT	OGA, CA 9507	0	/	<u>/</u>				
FUNERAL DIRECTORY LOCAL REGISTRAR	CR/BU		NC	TEMBALMED		43 EICENSE NUMBER					
TUNE 100	ANNUE OF PUMERAL ESTABLISHMENT DARLING FISCHER - CHAPEL OF THE FD940 *S. LUCENSE VIUMBER 46 SIGNATURGOF LOCAL REGISTRAR FD940 *SARA H CODY, MD							47, DATE mm/dd/ccyy 04/10/2020			
PLACE OF DEATH	TOT PLACE OF DEATH 102 F HOSPITAL, SPECIPY ONE 103 F OTHER THAN HOSPITAL, SPECIPY ONE RESIDENCE 103 F OTHER THAN HOSPITAL, SPECIPY ONE LIVER DOAL HOPE DOAL NORTH OTHER THAN HOSPITAL SPECIPY OF HOPE DOAL HOPE OF HOPE DOAL NORTH OTHER DOAL NORTH DOAL										
PLAG BE	1							GA			
	107 CAUSE OF DEATH Hate the cruin of every — desisses, in one, or complication — that is dest) caused death 700 NOT order formfold every's such as certific are rest, incontrary partial, or vertice, all restablishment with the forming the decktory. DO NOT ABUREVIATE. BANCEDIATE CAUSE RY COMPLICATIONS OF CEREBRAL INFARCTION							TOB DEATH REPORTED TO CORONERT			
	condition resulting in death) ® HYPER	TENSION	· · · · · · · · · · · · · · · · · · ·		MNTHS	109. BIOPSY PERFORMED?					
æ.	Sequentially, list conditions, J arry,				YRS	YES X NO					
OF DEATH	on Line A Enter			/	(CT)	110. AUTOPSY PERFORMED?					
CAUSEON	CAUSE (disease or injury that installed the events D) resulting in death) LAST						(m)	YES X NO			
CA	112 OTHER SIGNIFICANT CONDITIONS O	CONTRIBUTING TO DEATH B	UT NOT RESULTING IN TI	HE UNDERLYING CAUSE GIV	EN IN 107			YES NO			
and the same	HEMIPLEGIA, DYSPHAGIA 133, WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 CR 1127 (1) yes, feet lyps of operation and date.) 133, FIGURE PREGIANTINISTY FARM										
	NO 114. I CERTIFY THAT TO THE BEST OF MY KNOW	No.			_/			YES X NO UNK			
PHYSICIAN'S DERTHICATION	AT THE HOUR, DATE, AND PLACE STATED FROM Decident Attended Since De	THE CAUSES STATED.	5. SIGNATURE AND TITE TSUNG-CHA	NO CHEM ME	TOORESE NH COOL	¥ (3)	1	04/09/2020			
PHY	Decident Assessed Sizes Decident List Seen Adv										
	MANNER OF DEATH	Acceptant Hamoular	Suicide Pend	ing Could not be determined	120 INJURED	NO UNK	121 NUURY DATE #	en/dis/copy 122. HOUR G4 Hours			
S USE ONLY	123, PLACE OF (NARY) (e.g., home, construction etc., wooded area, etc.)										
	124 DESCRIBE NOW INJURY OCCURRED (Events which resulted in vir.ny)										
CORONER'S USE	125 LOCATION OF NUMY (Street and number of location, and city, and lup)										
8	128. SIGNATURE OF CORDINER / DEPUTY CORDINER 127, DATE mm/dd/ceyy 128 TYPE NAME, TITLE OF CORDINER / DEPUTY CORDINER										
)						i comput	ŀ			
STA REGIS	TE A B	G D	E	INTERNAL DELICATION DE LA COLOCA DEL LA COLOCA DE LA COLOCA DEL LA COLOCA	01004503708	WIINIHAANA	FAX AUTH.	GENSUS TRACT			
		Laff.									

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SANTA CLARA

DATE ISSUED

By

04/22/2020

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

H 3 4 3 6 7 7 7

Jana . Columb Sara H. Cody HEALTH OFFICER AND LOCAL BEGISTRAR OF BIRTHS AND DEATHS

OF BIRTHS AND DEATHS
This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

CLARA COLLARA COLLARA

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT VITAL RECORDS AND REGISTRATION

		CERTIFICATE STATE OF CANA USE SLACK BIK CHEZY / HO E FASURES VS-1 W/FEY	OF DEATH DRAMA WHITEOUTS ON ALTERATIONS		3201643002031					
	STATE FILE NUMBER 1. NAME OF DECEDENT-FIRST (SWIN) FREDERICK	2, MIDDLE WILLIAM	1.1AST ##							
DECEDENT'S PERSONAL DATA	AKA ALSO KNOWN AS - BOADS MI AKA FIRST, TABOUE (AST) FRED WILLIAM SCHWERTLEY	1	4. DATE OF BIRTH INTO MICEON 11/05/1935							
	S. BIRTH STATE/FOREIGN COUNTRY 10. SOCIAL SECURITY NU		PRCES? 12, MARTIN, STATUS/SPI	P let Time of Death 7. DATE OF DEATH men/o						
NT'S PE	IA -0617 IS EDUCATION—Harves Limitations 14/16, WAS DECEDENT HISPANICAA		-	Up to 3 races may be listed (see worksheet						
DECEDE	PROFESSIONAL YES 17. USUAL OCCUPATION - Type of work for most of the. DO NOT USE RI		NO CAUCASIAN	ore, road construction, employment agency, et	19. YEARS IN OCCUPATION					
	DOCTOR GENERAL PRACTICE 51 20. DECEDENT'S RESIDENCE (Street and number, or location)									
UBUAL RESIDENCE	15300 HUME DRIVE	NTY/PROVINCE	23. ZIP GOOE 24.	YEARS IN COUNTY 25, STATE/FOREIGN	COUNTRY					
	SARATOGA SAN	TA CLARA	95070	66 CA						
INFOR	26, INFORMANT'S HAME, RELATIONSHIP REGINA SCHWERTLEY, WIFE	1530	HUME DRIVE, SA	RATOGA, CA 95070	rural route number, only or lover, state and zip) GA, CA 95070					
AND		ZE, MODULE LEE	NHITHING TEAL OF							
	31. NAME OF FATHER/FAMENT-FIRST	S2, MIDOLE	SS LAST SCHWER	TLEY	JA BERTH STATE					
SPOUSE/SRDP NRENT INFORM	3.1. NAME OF MOTHER/PARENT-FIRST	38, MIDDLE	S7. LAST (BERTIH NU BAIR :		SAL BARTH STATE					
		TION RESIDENCE OF F	REGINA SCHWERT	ILEY						
DIRECTOR/	03/10/2018 15300 HUME DI 41. TYPE OF DISPOSITION(S)	RIVE, SARATOGA, C. 42. EXCHATURE OF EMB.	SLIKER		43. DODNSE NUMBER					
CAL RE	CR/RES 44. NAME OF FUNERAL ESTABLISHMENT	NOT EMBA 45. LICENSE NUMBER	LMED 40. BIGNATURE OF LOCAL REGIST	TRAR FC	47, DATE mro/dd/ocyy					
<u> </u>	44 NAME OF FLIMERAL ESTABLISHMENT DARLING - FISCHER CHAPEL OF TH HILLS 1101. PLACE OF DEATH	FD940	SARA H CODY,	ONE 103. IF OTHER THAN HOSPITAL	03/10/2016 SPECIFY ONE					
ACE OF DEATH	OWN RESIDENCE	R LOCATION WHERE FOUND (Shout ar	P FROP	DOA Hospice Numbra	C: X Decedents Coher					
PLACE	SANTA CLARA 15300 HUME I		<u> </u>	SARATO						
	an cardisc arrest, respiratory arm susceptute cause on DIOPATHIC PULMONA	et, or venirouter Rodleton without showing	the slotogy. DO NOT ABBITEVIATE.	Ownet and Death	☐ YES X 1/0					
	Final disease or condition resulting		- \ \	4 MOS	109. BIOPBY PERFORMED?					
EX.	Sequentially, list conditions, if any, leading to cause on tine A. Enter			ici)	110. AUTOPSY PERFORMED?					
SE OF DEATH	UNDERLYNG CAUSE (Glesses or Pays that			ku)	YES X NO					
ž	resulting in death LAST 112: OTHER SIGNERCANT CONDITIONS CONTRIBUTING TO DEATH B	JT NOT RESULTING IN THE UNDERLYIN	G CAUSE GIVEN IN 107		VES NO					
	NONE 113, WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 10			· · · · · · · · · · · · · · · · · · ·	A FRENKLE FREIZHNIT NIJASTYGARI					
	NO				YES NO UNK.					
MAN'S	ATTHEHOLD DATE AND PLACESTATED PROMITIE CALSES STATED.	ALBERT MACINNES	MARLAND M.D.	G35956	03/10/2016					
PHYSK	(A) mm/dd/ccyy (B) mm/dd/ccyy 11/04/2015 03/03/2016 1	il type attending physician's na 5215 NATIONAL: AVE	HE MAILING ADDRESS, ZIP CODE NUE SUITE 200, L	ALBERT MACINNES M OS GATOS, CA 95032	ARLAND M.D.					
	119, I CERTIFY THAT IN MY CERSION DEVIL COOLERED AT THE HOLF, DATE, A MANNER OF DEATH Natural Accident Hornicide				menAddAccyy 122, HOUR (24 Hours)					
SNE.	123. PLACE Of RULFIT (a.g., home, construction site, wood of arms, etc.)									
23 LESE	124, DESCRIBE HOW INJURY OCCURRED (Events which insulted in Injury)									
CORONER'S USE ONLY	125. LOCATION OF REJURY [Street and number, or location, and city, and top]									
	127, DATE INDIVIDUAL TO CORONER / DEPUTY CORONER 127, DATE INDIVIDUAL TYPE NAME, TITLE OF CORONER / DEPUTY CORONER									
5	TATE A B C O	E IRMONI	<u> </u>	MINIMENN - FAX AUTHLE	CENSUS TRACT					
REG	ISTRAR	10101111111	*010001003186892*	ore repar dilit MILILAT						

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA

DATE ISSUED

COUNTY OF SANTA CLARA SS By MAR 15 2010
This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

SARA H. CODY / HEALTH OFFICER AND LOCAL HEG OF BIRTHS AND DEATHS
This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.
PENCORPOLIZED

