

APN: 1419-12-610-013

RETURN RECORDED DEED TO:  
JOEL W. LOCKE, ESQ.  
ALLISON MacKENZIE, LTD.  
P.O. Box 646  
Carson City, NV 89702



SHAWNYNE GARREN, RECORDER

GRANTEES/MAIL TAX STATEMENTS TO:  
Kyle Jonathan Rothchild, Trustee  
3531 Arcadia Drive  
Carson City, NV 89705

The person executing this document hereby affirms  
that this document submitted for recording DOES  
contain the social security number of a  
person or persons pursuant to NRS 440.380

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA        )  
                                  : ss  
CARSON CITY            )

Kyle Jonathan Rothchild, being first duly sworn, deposes and says:

1. That the ROTHCHILD FAMILY TRUST was created on January 17, 2013, by LARRY RAY ROTHCHILD and KATHLEEN I. ROTHCHILD.

2. That Grantor and Trustee, LARRY RAY ROTHCHILD, died on March 27, 2018, and that KATHLEEN I. ROTHCHILD died on December 4, 2023, and a certified copy of her death certificate is attached hereto.

3. That said Trust is the owner of all that certain parcel of real property located in Douglas County, Nevada, and more particularly described as follows:

LOT 40, OF VALLEY VIEW SUBDIVISION NO. 2,  
ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE  
OF THE COUNTY RECORDER OF DOUGLAS COUNTY,  
NEVADA, ON APRIL 6, 1964, AS FILE NO. 24786.

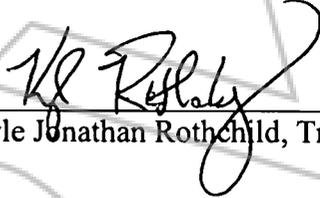
(Pursuant to NRS 111.312 this legal description was previously  
recorded on June 7, 2018, as Document No. 2018-915203, Official  
Records of Douglas County, State of Nevada.)

4. That due to the passing of KATHLEEN I. ROTHCHILD, the currently acting Trustee of the ROTHCHILD FAMILY TRUST, is Kyle Jonathan Rothchild.

5. That Affiant certifies and declares under penalty of perjury of the laws of the State of Nevada that the foregoing is true and correct.

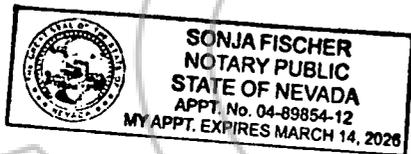
Further, Affiant sayeth naught.

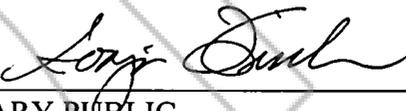
DATED on APRIL 4<sup>th</sup>, 2024.

  
\_\_\_\_\_  
Kyle Jonathan Rothchild, Trustee

STATE OF NEVADA        )  
                                      : ss.  
CARSON CITY            )

On April 4, 2024, personally appeared before me, a notary public, Kyle Jonathan Rothchild, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that he executed the foregoing instrument.



  
\_\_\_\_\_  
NOTARY PUBLIC

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

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

CASE FILE NO. 4384585

**CERTIFICATE OF DEATH**

2023026490  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

**DECEDENT**

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Kathleen Elizabeth ROTHCHILD</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 04, 2023</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or number) <b>3531 Arcadia Drive</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>77</b>		7b. UNDER 1 YEAR MOS    DAYS		7c. UNDER 1 DAY HOURS    MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>March 10, 1946</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>UNITED STATES</b>	
10. EDUCATION <b>16</b>		11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER <b>6029</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
<b>Elementary School Teacher</b>		<b>Education</b>		Ever in US Armed Forces? <b>No</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Carson City</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
15d. STREET AND NUMBER <b>3531 Arcadia Drive</b>		15e. INSIDE CITY LIMITS (Specify) Yes or No <b>Yes</b>			

**PARENTS**

16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>James ISAAK</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Laura WARKENTIN</b>	
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**DISPOSITION**

18a. INFORMANT - NAME (Type or Print) <b>Kyle ROTHCHILD</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>3531 Arcadia Drive Carson City, Nevada 89705</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Auburn Cemetery District</b>	
19c. LOCATION City or Town State <b>Auburn California 95604</b>			

**TRADE CALL**

20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JEFFREY M BAUGHN</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD993</b>		20c. NAME AND ADDRESS OF FACILITY <b>Waltons Funerals &amp; Cremations-Chapel Of The Valley</b> <b>1281 N Roop Carson City NV 89706</b>	
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**CERTIFIER**

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>December 05, 2023</b>		21c. HOUR OF DEATH <b>11:35</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)	
		22c. HOUR OF DEATH	
		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
		22e. PRONOUNCED DEAD AT (Hour)	

**REGISTRAR**

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Nita Schwartz MD 710 W Washington Street Carson City, NV 89703</b>		23b. LICENSE NUMBER <b>9114</b>	
24a. REGISTRAR (Signature) <b>ANNAH M HOWARD</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 05, 2023</b>	
		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

**CAUSE OF DEATH**

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I		Interval between onset and death	
(a) <b>Pancreatic Cancer With Metastasis</b>			
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)			

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

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, HOX., 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			



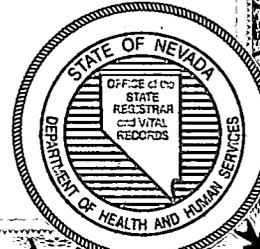
**CERTIFIED COPY OF VITAL RECORDS**

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.

*Cody Phinney*  
STATE REGISTRAR

DATE ISSUED: 12/7/2023

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE