

RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:

O'HARA & GRECO
25361 Commercentre Drive, Suite 150
Lake Forest, CA 92630
Attn: Kevin O'Hara, Esq.



SHAWNYNE GARREN, RECORDER

AFFIDAVIT - DEATH OF TRUSTEE

The undersigned, being first duly sworn, says: that she has read the foregoing document, and knows the contents thereof, and the same is true of her own knowledge:

1. WILLIAM M. BALTZ and PATRICIA A. BALTZ, as Settlers, have heretofore entered into a DECLARATION OF TRUST dated April 20, 1989, pursuant to which was established The William and Patricia Baltz Lifetime Trust, Dated April 20, 1989 (herein the "Trust"). The Trust has not been recorded.

2. Pursuant to the terms of the Trust, WILLIAM M. BALTZ and PATRICIA A. BALTZ were named as the original Trustees of the Trust.

3. The Trust provides that upon the death of either WILLIAM M. BALTZ or PATRICIA A. BALTZ, the other shall serve as sole Trustee of the Trust.

4. WILLIAM M. BALTZ passed away on December 31, 2022, as evidenced by a certified copy of the Certificate of Death which is attached hereto and incorporated herein by reference.

5. WILLIAM MONROE BALTZ mentioned in the attached certified copy of Certificate of Death, is the same person named WILLIAM M. BALTZ as the Trustee of the Trust and who was named as the Grantee in that certain Grant Deed which was recorded on August 31, 2009, as Document No. 0749871 of Official Records of Douglas County, Nevada.

6. PATRICIA A. BALTZ is filing this Affidavit with the Douglas County Recorder to establish her succession as the sole Trustee pursuant to the aforesaid Trust and to enable her to administer and distribute real estate pursuant to the terms of the Trust.

7. The Trust estate includes an interest in real property in Douglas County, Nevada, described as follows: Lot 3 of Block B, of Sierra Rancho Estates No. 2 Filed, in the Office of the Douglas County Recorder's Office in May 17, 1985, in Book 585, Page 1534, Document No. 117513, Official Records, Douglas County, Nevada; also known as 209 Shadow Mountain Circle, Gardnerville, NV 89460; A.P.N.#: 1219-10-002-031.

8. Title holder of the foregoing real property was WILLIAM M. BALTZ and PATRICIA A. BALTZ, Trustees of The William and Patricia Baltz Lifetime Trust Dated April 20, 1989, which Deed was signed by WILLIAM M. BALTZ and PATRICIA A. BALTZ, as Grantors, and recorded as Document No. 0749871 on August 31, 2009 of Official Records of Douglas County, State of Nevada.

9. The successor title holder to the real property described above will be PATRICIA A. BALTZ, Trustee of The William and Patricia Baltz Lifetime Trust Dated April 20, 1989.

10. Pursuant to the terms of the Trust, PATRICIA A. BALTZ has assumed the responsibilities of sole Trustee of the Trust.

11. PATRICIA A. BALTZ is authorized under the terms of the Trust and the provisions of the California Probate Code to act as the Trustee with respect to the Trust's interest in the real property described above.

12. No other person has a right to the interest of the Trust in the real property described above.

13. The real property described above shall be transferred to PATRICIA A. BALTZ, Trustee of The William and Patricia Baltz Lifetime Trust Dated April 20, 1989.

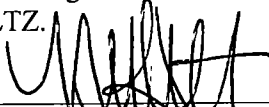
Executed at Gardnerville, Nevada, on June 17, 2023.

Patricia A. Baltz, Trustee of The William and Patricia Baltz Lifetime Trust Dated April 20, 1989
PATRICIA A. BALTZ, Trustee of The William and Patricia Baltz Lifetime Trust Dated April 20, 1989.

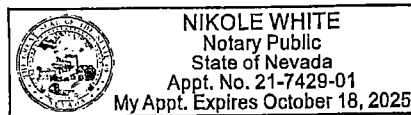
State of Nevada

County of Douglas

Signed and sworn to (or affirmed) before me on June 17, 2023 by PATRICIA A. BALTZ.



Signature of Notary Officer



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4326273

CERTIFICATE OF DEATH

2022031243
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) William Monroe BALTZ		2. DATE OF DEATH (Mo/Day/Year) December 31, 2022		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 209 Shadow Moutain Circle		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 78	
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 18	
13. SOCIAL SECURITY NUMBER 9797		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Pastor		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Patricia Ann LANGFORD	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 209 Shadow Moutain Circle		14b. KIND OF BUSINESS OR INDUSTRY CHURCH		4. SEX Male	
15e. INSIDE CITY LIMITS (Specify Yes or No) No		11. MARITAL STATUS (Specify) Married		8. DATE OF BIRTH (Mo/Day/Yr) November 16, 1944	
16. FATHER/PARENT - NAME (First Middle Last Suffix) William Paul BALTZ		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ruth Esther WILLIAMS			
18a. INFORMANT- NAME (Type or Print) Patricia Ann BALTZ		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 209 Shadow Mountain Circle Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BLAKE HOWE		20b. FUNERAL DIRECTOR LICENSE NUMBER FD622		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	
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) REED DOFP 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 04, 2023			22b. DATE SIGNED (Mo/Day/Yr)		
21c. HOUR OF DEATH 12:35			22c. HOUR OF DEATH		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22e. PRONOUNCED DEAD AT (Hour)		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Reed Dopf MD 907 Mountain Street Carson City, NV 89703				23b. LICENSE NUMBER 13920	
24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 06, 2023		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) Respiratory Arrest				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Acute Respiratory Failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Malignant, Metastatic Renal Cell Carcinoma				Interval between onset and death	
DUE TO OR AS A CONSEQUENCE OF:				Interval between onset and death	
(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. Diabetes, Chronic Kidney Disease				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
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	



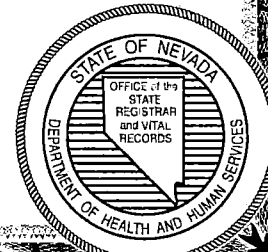
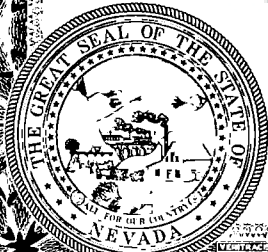
CERTIFIED COPY OF VITAL RECORDS

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

DATE ISSUED:

STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE