

Document Transfer Tax \$ -0-
Assessor's Parcel No.: 1318-23-810-087



KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:
Joseph W. Tillson, Esq.
589 Tahoe Keys Boulevard, Ste E-4
South Lake Tahoe, CA 96150

MAIL TAX STATEMENTS TO:
Rudolph P. Shelley, Trustee
P.O. Box 148
Zephyr Cove, NV 89448

The grantor declares:
Documentary transfer tax is \$ -0-
 computed on full value of property conveyed

AFFIDAVIT--DEATH OF SETTLOR, TRUSTEE AND BENEFICIARY

RUDOLPH P. SHELLEY, of legal age, being first duly sworn, deposes and says:

That BETTY J. SHELLEY, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as is named as the party in that certain Grant, Bargain, Sale Deed dated February 2, 2007, executed by RUDOLPH P. SHELLEY, a Married Man as His Sole and Separate Property to RUDOLPH P. SHELLEY AND BETTY J. SHELLEY, TRUSTEES OF THE SHELLEY FAMILY TRUST OF 2001, as well as the beneficiary under said trust; it being further acknowledged that RUDOLPH P. SHELLEY is the successor trustee under said declaration of trust on the death of BETTY J. SHELLEY.

The original Grant, Bargain, Sale Deed aforementioned is recorded as Document No. 0696333 on March 5, 2007, in the Official Records of Douglas County, State of Nevada, covering the following described property situate in the County of Douglas, State of Nevada:

Lot 13, Block C, as shown on the official map of KINGSBURY MEADOWS SUBDIVISION, recorded in the office of the County Recorder on July 5, 1955, in Book 1 of Maps as Document No. 10542.

Dated: 12/24/2021


RUDOLPH P. SHELLEY

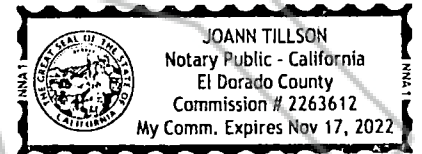
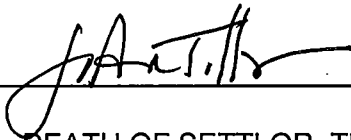
JURAT

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 EL DORADO

Subscribed and sworn to (or affirmed) before me on this 24th day
of November 2021, by RUDOLPH P. SHELLEY, proved to me on the basis of
satisfactory evidence to be the person who appeared before me.

Signature: _____



AFFIDAVIT --DEATH OF SETTLOR, TRUSTEE AND BENEFICIARY
APN: 1318-23-810-087

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3989070

CERTIFICATE OF DEATH

2017021634
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 WERE
GIVEN FIRST TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Betty J SHELLEY		2. DATE OF DEATH (Mo/Day/Year) November 17, 2017		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Stalene		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or 188 Juniper Drive Inpatient(Specify) Home		4 SEX Female	
5. RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 87	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS
8. DATE OF BIRTH (Mo/Day/Yr) July 24, 1930		9a. STATE OF BIRTH (if not US/CA, name country) New Hampshire		9b. CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 14		11 MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Rudolph SHELLEY	
13. SOCIAL SECURITY NUMBER ██████████6026		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Bookkeeper		14b. KIND OF BUSINESS OR INDUSTRY Pharmacy	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Stalene	15d. STREET AND NUMBER 188 Juniper Drive	15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16 FATHER/PARENT - NAME (First Middle Last Suffix) Roland PUDVAH			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mildred HASTIE		
18a. INFORMANT- NAME (Type or Print) Rudolph P SHELLEY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P O Box 148 Zephyr Cove, Nevada 89448			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) MONICA GIESE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD880	20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St Suite 4-E Reno NV 89502		
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) STEVEN L BROOKS MD 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)		
21b. DATE SIGNED (Mo/Day/Yr) November 21, 2017		21c. HOUR OF DEATH 08:50	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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) Steven L Brooks MD PO Box 5637 Stalene, NV 89449					23b. LICENSE NUMBER 5124
24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 21, 2017		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).)					Interval between onset and death
PART I					
(a) Cholangiocarcinoma					2 Years
DUE TO, OR AS A CONSEQUENCE OF					Interval between onset and death
(b)					
DUE TO, OR AS A CONSEQUENCE OF					Interval between onset and death
(c)					
DUE TO, OR AS A CONSEQUENCE OF					Interval between onset and death
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.					26. AUTOPSY (Specify Yes or No) No
					27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No
28a. ACC. SUICIDE, HOMICIDE, 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

STATE REGISTRAR



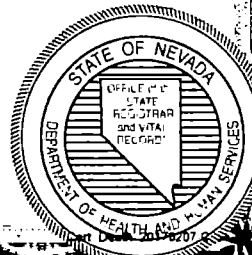
CERTIFIED COPY OF VITAL RECORDS

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: 11/28/2017

[Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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



MANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE