

APN# 1319-33-002-025

DOUGLAS COUNTY, NV **2021-968424**  
Rec:\$40.00  
\$40.00 Pgs=6 06/02/2021 09:12 AM  
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)

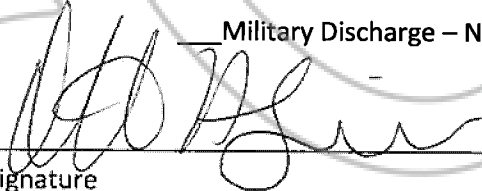
----- (Only use if applicable) -----

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: 1319-33-002-025

ESCROW NO.: 2112756

**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, Nevada 89509-6131

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**AFFIDAVIT OF SUCCESSOR TRUSTEE(S) 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 decedents named in the attached certified copy of the Certificate of Death, are the same persons 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Trust, which was in effect at the time of the death of the decedent named in Paragraph 1 above, and which has not been revoked and I/We hereby consent to act as such.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, Kristen Shipman, declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Dated: April 21, 2021

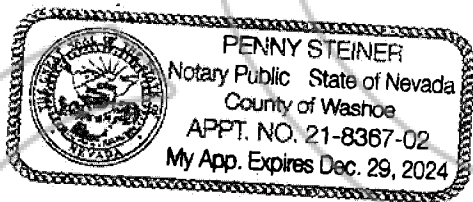
Kristen M Shipman  
Kristen Shipman-Successor Trustee

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.

<sup>PS</sup>  
Kristen Margaret Shipman  
Notary Public



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

**WASHOE COUNTY HEALTH DISTRICT**

VITAL STATISTICS - RENO, NEVADA  
**CERTIFICATE OF DEATH**

CASE FILE NO. 4000134

**2018001137**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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)<br><b>Kermit Monrad KROYER</b>   |  | 2. DATE OF DEATH (Mo/Day/Yr)<br><b>January 22, 2018</b>   |   | 3a. COUNTY OF DEATH<br><b>Washoe</b>  |  |
| 3b. CITY, TOWN, OR LOCATION OF DEATH<br><b>Reno</b>   |  | 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address)<br><b>Renown South Meadows Medical Center</b> |   | 3e. If Hosp. or Inst. indicate DOA,OP/Emmr. Rm. (Inpatient)(Specify)<br><b>Inpatient</b>  |  |
| 5. RACE (Specify)<br><b>White</b>   |  | 6. Hispanic Origin? Specify No - Non-Hispanic   |   | 7a. AGE-Last birthday (Years)<br><b>80</b>  |  |
| 7b. UNDER 1 YEAR<br><b>MOS</b>  |  | 7c. UNDER 1 DAY<br><b>HOURS</b>   |   | 7d. UNDER 1 DAY<br><b>MIN</b>   |  |
| 8. DATE OF BIRTH (Mo/Day/Yr)<br><b>September 26, 1937</b>   |  | 4. SEX<br><b>Male</b>   |   |   |  |
| 9a. STATE OF BIRTH (If not US/CA, name country)<br><b>Connecticut</b>   |  | 9b. CITIZEN OF WHAT COUNTRY<br><b>United States</b>   |   | 10. EDUCATION<br><b>12</b>  |  |
| 11. MARITAL STATUS (Specify)<br><b>Divorced</b>   |  | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)   |   |   |  |
| 13. SOCIAL SECURITY NUMBER<br><b>3390</b>   |  | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)   |   | 14b. KIND OF BUSINESS OR INDUSTRY   |  |
| 14a.<br><b>Self-employed</b>  |  | 14b.<br><b>Promotional Product Sales</b>  |   | Ever in US Armed Forces? <b>Yes</b>   |  |
| 15a. RESIDENCE - STATE<br><b>Nevada</b>   |  | 15b. COUNTY<br><b>Washoe</b>  |   | 15c. CITY, TOWN OR LOCATION<br><b>Reno</b>  |  |
| 15d. STREET AND NUMBER<br><b>750 Arrow Creek Pkwy, Apt # 4101</b>   |  | 15e. INSIDE CITY LIMITS (Specify Yes or No)<br><b>Yes</b>   |   |   |  |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix)<br><b>Juel T KROYER SR</b>  |  |   | 17. MOTHER/PARENT - NAME (First Middle Last Suffix)<br><b>Rebecca HARVEY</b>  |   |  |
| 18a. INFORMANT - NAME (Type or Print)<br><b>Kristen SHIPMAN</b>   |  | 18b. MAILING ADDRESS (Street or R.F.D. No, City, or Town, State, Zip)<br><b>3085 Bull Rider Drive Reno, Nevada 89521</b>  |   |   |  |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Cremation</b>  |  | 19b. CEMETERY OR CREMATORY - NAME<br><b>Sierra Crematory</b>  |   | 19c. LOCATION City or Town State<br><b>Reno Nevada 89503</b>  |  |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br><b>MICHAEL HUKILL</b>   |  | 20b. FUNERAL DIRECTOR LICENSE NUMBER<br><b>FD885</b>  |   | 20c. NAME AND ADDRESS OF FACILITY<br><b>Walton's Funerals &amp; Cremations - Sierra Chapel<br/>875 West Second St Reno NV 89503</b> |  |
| 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)<br><b>KELLE L BROGAN MD</b>               |  |   | 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)<br><b>January 22, 2018</b>   |  | 21c. HOUR OF DEATH<br><b>03:05</b>  |   | 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)  |  |
| 22d.  |  | 22e. PRONOUNCED DEAD AT (Hour)  |   |   |  |
| 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)<br><b>Kelle L Brogan MD 1155 Mill St Reno, NV 89502</b> |  |   |   | 23b. LICENSE NUMBER<br><b>6000</b>  |  |
| 24a. REGISTRAR (Signature)<br><b>BLAIR J HEDRICK</b>  |  | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>January 23, 2018</b>  |   | 24c. DEATH DUE TO COMMUNICABLE DISEASE<br><b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>         |  |
| 24a. SIGNATURE AUTHENTICATED  |  |   |   |   |  |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)  |  |   |   |   |  |
| PART I  |  |   |   |   |  |
| (a) <b>Adenocarcinoma Of The Prostate With Metastases To Bone</b>   |  |   |   | 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 I.  |  |   |   |   |  |
| 28a. ACC, SUICIDE, HON., UNDET. OR PENDING INVEST. (Specify)  |  | 28b. DATE OF INJURY (Mo/Day/Yr)   |   | 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   |  |
|   |  |   |   | 28e. AUTOPSY (Specify Yes or No) <b>No</b>  |  |
|   |  |   |   | 28f. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>  |  |

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 2-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.





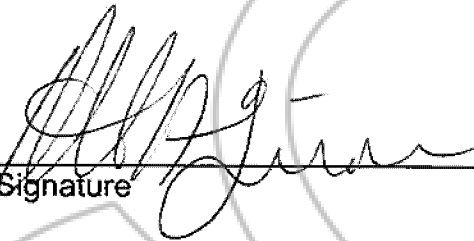
**Douglas County Recorder's Office**  
**Karen Ellison, Recorder**

<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