

This document does contain a social security number pursuant to NRS 440.380(1)(a) & NRS 40.525(5)



SHAWNYNE GARREN, RECORDER

Natalia K. Vander Laan, Esq.

A.P.N.: 1219-15-002-008

Recording Requested By:)
ROSAMOND L. LAUTZENHISER)
242 Five Creek Road)
Gardnerville, NV 89460)

When Recorded Mail to:)
ROSAMOND L. LAUTZENHISER)
242 Five Creek Road)
Gardnerville, NV 89460)

Mail Tax Statements to:)
ROSAMOND L. LAUTZENHISER)
242 Five Creek Road)
Gardnerville, NV 89460)

AFFIDAVIT – DEATH OF CO-TRUSTEE

I, ROSAMOND L. LAUTZENHISER, of legal age, being first duly sworn, declare under penalty of perjury that:

ROBERT L. LAUTZENHISER, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ROBERT L. LAUTZENHISER named as Co-Trustee in the Declaration of Trust executed on April 20, 1990, by Rosamond L. Lautzenhiser and Robert L. Lautzenhiser as Grantors.

ROBERT L. LAUTZENHISER, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ROBERT L. LAUTZENHISER, named as one of the parties in that certain deed dated December 15, 2001, and executed by John A. Nigro and Laura J. Nigro, husband and wife (Grantors) to Rosamond L. Lautzenhiser and Robert L. Lautzenhiser, trustees of the Lautzenhiser Family Trust, originally established April 20, 1990 (Grantees), recorded on December 21, 2001, as Document No. 0530641, of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

See, Exhibit A.

Subject to:

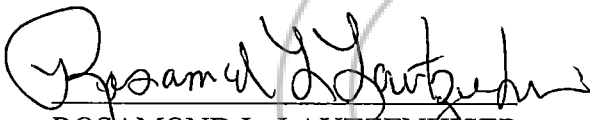
1. All general and special taxes for the current fiscal year.
2. Covenants, conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

ROBERT L. LAUTZENHISER, the deceased Co-Trustee, died on June 13, 2018, as shown in the attached certified copy of Certificate of Death.

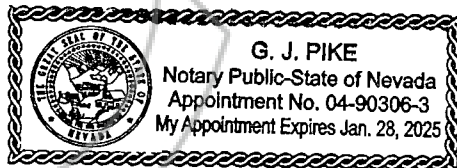
The Affiant is the Wife of the deceased Co-Trustee and now the sole Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned herein, and which has not been revoked, and the Affiant hereby consents to act as such and now holds title as Rosamond L. Lautzenhiser, trustee of the Lautzenhiser Family Trust, originally established April 20, 1990.

Executed on this September 26, 2023, in Douglas County, State of Nevada.


 ROSAMOND L. LAUTZENHISER

STATE OF NEVADA)
): ss
 COUNTY OF Douglas)

Signed and sworn to (or affirmed) before me on this September 26, 2023, by ROSAMOND L. LAUTZENHISER.




 NOTARY PUBLIC

This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiant. The preparer of this affidavit assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: 010703065

Lot 27, in Block 3 as set forth on that certain Planned Unit Development 2014-1 of JOB'S PEAK RANCH UNIT 1, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on June 13, 1997 in Book 697 at Page 3042 as Document No. 415114, Official Records and by Certificate of Amendment recorded February 5, 1999, in Book 299, at Page 1198, as Document No. 460418, Official Records.

Assessors Parcel No. 1219-15-002-008

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4025053

CERTIFICATE OF DEATH

2018011890
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) Robert L LAUTZENHISER			2. DATE OF DEATH (Mo/Day/Year) June 13, 2018			3a. COUNTY OF DEATH Douglas											
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville			3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or 242 Five Creek Rd			3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) Home			4. SEX Male								
5. RACE (Specify) White			6. Hispanic Origin? Specify No - Non-Hispanic			7a. AGE-Last birthday (Years) 87			7b. UNDER 1 YEAR MOS DAYS HOURS MINS			7c. UNDER 1 DAY HOURS MINS			8. DATE OF BIRTH (Mo/Day/Yr) October 06, 1930		
9a. STATE OF BIRTH (If not US/CA, name country) Nebraska			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 16			11. MARITAL STATUS (Specify) Married			12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Rosamond DIANE					
13. SOCIAL SECURITY NUMBER ██████████-6234			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Manager						14b. KIND OF BUSINESS OR INDUSTRY Engineering			Ever in US Armed Forces? No					
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Gardnerville			15d. STREET AND NUMBER 242 Five Creek Rd			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
16. FATHER/PARENT - NAME (First Middle Last Suffix) Lester LAUTZENHISER						17. MOTHER/PARENT - NAME (First Middle Last Suffix) Florence CONNELLY											
18a. INFORMANT - NAME (Type or Print) Rosamond LAUTZENHISER						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 242 Five Creek Rd Gardnerville, Nevada 89460											
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial			19b. CEMETERY OR CREMATORY - NAME Genoa Cemetery			19c. LOCATION City or Town State Genoa Nevada											
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES P SMOLENSKI SIGNATURE AUTHENTICATED						20b. FUNERAL DIRECTOR LICENSE NUMBER FD217			20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410								
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) JOE CHAVEZ 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) June 20, 2018			21c. HOUR OF DEATH 19:22			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) Joe Chavez MD 75 Pringle Way #401 Reno, NV 89502									23b. LICENSE NUMBER 8385								
24a. REGISTRAR (Signature) MELISSA KNIGHT SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 20, 2018			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									Immediate								
(a) Sudden Cardiac Death									Interval between onset and death								
DUE TO, OR AS A CONSEQUENCE OF:									1month								
(b) Ischemic Cardiomyopathy									Interval between onset and death								
DUE TO, OR AS A CONSEQUENCE OF:									30 Years								
(c) Atherosclerotic Coronary Artery Disease									Interval between onset and death								
DUE TO, OR AS A CONSEQUENCE OF:																	
(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) Yes					
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											

STATE REGISTRAR



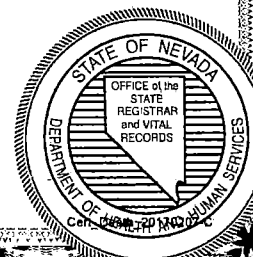
CERTIFIED COPY OF VITAL RECORDS

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: 6/27/2018

Julie Katchear
SIGNATURE AUTHENTICATED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE