

A.P.N. 003-013-08

**WHEN RECORDED RETURN TO:**

Timothy J. Riley, Esq.  
Holland & Hart LLP  
5441 Kietzke Lane, Second Floor  
Reno, Nevada 89511

**MAIL TAX STATEMENTS TO:**

Pamela Diane Tschopp, Trustee  
11440 Antelope Creek Court  
Reno, Nevada 89506

**DOC# 229800**

08/28/2015 01:23PM

**Official Record**

Requested By  
HOLLAND & HART LLP - RENO

**Eureka County - NV**

**Sara Simmons - Recorder**

Page: 1 of 3 Fee: \$16.00

Recorded By AP RPTT: \$0.00

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The undersigned hereby affirms that this document, including any exhibits, submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

**AFFIDAVIT - DEATH OF TRUSTEE**

STATE OF NEVADA )  
 ) ss.  
COUNTY OF WASHOE )

PAMELA DIANE TSCHOPP, of legal age, being first duly sworn, deposes and says:

1. JOHN EMIL TSCHOPP SR., the Decedent referenced in the certified Certificate of Death attached hereto, died on February 9, 2014, and was, until his death, and is the same person as JOHN EMIL TSCHOPP, SR., Trustee of the TSCHOPP FAMILY TRUST, dated April 9, 2001, in that certain Quitclaim Deed dated April 9, 2001, executed by JOHN EMIL TSCHOPP, SR. and PAMELA DIANE TSCHOPP, recorded as Document Number 176413 on April 12, 2001, Official Records of Eureka County, Nevada, covering the real property located at 300 Pebble Lane, City of Crescent Valley, County of Eureka, State of Nevada, described as follows:

**Real propy, Lot 5, Block 5, Unit 3 of Crescent Valley Ranch and Farms (APN 3-0-08).**

2. That upon the death of JOHN EMIL TSCHOPP, SR., PAMELA DIANE TSCHOPP became the Successor Trustee under the TSCHOPP FAMILY TRUST, dated April 9, 2001.

Dated this 27 day of Aug., 2015.

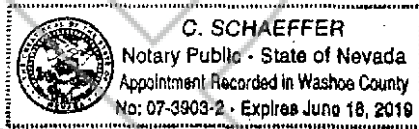
TSCHOPP FAMILY TRUST

By: Pamela Diane Tschopp  
PAMELA DIANE TSCHOPP, Successor Trustee

STATE OF NEVADA     )  
  ) ss.  
COUNTY OF WASHOE    )

On August 27, 2015, before me, the undersigned, a Notary Public in and for said State, personally appeared PAMELA DIANE TSCHOPP, Successor Trustee of the TSCHOPP FAMILY TRUST, proved to me to be the person whose name is subscribed to the foregoing instrument, and who acknowledged to me that she executed the foregoing instrument.

[Signature]  
NOTARY PUBLIC



229800

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

**WASHOE COUNTY HEALTH DISTRICT**

VITAL STATISTICS - RENO, NEVADA

**CERTIFICATE OF DEATH**

2014002362

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) John Emil TSCHOFF SR			2. DATE OF DEATH (Mo/Day/Year) February 09, 2014		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Renown Regional Medical Center		3e. If Hosp. or inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient		4. SEX Male
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 69	7b. UNDER 1 YEAR MOS. DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) August 09, 1944
	9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 12	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Pamela LEFEBVRE
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Truck Driver		14b. KIND OF BUSINESS OR INDUSTRY Long Haul		Ever in US Armed Forces? - Yes
	15a. RESIDENCE - STATE Nevada	15b. COUNTY Washoe	15c. CITY, TOWN OR LOCATION Reno		15d. STREET AND NUMBER 11440 Antelope Creek Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) Emil TSCHOFF			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Janet MINETTO			
	18a. INFORMANT - NAME (Type or Print) Pamela TSCHOFF			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 11440 Antelope Creek Court Reno, Nevada 89506			
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89503		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES FRIZZELL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 785	20c. NAME AND ADDRESS OF FACILITY John Sparks Memorial Cremation 644 Pyramid Way Sparks NV 89431			
TRADE CALL	21. TRADE CALL - NAME AND ADDRESS						
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) SIGNATURE AUTHENTICATED CHARLENE LETCHFORD 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) February 12, 2014		21c. HOUR OF DEATH 17:31		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) CHARLENE LETCHFORD MD 1155 Mill St. Reno, NV 89502				23b. LICENSE NUMBER 14306		
REGISTRAR	24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 19, 2014		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).)						Interval between onset and death
	PART I	(a) Pneumonia	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death	(b) Interstitial lung disease	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST	(c)	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death	(d)	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death	
	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
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

229800

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VRS-Rev-20120523a

**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.

02/19/2014

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED:

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

