

APN# 1319-33-002-024

DOUGLAS COUNTY, NV **2021-968409**
Rec:\$40.00
\$40.00 Pgs=6 06/01/2021 03:39 PM
TOIYABE TITLE
KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Toiyabe Title

Address: 6774 S. McCarran Blvd.

City/State/Zip: Reno, NV 89509

Mail Tax Statements to:

Name: Maverick Springs

Address: 6770 S. McCarran Blvd.

City/State/Zip: Reno, NV 89509

Affidavit of Successor Trustee

Title of Document (required)

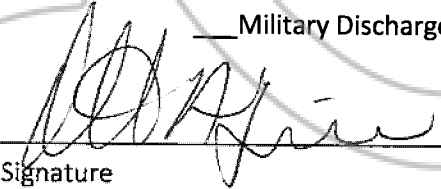
----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)



Signature

Otto Aguirre

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

APN: 1319-33-002-024

ESCROW NO.: 2112754

RECORDING REQUESTED BY:

Toiyabe Title

6774 S McCarran Blvd Ste 102A

Reno, Nevada 89509-6131

WHEN RECORDED MAIL TO:

Toiyabe Title
6774 S. McCarran Blvd Ste 102A
Reno, NV 89509-6131

**AFFIDAVIT OF SUCCESSOR TRUSTEE(S) OF The K. M. Kroyer Trust dated May 10,
2001**

I/We, Kristen Shipman , am/are of legal age, being first duly sworn, deposes and says:

- 1) K. M. Kroyer, the decedent named in the attached certified copy of the Certificate of Death, is the same person named in that Trustees Deed, dated September 5, 2008, and recorded October 17, 2008, as Document No. 0731585 in the County of Douglas, State of Nevada;
- 2) This Affidavit of Successor Trustee(s) is in connection with that real property described in a legal description attached hereto and made a part hereof as Exhibit "A".
- 3) That I/We, Kristen Shipman , am/are the named Successor Trustee(s) under the above referenced Trust, which was in effect at the time of the death of the decedent named in Paragraph 1 above, and which has not been revoked and I/We hereby consent to act as such.
- 4) There are no federal estate taxes as a result of the decedent's death mentioned in Paragraph 1 above.

I/We, , declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Dated: April 22, 2021

Kristen M. Shipman

Kristen Shipman- ~~So~~ Successor Trustee

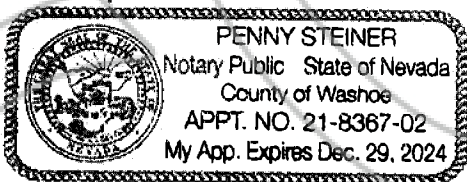
State of Nevada

County of Washoe

Signed and sworn to (or affirmed) before me on this 28th, 2021,
by Kristen Margaret Shipman who proved to me on the basis of satisfactory evidence
to be the person(s) who appeared before me.

Ang Dain

Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT
VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4000134 2018001137
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

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,MIDDLE, LAST, SUFFIX) Kermit Monrad KROYER		2. DATE OF DEATH (Mo/Day/Year) January 22, 2018		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and no. If Hosp. or Inst, indicate DOA,OP, Emer. Rm. Inpatient(Specify) Renown South Meadows Medical Center Inpatient		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 80	
9a. STATE OF BIRTH (if not US/CA, name country) Connecticut		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
13. SOCIAL SECURITY NUMBER 3390		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Reno	
15d. STREET AND NUMBER 750 Arrow Creek Pkwy. Apt # 4101		16. FATHER/PARENT - NAME (First Middle Last Suffix) Juel T KROYER SR		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Rebecca HARVEY	
13c. INFORMANT - NAME (Type or Print) Kristen SHIPMAN		10b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3085 Bull Rider Drive Reno, Nevada 89521			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) MICHAEL HUKILL		20b. FUNERAL DIRECTOR LICENSE NUMBER FD885		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals & Cremations - Sierra Chapel 875 West Second St Reno NV 89503	
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) KELLE L BROGAN MD			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) January 22, 2018		21c. HOUR OF DEATH 03:05		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Kelle L Brogan MD 1155 Mill St Reno, NV 89502			
23b. LICENSE NUMBER 6000		24a. REGISTRAR (Signature) BLAIR J HEDRICK		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 23, 2018	
24c. SIGNATURE AUTHENTICATED		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					
(a) Adenocarcinoma Of The Prostate With Metastases To Bone Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.					
26. ACC. SUICIDE HCM, UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED		26. AUTOPSY (Specify Yes or No) No			
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. INJURY AT WORK (Specify Yes or No)			
28b. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No		28c. CITY OR TOWN	
28d. STATE		28e. STATE			

STATE REGISTRAR



000290022

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.

1/25/2018

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED:

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

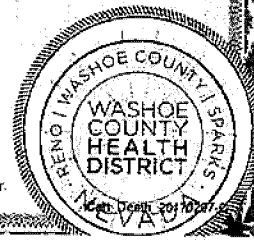


Exhibit "A"

All that real property situated in Township 13 North, Range 19 East, Section 33, County of Douglas, State of Nevada, more specifically described as follows:

Parcel 1-A, as set forth on Amended Final Parcel Map for D.J Wright & Associates, filed for record on the office of the Douglas County Recorder on June 6, 2005, as Document No. 646055, in Book 0605, at Page 1633, Official Records of Douglas County, Nevada.





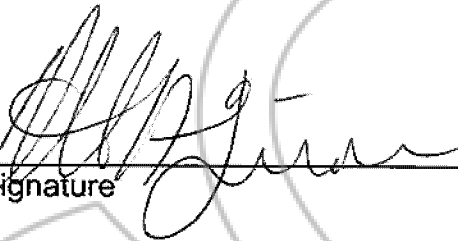
Douglas County Recorder's Office
Karen Ellison, Recorder

<http://recorder.co.douglas.nv.us>
kellison@co.douglas.nv.us
(775) 782-9027

LEGIBILITY NOTICE

The Douglas County Recorder's Office has determined that the attached document may not be suitable for recording by the method used by the Recorder to preserve the Recorder's records. The customer was advised that copies reproduced from the recorded document would not be legible. However, the customer demanded that the document be recorded without delay as the parties right may be adversely affected because of a delay in recording. Therefore, pursuant to NRS 247.120 (3), the County Recorder accepted the document conditionally, based on the undersigned's representation (1) that a suitable copy will be submitted at a later date (2) it is impossible or impracticable to submit a more suitable copy.

By my signing below, I acknowledge that I have been advised that once the document has been microfilmed, it may not reproduce a legible copy.



Signature

06/01/2021
Date

Otto Aguirre
Printed Name