

APN: 1220-16-210-149

When Recorded, Please Return To:

Millward Law, Ltd  
1591 Mono Ave  
Minden, NV 89423



KAREN ELLISON, RECORDER

Mail Future Tax Statements To:

Janae Z. Shaffer  
2512 East Valley Rd  
Minden, NV 89423

**AFFIDAVIT OF DEATH OF TRUSTEE**

(The attached document does contain the social security number of a person as required by NRS 440.380)

I, Creg V. Shaffer, being of legal age and duly sworn, deposes and says under penalty of perjury under law of the State of Nevada:

That all of the real property situated in the State of Nevada, County of Douglas, more precisely described in Exhibit "A", that is attached hereto, was acquired and held by Affiant, Janae Z. Shaffer, and Decedent, Steve L. Shaffer, as Trustees of the Shaffer Family Trust, dated March 3, 1995, by Grant, Bargain and Sale Deed as Document No. 0575102, executed by Steve L. Shaffer and Janae Z. Shaffer, on April 24, 2003, which deed was thereafter recorded with the Douglas County Recorder on April 30, 2003;

That Decedent, Steve L. Shaffer, died on September 25, 2019, as identified in Certificate of Death #2019019195, issued by the Department of Health and Human Services of the State of Nevada attached hereto as Exhibit B;

That Steve L. Shaffer is the same person as Steve L. Shaffer, Trustee of the Shaffer Family Trust, dated March 3, 1995; and

That Affiant, Janae Z. Shaffer, is the surviving Trustee under the above-referenced Trust, which was in effect at the time of Steve L. Shaffer's death, and which has not been revoked.

**That this information is offered with personal knowledge and declared under penalty of perjury.**

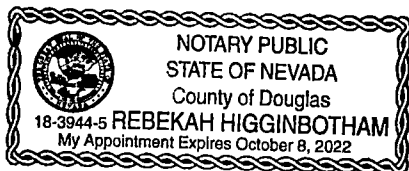
Date: June 22, 2022

Creg V. Shaffer, Affiant

STATE OF NEVADA )  
 ) ss.  
COUNTY OF DOUGLAS )

This instrument was SIGNED and SWORN before me on June 22, 2022, by Creg V. Shaffer.

Notary Public



**Exhibit "A"**

The land referred to in this report is situate in Douglas County, State of Nevada, and is described as follows:

All that certain lot, piece, parcel or portion of land situate, lying and being within the Northeast 1/4 of Section 3, Township 13 North, Range 20 East, M.D.M., Douglas County, Nevada and more particularly described as follows:

All that portion of Parcels A and B, as shown on the Parcel Map for Steve Shaffer filed for record August 29, 1977, in Book 877, at Page 1783, as Document No. 12401, Official Records of Douglas County, Nevada, described as follows:

COMMENCING at the Northwest corner of said Parcel B, which point is the TRUE POINT OF BEGINNING;

Thence along the North line of said Parcel B North 89°59'17" East, a distance of 331.42 feet to the Northeast corner of said Parcel B;

Thence along the East line of said Parcels B and A South 00°34'57" West, a distance of 210.52 feet;

Thence leaving said East line North 89°45'13" West, a distance of 330.74 feet to a point on the West line of said Parcel A;

Thence along the West line of said Parcels A and B North 00°24'00" East, a distance of 209.02 feet to the TRUE POINT OF BEGINNING.

The Basis of Bearings of this description in the West line of Parcel A and B, which bears North 00°24'00" East, as shown on the Parcel Map for Steve Shaffer filed for record August 29, 1977, in Book 877, at Page 1783, as Document No. 12401, Official Records of Douglas County, Nevada.

Said parcel being further shown as Adjustment Parcel B on Record of Survey, Boundary Line Adjustment Map recorded May 15, 1997, in Book 597, at Page 2653, as Document No. 412644, of Official Records.

Per NRS 111.312, this legal description was previously recorded on May 15, 1997, in Book 597, at Page 2649, as Document No. 412643, of Official Records.

Assessor's Parcel No. 1320-03-001-020

(Pursuant to NRS 111.312, the above legal description previously appeared in Grant, Bargain, Sale Deed recorded on April 30, 2003, as Document Number 0575102)

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

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

CASE FILE NO. 4105525

**CERTIFICATE OF DEATH**

2019019195  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

POSITION

TRADE CALL

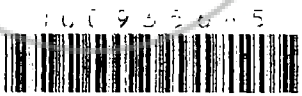
CERTIFIER

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) <b>Steve Larkin SHAFFER</b>		2 DATE OF DEATH (Mo/Day/Year) <b>September 25, 2019</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) <b>2512 East Valley Road</b>		3e If Hosp. or Inst indicate DOA,OP/Emmer. Rm. Inpatient(Specify) <b>Home</b>	
4 SEX <b>Male</b>		5 RACE (Specify) <b>White</b>		6 Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>83</b>		7b. UNDER 1 YEAR <b>MOS DAYS</b>		7c. UNDER 1 DAY <b>HOURS MINS</b>	
8 DATE OF BIRTH (Mo/Day/Yr) <b>September 20, 1936</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Utah</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>JaNae ZUNDEL</b>	
13. SOCIAL SECURITY NUMBER <b>██████████-7791</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>CONSTRUCTION CONTRACTOR</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>CONSTRUCTION</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>2512 East Valley Road</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>Vernon Larkin SHAFFER</b>	
17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Lucile GARN</b>		18a. INFORMANT- NAME (Type or Print) <b>JaNae SHAFFER</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2512 Easy Valley Road Minden, Nevada 89423</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Eastside Memorial Park</b>		19c. LOCATION City or Town State <b>Minden Nevada 89423</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>LYLE P MEYER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD854</b>		20c. NAME AND ADDRESS OF FACILITY <b>Eastside Memorial Park Funeral &amp; Creations</b> <b>1600 Buckeye Rd Minden NV 89423</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) <b>NITA SCHWARTZ MD</b> 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) <b>September 30, 2019</b>		21c. HOUR OF DEATH <b>11:47</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)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703</b>			
23b. LICENSE NUMBER <b>9114</b>		24a. REGISTRAR (Signature) <b>ANGELICA RAMIREZ</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 30, 2019</b>	
24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>		25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
PART I		(a) <b>Malignant Neoplasm Of The Brainstem</b>			
		DUE TO, OR AS A CONSEQUENCE OF			
		(b) DUE TO, OR AS A CONSEQUENCE OF			
		(c) DUE TO, OR AS A CONSEQUENCE OF			
		(d) DUE TO, OR AS A CONSEQUENCE OF			
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) <b>No</b>	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
28a. ACC, SUICIDE, HOM., 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	



**CERTIFIED COPY OF VITAL RECORDS**

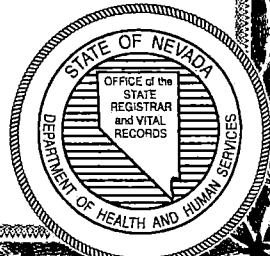
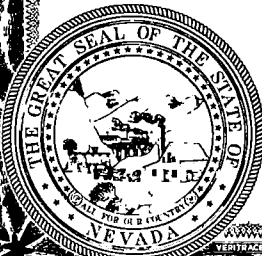
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

**6/7/2022**

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

*Janey Clark*  
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE