DOUGLAS COUNTY, NV

Rec:\$40.00

\$40.00 Pgs=7

2021-964116 03/24/2021 10:43 AM

MAUPIN, COX & LEGOY

KAREN ELLISON, RECORDER

APN: 1418-10-601-002

RECORDING REQUESTED BY:

Maupin, Cox & LeGoy P. O. Box 30,000 Reno, NV 89520

WHEN RECORDED MAIL TO, AND MAIL TAX STATEMENTS TO:

Newton William Freeman, IV Trustee The William W. Bliss Family Trust 10730 Serratina Reno, NV 89521

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

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF CALIFORNIA

) : ss.

COUNTY OF SANTA BAPBACA

Newton William Freeman, IV, as the Trustee of The William W. Bliss Family Trust Agreement (As Restated) dated August 29, 2012, as amended February 12, 2014, April 7, 2014, and May 19, 2016, being first duly sworn, deposes and says:

1. William Walter Bliss referenced in the certified Certificate of Death attached hereto as Exhibit "A", who died on July 11, 2017, was, until his death, and is the same person as William W. Bliss referenced in that certain Trustee's Deed signed on December 4, 2012, executed by William W. Bliss, as Trustee of The William W. Bliss Family Trust, acknowledged before a Notary on December 4, 2012, and recorded as Document Number 0814220 on December 10, 2012, Official Records of Douglas County, Nevada, covering the real property located in Douglas County, State of Nevada, the corrected legal description of which is more particularly described in Exhibit "B" attached hereto.

2. That upon the death of William W. Bliss, Newton William Freeman, IV became the Trustee under The William W. Bliss Family Trust Agreement (As Restated) dated August 29, 2012, as amended February 12, 2014, April 7, 2014, and May 19, 2016, and July 11, 2017.

Dated this **22** day of **March**, 2021

The William W. Bliss Family Trust

By: <u>Newton Welliam Freeman, IV</u>, 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.

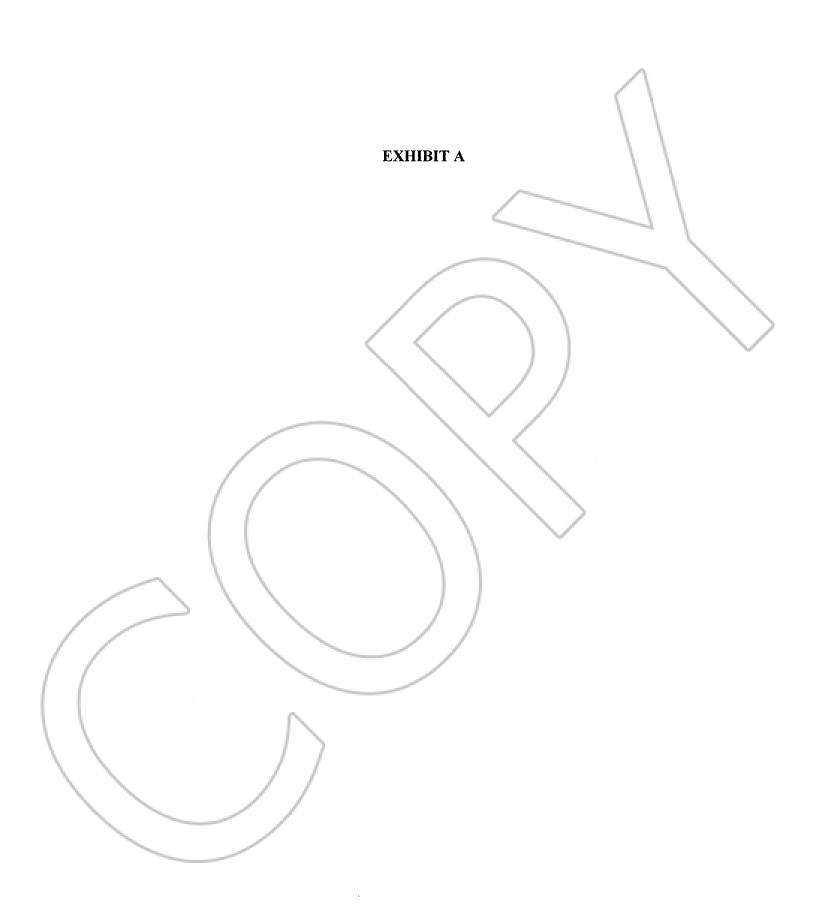
STATE OF CALIFORNIA)
COUNTY OF SHATH BARDARA

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature (Seal)

MATHEW CURTO
COMM. #2337787
Notary Public - California
Santa Barbara County
My Comm. Expires Nov. 19, 2024





CERTIFICATION OF VITAL RECORD

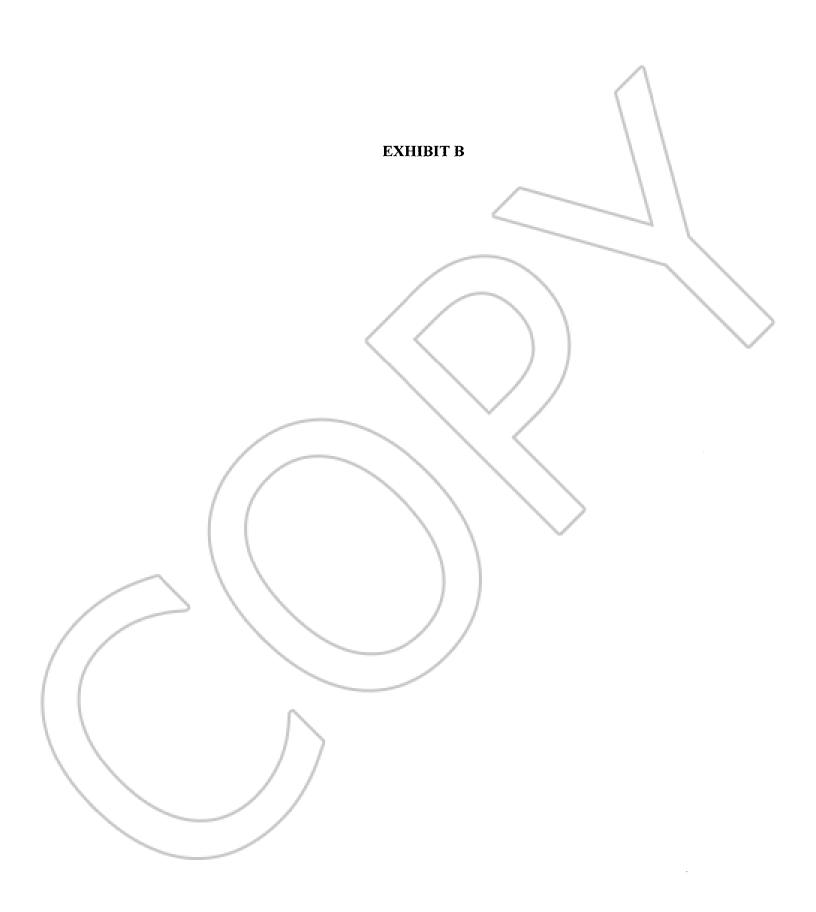
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

FILE											****	31715	E FILE NUN	
1	. DECEASI	ED-NAME (FIR	ST,MIDDLE,LA	ST, SUFFIX)	- 4) A	4.0	""	With the Co	2 DATE OF	DEATH (Mo/Dav/Y	ear)	3a. COUNT	YOFDEA
		Willian	n Walter			BLI	SS		300	ıly 11, 2		77		arson
3	b. CITY, TO	WN, OR LOCAT			TAL OR OTH	ER INSTITUTI	ION -Name (If t	not either, give	street ari3	all Hosp. c	c inst. indi	icate DO	A DP/Emer.	Rm I
. L		Carson Cil		100 Heiler		651 North 1			lei	patient(Sp	ecify)			
5	RACE (Sp		<u> </u>	6		ngin? Specify		-Last birthdey	75 LINDER	AVEADE	A IINDE	Home	In DATE (NE RIDER LA
			White	N	lo - Non-Hi	ispanic	(Years)		MOS	DAYS	ROURS	MINS	4	or BIRTH (July 07, 1
	s. STATE O	F BIRTH (If not of Califor			WHAT COU	NTRY 10 EDU	JCATION 11.N	UTATE JATIEAN		12. SURV	VING 8POL	JSE'S NAA	WE (Last name	
1	SOCIAL S	ECURITY NUM	8ER 14	e. USUAL OC	CUPATION ((Give Kind of V	Vork Done Dur	ing Most of	145. KIN	D OF BUS	INESS OF	NDUŞT	TRY	Ever in
	- 000107	3130	1.2 2.2	<u> </u>			ofessor 🥒		7	<u> \ </u>	lospital	ity		Forces?
"	M. KESIDEI	ICE - STATE	15b. COUN	1	15c.(CITY, TOWN O	OR LOCATION	I 15¢ STR	EET AND N	UMBER	,		ì	15a. INS LIMITS (
٦,		vada		rson City		Carsor	n City	1651	North W	innie La	ane			or No)
; 14	5. FATHER/	PARENT - NAM	-	,,)		17	MOTHERUP						
<u> </u>	0.55514			BLISS		- N				Hath			AIN	
: []		ANT-NAME (Ty William Ri		NITE SE	- Jan 1	18b. MAILING	70.	(Street or R.)						
1		CREMATION,				Trov cons	. 24	445 Pacific	Ave. Sar					
۱ ا	a bunial,	Crem		HER (Specify)	19b. CEME	TERY OR CRE	EMATORY - N itzhenry's (AME		/ /			City or To	
·	- CUMCOA	L DIRECTOR -	4.4	O- P 4-0	1 / // / / ·					<u> </u>		Carsor	i City Ne	vada 89
2	a. FUNERO	L DIKECTOK -	SIGNATUKE (Or Person Acts	no as Suchi	170h FINE	ERAL DIRECT	OFIZO: NAM	E AND ADD	RESS OF				-:
		MO	NICA GIF	- RE	1000	LICENSE	MILLERED	30 3 mm		7.70				
1	31	MO	NICA GIE	ESE	-	LICENSE	NUMBER FD880			Nep				00500
1 176	ADE CALL	MO:	NICA GIE ATURE AUTI	ESE	-	LICENSE	NUMBER						fReno	89509
L 11		M O SIGN - NAME AND A	NICA GIE ATURE AUTI DDRESS	ESE Henticatei	D	ILICENSE!	NUMBER FD880		96	9 West N	loana La	ine Re	no NV	
L 116	. ≥ 21a.To	MO:	NICA GIE ATURE AUTI DDRESS Knowledge; de Skinature & Tr	HENTICATE Ath occurred at 116) 510	t the time, de SHATURE	LICENSE:	NUMBER FD880	22a. On the b	96 easts of source	9 West K	loana La or investig	ine Re	no NV a	eath occurre
yd bet	21a To	SIGN NAME AND A the best of my ause(s) stated.	ATURE AUTI DDRESS knowledge, de Skinature & Th NITA S	HENTICATE ath occurred at 110) SIC CHWART	t the time, da SNATURE	LICENSE: F ste and place a AUTHENTIC	NUMBER FD880	22a. On the b	ge seals of seam note and place	9 West M Institute and and due to	loana La or investig the cause(ine Re	no NV a	eath occurre
. Leted by	21a.To	MOI SIGN. - NAME AND A the best of my ause(s) stated.(ATURE AUTI DDRESS knowledge, de Skinature & Th NITA S	HENTICATE ath occurred at 110) SIC CHWART	the time, de SNATURE Z. MD	LICENSE F ale and place a AUTHENTIC	NUMBER FD880	22a. On the b	96 easts of source	9 West M Institute and and due to	loana La or investig the cause(ine Re ation inn a) stated	no NV a	eath occurre & Title)
ta Completed by	21a To to the c	SIGM/ NAME AND A the best of my ause(s) stated (ATE SIGNED (I) y 14, 2017	ATURE AUTI DDRESS knowledge, de Signature & Th NITA S to/Day/Yr)	MENTICATE ath occurred at tio) Sic CHWART 21c. H	t the time, de SNATURE , COUR OF DE O6	ILICENSE F ale and place a AUTHENTIC EATH 3:10	NUMBER FD880	22a. On the best the time, d	96 easts of exem nie and place SIGNED (M	Institute and and due to	loana La or investig the cause(ation, in m	myopinion di (Signature HOUR OF C	eath occurre & Title)
Be Completed by	218. To to the country of the Countr	SIGM. NAME AND A the best of my ause(s) stated (ATE SIGNED (I) y 14, 2017 AME OF ATTEN	ATURE AUTI DDRESS knowledge, de Signature & Th NITA S to/Day/Yr)	MENTICATE ath occurred at tio) Sic CHWART 21c. H	t the time, de SNATURE , COUR OF DE O6	ILICENSE F ale and place a AUTHENTIC EATH 3:10	NUMBER FD880	22a. On the best the time, d	ge seals of seam note and place	Institute and and due to	loana La or investig the cause(ation, in m	no NV nyopinion d (Signatura	eath occurre & Title)
To Be Completed by	218. To to the country of the Countr	SIGM. - NAME AND A the best of my suse(s) stated (ATE SIGNED (I y 14, 2017 AME OF ATTEN x Print)	DDRESS Knowledge; de Signature & Signatur	HENTICATE Ath occurred at the) STOCHWART 21c. H CIAN IF OTHER	the lime, de JATURE, SE MD OUR OF DE O6	ILICENSE F Interest of place as AUTHENTIC EATH 3:10 RTIFIER	Dason Market Dason Date of the Company of the Compa	22a. On the bine, d	96 eals of som ne and place SIGNED (N	9 West K institution and and due to fo/Day(Yr) DEAD (Mo/	or investig the cause Day/Yr)	ation, in m s) stated. 22c. h	my opinion of (Signature HOUR OF C	eeth occurre & 71tie) DEATH
To Be Completed by	218. To to the country of the Countr	MOI SIGN. NAME AND A the best of my aruse(s) stated. ATE SIGNED (i) y 14, 2017 AME OF ATTEM x Print) ID ADDRESS O	ATURE AUTI DDRESS KROWINGOR GE NITA S RODBYNY) IDING PHYSIC	HENTICATE Athocoursed at the Store CHWART 21c. H CIAN IF OTHER	the time, de inature Z MD OUR OF DE O6 R THAN CEF	LICENSE F als and piece as AUTHENTIC ATH 3:10 RTIFIER S PHYSICIAN.	NUMBER FD880 Ind due A passage A pa	22a. On the bid the time, d	esis of even ne and place SIGNED (N	9 West K institution and and due to fo/Day(Yr) DEAD (Mo/	or investig the cause Day/Yr)	ation, in m s) stated. 22c. h	myopinion di (Signature HOUR OF C	DEATH CED DEAD
23 To Be Completed by	21a. To the country of the country o	MOI SIGN. NAME AND A the best of my aruse(s) stated. ATE SIGNED (i) y 14, 2017 AME OF ATTEM x Print) ID ADDRESS O	ATURE AUTI DDRESS knowledge de Signature a TI NITA S RODBY/YI) DDING PHYSIC F CERTIFIER Nita Schw	eth occurred at the state of th	the line, de HATURE, Z. MD OUR OF DE 06 R THAN CEF ATTENDING	LICENSE F AUTHENTIC EATH EATH RYIFIER G PHYSICIAN, ashington S	NUMBER FD880 Indidie Application of the property of the prope	22a. On the bid in the time, did 22b. DATE 22d. PRON	96 sels of seminate and place SIGNED (NOUNCED LICORONER) 9703	inelion and and due lo fo/Day(Yr) DEAD (Mo/ (Type or F	foana La or investig the cause(Day/Yr)	ation inm s) slated. 22c. h 22e. f	nyopinion d (Signature HOUR OF D PRONOUNG	DEATH CED DEAD E NUMBER 9114
To Be Completed by	21a. To the country of the country o	MOD SIGN NAME AND A the best of my ause(s) stated (ATE SIGNED (h y 14, 2017 AME OF ATTEN 2 Print) D ADDRESS C	ATURE AUTION OF THE PROPERTY O	HENTICATE ACTION CONTROL ACT	the time, de JANTURE Z. MD OUR OF DE 06 R THAN CEF ATTENDING 10 W. WATARIAI	AUTHENTIC ATH B:10 RTIFIER S PHYSICIAN, ashington S	NUMBER FD880 Indidie Application of the property of the prope	22a On the Life time, di 22b. DATE 22d. PROP	96 sals of seminary place of s	inetion and sanddue to Mo/Day/Yr) DEAD (Mo/ (Type or F	foana La or investig the cause(Day/Yr)	ation, in rr s) slated. 22c. h 22e. f 23	my opinion of (Signature) HOUR OF C PRONOUNG 3b. LICENSI	DEATH CED DEAD E NUMBER 9114 MUNICABL
23 24	216. To to the company of the compan	MOI SIGN NAME AND A - the best of my aruse(s) stated (ATE SIGNED (I) 4714, 2017 - AME OF ATTEN - Print) - ID ADDRESS C - AR (Signature)	ATURE AUTION DORRESS Knowledge de Skinsture & Ti NITA S RODBY/Yr) JOING PHYSIC F GERTIFIER Nita Schw BI SIGN	eth occurred at the course of	the time, de senature Z MD OUR OF DE O6 R THAN CEF ATTENDING 10 W WATARIAI	LICENSE F ate and place a AUTHENTIC ATH S:10 RYIFIER G PHYSICIAN, ashington S NO TED	nd due 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	22a On the Life time, di 22b. DATE 22d. PROP	96 sels of seminate and place SIGNED (NOUNCED LICORONER) 9703	inetion and sanddue to Mo/Day/Yr) DEAD (Mo/ (Type or F	foana La or investig the cause(Day/Yr)	ation inm s) slated. 22c. h 22e. f	PRONOUNG Bb. LIGENS	DEATH CED DEAD E NUMBER 9114 MUNICABL
23 24 25	21a. To the country of the country o	MOI SIGN NAME AND A - the best of my aruse(s) stated (ATE SIGNED (I) 4714, 2017 - AME OF ATTEN - Print) - ID ADDRESS C - AR (Signature)	ATURE AUTION DORRESS KNOWLENGE & TO NITA S SIGN (ENTER C	eth occurred at the course of	the time, de senature Z MD OUR OF DE O6 R THAN CEF ATTENDING 10 W WATARIAI	AUTHENTIC ATH B:10 RTIFIER S PHYSICIAN, ashington S	nd due 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	22a On the Life time, di 22b. DATE 22d. PROP	96 sals of seminary place of s	inetion and sanddue to Mo/Day/Yr) DEAD (Mo/ (Type or F	foana La or investig the cause(Day/Yr)	ation, in rr s) slated. 22c. h 22e. f 23	PRONOUNG Bb. LIGENS	DEATH CED DEAD E NUMBER 9114 MUNICABL
23 24	216. To to the company of the compan	MOD SIGN. SIGN NAME AND A rith best of my aruse(s) stated (the best of my 14, 2017 AME OF ATTEN Frint) DO ADDRESS CO AR (Signature) E CAUSE E CAUSE	ATURE AUTION DORRESS KNOWLENGE de Signature à TI NITA S IOUDAY/YI) JOING PHYSIC F GERTIFIER Nita Schw SIGN (ENTER C	eth occurred at the country of the c	the time, de senature Z MD OUR OF DE O6 R THAN CEF ATTENDING 10 W WATARIAI	LICENSE F ate and place a AUTHENTIC ATH S:10 RYIFIER G PHYSICIAN, ashington S NO TED	nd due 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	22a On the Life time, di 22b. DATE 22d. PROP	96 sals of seminary place of s	inetion and sanddue to Mo/Day/Yr) DEAD (Mo/ (Type or F	foana La or investig the cause(Day/Yr)	ation, in rr s) slated. 22c. h 22e. f 23	myopinion of (Signature HOUR OF C PRONOUNG 3b. LICENSI	DEATH CED DEAD E NUMBER 9114 MUNICABL NO X
24 24 25	216. To to the company of the compan	MOD SIGN. SIGN NAME AND A rith best of my aruse(s) stated (the best of my 14, 2017 AME OF ATTEN Frint) DO ADDRESS CO AR (Signature) E CAUSE E CAUSE	ATURE AUTION DORRESS KNOWLENGE & TO NITA S SIGN (ENTER C	eth occurred at the country of the c	the time, de senature Z MD OUR OF DE O6 R THAN CEF ATTENDING 10 W WATARIAI	LICENSE F ate and place a AUTHENTIC ATH S:10 RYIFIER G PHYSICIAN, ashington S NO TED	nd due 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	22a On the Life time, di 22b. DATE 22d. PROP	96 sals of seminary place of s	inetion and sanddue to Mo/Day/Yr) DEAD (Mo/ (Type or F	foana La or investig the cause(Day/Yr)	ation, in rr s) slated. 22c. h 22e. f 23	myopinion of (Signature HOUR OF C PRONOUNG 3b. LICENSI	DEATH CED DEAD E NUMBER 9114 MUNICABL
24 24 25	216. To to the company of the compan	MOD SIGN. - NAME AND A the best of my rause(s) stated (ATE SIGNED (A) y 14, 2017 AME OF ATTEM - Print) - DO ADDRESS C - AR (Signature) - E CAUSE - DUE TO, OR	ATURE AUTI DDRESS KROWIEGOS GE Skinature & TI NITA S HOVDBY/YI) DING PHYSIC F GERTIFIER Nita Schw BI SIGN (ENTER C GEMA AS A CONSE	eth occurred at the state of th	DE IMA GERMANIA DE IMA DE IMA DE IMA DE IMA DE IMA DE IMA DE I	LICENSE F ate and place a AUTHENTIC ATH S:10 RYIFIER G PHYSICIAN, ashington S NO TED	nd due 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	22a On the Life time, di 22b. DATE 22d. PROP	96 sals of seminary place of s	inetion and sanddue to Mo/Day/Yr) DEAD (Mo/ (Type or F	or investig the caused Day/Yr) Pay/Yr) 24c, DE	ation, in rr s) slated. 22c. h 22e. f 23	myopinion of (Signature HOUR OF C	DEATH CED DEAD E NUMBER 9114 MUNICABL NO X
23 24 25	216. To to the company of the compan	MOD SIGN. - NAME AND A the best of my rause(s) stated (ATE SIGNED (A) y 14, 2017 AME OF ATTEM - Print) - DO ADDRESS C - AR (Signature) - E CAUSE - DUE TO, OR	ATURE AUTION DORRESS KNOWLENGE de Signature à TI NITA S IOUDAY/YI) JOING PHYSIC F GERTIFIER Nita Schw SIGN (ENTER C	eth occurred at the state of th	DE IMA GERMANIA DE IMA DE IMA DE IMA DE IMA DE IMA DE IMA DE I	LICENSE F ate and place a AUTHENTIC ATH S:10 RYIFIER G PHYSICIAN, ashington S NO TED	nd due 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	22a On the Life time, di 22b. DATE 22d. PROP	96 sals of seminary place of s	inetion and sanddue to Mo/Day/Yr) DEAD (Mo/ (Type or F	or investig the caused Day/Yr) Pay/Yr) 24c, DE	ation, inri (s) stated. 22c. f 22c. f 23 EATH DU YES	myopinion of (Signature HOUR OF C	SEATH CED DEAD E NUMBER 9114 MUNICABL NO X
24 24 25	216. To to the company of the compan	MOD SIGN. - NAME AND A the best of my ause(s) stated (ATE SIGNED (I) y 14, 2017 - MME OF ATTEN × Priot) - Priot (I) - Priot	ATURE AUTI DIDRESS KROWledge de Signature a Tr NITA S HO/Day/Yr) DING PHYSIC F CERTIFIER Nita Schw SIGN (ENTER C GEMA AS A CONSE	eth occurred at the state of th	DE IMA GERMANIA DE IMA DE IMA DE IMA DE IMA DE IMA DE IMA DE I	LICENSE F ate and place a AUTHENTIC ATH S:10 RYIFIER G PHYSICIAN, ashington S NO TED	nd due 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	22a On the Life time, di 22b. DATE 22d. PROP	96 sals of seminary place of s	inetion and sanddue to Mo/Day/Yr) DEAD (Mo/ (Type or F	or investig the caused Day/Yr) Pay/Yr) 24c, DE	ation, inri (s) stated. 22c. f 22c. f 23 EATH DU YES	my opinion of (Signature HOUR OF C	SEATH
23 24 25	216. To to the company of the compan	MOD SIGN. - NAME AND A the best of my ause(s) stated (ATE SIGNED (I) y 14, 2017 - MME OF ATTEN × Priot) - Priot (I) - Priot	ATURE AUTI DDRESS KROWIEGOS GE Skinature & TI NITA S HOVDBY/YI) DING PHYSIC F GERTIFIER Nita Schw BI SIGN (ENTER C GEMA AS A CONSE	eth occurred at the state of th	DE IMA GERMANIA DE IMA DE IMA DE IMA DE IMA DE IMA DE IMA DE I	LICENSE F ate and place a AUTHENTIC ATH S:10 RYIFIER G PHYSICIAN, ashington S NO TED	nd due 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	22a On the Life time, di 22b. DATE 22d. PROP	96 sals of seminary place of s	inetion and sanddue to Mo/Day/Yr) DEAD (Mo/ (Type or F	or investig the caused Day/Yr) Pay/Yr) 24c, DE	ation, inri (s) stated. 22c. f 22c. f 23 EATH DU YES	my opinion of (Signature HOUR OF C	SEATH CED DEAD E NUMBER 9114 MUNICABL NO X
23 P 25 P	21b. To to the control of the contro	ARCO SIGNA NAME AND A The best of my ause(s) stated, ATE SIGNED (h Y 14, 2017 AME OF ATTEN X Print) DADDRESS C AR (Signature) TE CAUSE DUE TO, OR DUE TO, OR DUE TO, OR	ATURE AUTION DODRESS KNOWLEGE OF THE SIGNATURE OF THE SIG	eth ocumed at the Stock ART 21c, H CIAN IF OTHER (PHYSICIAN ATIZ MD 7 LAISE SALATURE AUT ONLY ONE CA	D the time, de MATURE, Z. MD OUR OF DE OR THAN CEF ATTENDING 10 W. WATARIAI HENTICAL USE PER LI	LICENSE F alternation AUTHENTIC EATH S:10 RYIFIER G PHYSICIAN, ashington S NO TED INE FOR (a), (b)	MEDICAL EX. St. Carson (Mo/Day, AND (c).)	22a. On the Life interest of t	eats of event infe and place SIGNED (N NOUNCED I CORONER) 9703 Dev REGIS Ify 17, 20	inelian and die lo lo/Day/Ys) JEAD (Mo) (Type or F	or investig the cause (Day/Yr)	ation, inm s) slated 22c. F 22a. F 23 EATH DU YES	my opinion of (Signature HOUR OF C PRONOUNCE Bb. LICENSI Interval be Interval be Interval be	SEATH CEATH CEATH CED DEAD E NUMBER 9114 MUNICABL NO X Stween onse Stween onse Stween onse Stween onse
24 25 p	21b. To to the control of the contro	MOD SIGN. - NAME AND A the best of my ause(s) stated (ATE SIGNED (I) y 14, 2017 - MME OF ATTEN × Priot) - Priot (I) - Priot	ATURE AUTION DODRESS KNOWLEGE OF THE SIGNATURE OF THE SIG	eth ocumed at the Stock ART 21c, H CIAN IF OTHER (PHYSICIAN ATIZ MD 7 LAISE SALATURE AUT ONLY ONE CA	D the time, de MATURE, Z. MD OUR OF DE OR THAN CEF ATTENDING 10 W. WATARIAI HENTICAL USE PER LI	LICENSE F alternation AUTHENTIC EATH S:10 RYIFIER G PHYSICIAN, ashington S NO TED INE FOR (a), (b)	MEDICAL EX. St. Carson (Mo/Day, AND (c).)	22a. On the Life interest of t	eats of event infe and place SIGNED (N NOUNCED I CORONER) 9703 Dev REGIS Ify 17, 20	inelian and die lo lo/Day/Ys) JEAD (Mo) (Type or F	or investig the cause (Day/Yr) Print)	allon inma Re allon inma si sisted. 22c. F 23 23 EATH DU YES	myopinion of (Signature HOUR OF C PRONOUNG Sb. LICENSI LICENSI Interval be Interval be Interval be Interval be	SEATH CED DEAD E NUMBER 9114 MUNICABL NO X SIWEEN ORSE STWEEN ORSE
23 PA	21b. To to the control to the contro	ATC SIGNED (I) ATE SIGNED (I) Y 14, 2017 AME OF ATTEN Y Priot) AR (Signature) E CAUSE DUE TO, OR TO THE	ATURE AUTI DIDRESS KNOWLENGE & TO NITA SIGNOWLENGE & TO NITA AS A CONSE AS A CONSE AS A CONSE TO CONDITION	eth occurred at the state of th	D the time, de MATURE, Z. MD OUR OF DE OS R THAN CER ATTENDING 10 W. W. ATARIAJ HENTICAT USE PER LI	LICENSE F alternation AUTHENTIC EATH S:10 RYIFIER G PHYSICIAN, ashington S NO TED INE FOR (a), (b)	MEDICAL EX. St. Carson (Mo/Day, AND (c).)	22a. On the Life interest of t	eats of event infe and place SIGNED (N NOUNCED I CORONER) 9703 Dev REGIS Ify 17, 20	inelian and die lo lo/Day/Ys) JEAD (Mo) (Type or F	or investig the cause (Day/Yr) Print)	ation, inm s) slated 22c. F 22a. F 23 EATH DU YES	myopinion of (Signature HOUR OF C PRONOUNG Sb. LICENSI LICENSI Interval be Interval be Interval be Interval be	SEATH CED DEAD E NUMBER 9114 MUNICABL NO X SIWEEN ORSE STWEEN ORSE
23 24 25 P	21b. To to the control to the contro	ATC SIGNED (I) ATE SIGNED (I) Y 14, 2017 AME OF ATTEN Y Priot) AR (Signature) E CAUSE DUE TO, OR TO THE	ATURE AUTI DIDRESS KNOWLENGE & TO NITA SIGNOWLENGE & TO NITA AS A CONSE AS A CONSE AS A CONSE TO CONDITION	eth ocumed at the Stock ART 21c, H CIAN IF OTHER (PHYSICIAN ATIZ MD 7 LAISE SALATURE AUT ONLY ONE CA	D the time, de MATURE, Z. MD OUR OF DE OS R THAN CER ATTENDING 10 W. W. ATARIAJ HENTICAT USE PER LI	LICENSE F alternation AUTHENTIC EATH S:10 RYIFIER G PHYSICIAN, ashington S NO TED INE FOR (a), (b)	MEDICAL EX. St. Carson (Mo/Day) A, Tesulting In the	22a. On the Life interest of t	peals of seeming and place SIGNED (NOUNCED I CORONER) 9703 DBY REGIS Ify 17, 20	Inefion and die lo	or investig the cause (Day/Yr) Print)	allon inma Re allon inma si sisted. 22c. F 23 23 EATH DU YES	myopinion of (Signature HOUR OF C PRONOUNG Sb. LICENSI LICENSI Interval be Interval be Interval be Interval be	SEATH CEATH CEATH CED DEAD E NUMBER 9114 MUNICABL NO X Stween onse Stween onse Stween onse Stween onse
23 24 25 P	21b. To to the control to the contro	ARCO SIGNA NAME AND A The best of my ause(s) stated, ATE SIGNED (h Y 14, 2017 AME OF ATTEN X Print) DADDRESS C AR (Signature) TE CAUSE DUE TO, OR DUE TO, OR DUE TO, OR	ATURE AUTI DIDRESS KNOWLENGE & TO NITA SIGNOWLENGE & TO NITA AS A CONSE AS A CONSE AS A CONSE TO CONDITION	eth occurred at the state of th	D the time, de MATURE, Z. MD OUR OF DE OS R THAN CER ATTENDING 10 W. W. ATARIAJ HENTICAT USE PER LI	ILICENSE F alternation AUTHENTIC EATH STATH S	MEDICAL EX. St. Carson (Mo/Day) A, Tesulting In the	22a. On the to be called the time, do a comment of the time, do	peals of seeming and place SIGNED (NOUNCED I CORONER) 9703 DBY REGIS Ify 17, 20	Inefion and die lo	or investig the cause (Day/Yr) Print)	allon inma Re allon inma si sisted. 22c. F 23 23 EATH DU YES	myopinion of (Signature HOUR OF C PRONOUNG Sb. LICENSI LICENSI Interval be Interval be Interval be Interval be	SEATH CED DEAD E NUMBER 9114 MUNICABL NO X SIWEEN ORSE STWEEN ORSE
23 P	E 21s. To to the control to the cont	ATC SIGNED (I) ATE SIGNED (I) Y 14, 2017 AME OF ATTEN Y Priot) AR (Signature) E CAUSE DUE TO, OR TO THE	ATURE AUTI DIDRESS KROWledge de Signature a TI NITA S HOUDSYNT) DING PHYSIC F CERTIFIER Nita Schw SIGN (ENTER C REMA AS A CONSE AS A CONSE AS A CONSE IT CONDITION	## HENTICATE ## Occurred a sto ## Occurred	D the time, displaying the tim	ILICENSE F alternation AUTHENTIC EATH STATH S	MEDICAL EX. St. Carson (Modes) Areaulting in the linux of the linux	22a. On the to be determined as the street of the street o	pests of seeming and place SIGNED (NOUNCED II CORONER) 9703 BY REGIS II I	Inefion and die lo	or investig the cause (Day/Yr) 24c, DE	ation, inma a) stated. 22c. f 22c. f 22c. f 23c. f AUTOP. a or No)	myopinion of (Signature HOUR OF C PRONOUNG Sb. LICENSI LICENSI Interval be Interval be Interval be Interval be	Seth occurre & Title) EATH CED DEAD E NUMBER 9114 MUNICABL NO X Noween onse Noween onse

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.

JUL 1 8 2017





Legal Description

All that certain parcel of land situate in the State of Nevada, County of Douglas, being a portion of the Northeast 1/4 of Section 10, Township 14 North, Range 18 East, M.D.B.&M., being Parcel "C" as shown on Parcel Map Document No. 41653 filed in the official records of Douglas County, Nevada, on February 19, 1980.

Except therefrom: any portion of the above described property lying within the bed of Lake Tahoe below the line of natural ordinary high water and also excepting any artificial accretions to the land waterward of the line of natural ordinary high water or, if lake level has been artificially lowered, excepting any portion lying below an elevation of 6,223.00 feet, Lake Tahoe Datum established by NRS 321.595.

Being Assessor's Parcel Number: 1418-10-601-002

IN COMPLIANCE WITH NEVADA REVISED STATUTES 111.312, THE HEREIN ABOVE LEGAL DESCRIPTION WAS TAKEN FROM INSTRUMENT RECORDED DECEMBER 10, 2012, AS DOCUMENT NO. 0814220, RECORDED IN THE OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA.