

DOUGLAS COUNTY, NV

**2021-962172**

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**02/18/2021 11:59 AM**

VANTAGE POINT TITLE, INC.

KAREN ELLISON, RECORDER

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(Space above reserved for Register of Deeds certification)

Parcel ID: 1320-30-312-019

**Title of Document:** AFFIDAVIT EVIDENCING DEATH OF A TRUSTEE

**Date of Document:** 02/06/2021

**Grantor:** Robert R Kraus (deceased)

**Grantee:** Carla M Kraus, Trustee of Kraus Revocable Trust dated July 30, 2001

**Statutory Mailing Addresses:**

**Grantor:** n/a

**Grantee:** 866 Mahogany Drive, Minden, NV 89423

**Abbreviated Legal Description:**

Lot 1, of Block B, as set forth on Final Map # 1010-4B of Westwood Village Unit 4B, filed in the office of the County Recorder of Douglas County, State of Nevada on December 13, 1995 in Book 1295, Page 1906, as Document No. 376827.

**Return to:**

Vantage Point Title Inc.  
25400 US 19 N , Suite 135  
Clearwater, FL 33763

**AFFIDAVIT EVIDENCING DEATH OF TRUSTEE**

STATE OF NEVADA )  
 ) SS  
COUNTY OF Douglas )

The undersigned, being first duly sworn, says:

I am the surviving trustee of the Kraus Revocable Trust, dated July 30, 2001.

Robert R. Kraus died on January 17, 2018.

At the time of death, decedent was the owner, as Co-Trustees of said Trust, with me in the following described real property:

See attached exhibit A

Said property was conveyed to said Trust by Deed recorded on 07/23/2010, in the Recorder's Office of Douglas County, Nevada at Book 710 and Page(s) 4362 or Instrument number \_\_\_\_\_.

This Affidavit is made from my own knowledge, and I will testify positively to the truth of the same in any court whenever called upon for that purpose.

A certified copy of the Certificate of Death of decedent is attached hereto.

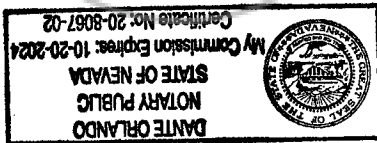
Date 2/6/21

Carla M. Kraus  
Surviving Trustee- Carla M. Kraus

SUBSCRIBED AND SWORN TO before me on February 6 2021

My Commission Expires: 10/20/2024

Dante Orlando  
Notary Public



**STATE OF NEVADA**  
**CERTIFICATE OF DEATH RECORD**

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

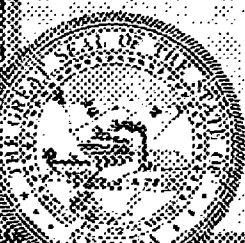
CASE FILE NO. 3999844

**CERTIFICATE OF DEATH**

**2018001595**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>Robert Ray KRAUS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 17, 2018</b>		3a. COUNTY OF DEATH <b>Carson City</b>		
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not admt, give street or 3d. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. (Inpatient/Specify) <b>Continuicare Hospital of Carson Tahoe, Inc. Inpatient</b>		4. SEX <b>Male</b>		
DECEDENT	5. RACE (Specify) <b></b>		6. Hispanic Origin? Specify No - Non-Hispanic <b></b>		7a. AGE - Last birthday (Years) <b>63</b>		
	7b. UNDER 1 YEAR TO UNDER 1 DAY MO'S    DAYS    HOURS    MINS <b></b>		8. DATE OF BIRTH (Mo/Day/YY) <b>May 16, 1954</b>		9. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Carla MIDDLETON</b>		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF REFERENCE ITEMS	9a. STATE OF BIRTH (if not USCA, name country) <b>Indiana</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>		
	11. MARITAL STATUS (Specify) <b>Married</b>		12. SOCIAL SECURITY NUMBER <b>3539</b>		13. USUAL OCCUPATION (Give Kind of Work Done During Most of Territory Sales Rep		
PARENTS	14. KIND OF BUSINESS OR INDUSTRY <b>Window Coverings</b>		15. Ever in US Armed Forces? <b>Yes</b>		15a. RESIDENCE - STATE <b>Nevada</b>		
	15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>		15d. STREET AND NUMBER <b>866 Mahogany Drive</b>		
DISPOSITION	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>James KRAUS</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Nila CARMICHAEL</b>		18a. INFORMANT - NAME (Type or Print) <b>Carla KRAUS</b>		
	18b. MARING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>866 Mahogany Drive Minden, Nevada 89423</b>		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>FitzHenry's Crematory</b>		
TRADE CALL	19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>		20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CHRISTIE D WILDE</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD817</b>		
	20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b>		20d. SIGNATURE AUTHENTICATED		20e. ADDRESS <b>1280 Highway 395 N. Gardnerville, NV 89410</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>JOSEPH W HEFLIN JR MD</b>		21b. DATE SIGNED (Mo/Day/YY) <b>January 26, 2018</b>		21c. HOUR OF DEATH <b>17:42</b>		
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Joseph W Heflin Jr MD</b>		21e. 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) <b>JOSEPH W HEFLIN JR MD</b>		
REGISTRAR	22b. DATE SIGNED (Mo/Day/YY) <b>January 26, 2018</b>		22c. HOUR OF DEATH <b>17:42</b>		22d. DATE SIGNED (Mo/Day/YY) <b>January 29, 2018</b>		
	22e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Joseph W Heflin Jr MD 1600 Medical Parkway Carson City, NV 89703</b>		22f. LICENSE NUMBER <b>15218</b>		22g. PRONOUNCED DEAD (Mo/Day/YY) <b>January 29, 2018</b>		
CAUSE OF DEATH	23a. REGISTRAR (Signature) <b>MICHELLE L BLANCHFIELD</b>		23b. DATE RECEIVED BY REGISTRAR (Mo/Day/YY) <b>January 29, 2018</b>		23c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	23d. SIGNATURE AUTHENTICATED		24. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) <b>Cardiopulmonary Arrest</b>		Interval between onset and death		
CONDITIONS IF ANY VECTOR GAVE RISE TO IMMEDIATE CAUSE 818-790 THE UNDERLYING CAUSE LAST	24a. DUE TO, OR AS A CONSEQUENCE OF: <b>Aspiration Pneumonia</b>		24b. DUE TO, OR AS A CONSEQUENCE OF: <b>Sepsis</b>		Interval between onset and death		
	24c. DUE TO, OR AS A CONSEQUENCE OF: <b>Hyponatremia</b>		24d. DUE TO, OR AS A CONSEQUENCE OF: <b>Hyponatremia</b>		Interval between onset and death		
25. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Edema; Unknown Etiology</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
28a. ACC., SUICIDE, HCAL, UNDET. OR PENDING INVEST (Specify)		28b. DATE OF INJURY (Mo/Day/YY)		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



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: **FEB 06 2018**

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



VRS-Rev 2012-03-26

## **EXHIBIT "A"**

The following real property located in Douglas County, State of Nevada, described as follows:

Lot 1, of Block B, as set forth on Final Map # 1010-4B of Westwood Village Unit 4B, filed in the office of the County Recorder of Douglas County, State of Nevada on December 13, 1995 in Book 1295, Page 1906, as Document No. 376827.

Being the same property conveyed to Robert R. Kraus and Carla M. Kraus, Trustees of the Kraus Revocable Trust dated July 30, 2001 by Deed from Robert R. Kraus and Carla M. Kraus, husband and wife as joint tenants dated 7/21/2010 and recorded 7/23/2010 as Instrument 767479, as the Office of the County Recorder of Douglas County, Nevada.

Commonly Known As: 866 Mahogany Drive, Minden, NV 89423  
Parcel ID: 1320-30-312-019