

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.

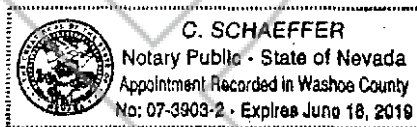
TSCHOPP FAMILY TRUST

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.

C. Schaeffer
NOTARY PUBLIC



229800

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CERTIFICATION OF VITAL RECORD

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2014002362

STATE FILE NUMBER

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) John Emil		3a. COUNTY OF DEATH Washoe	
2a. DATE OF DEATH (Mo/Day/Year) February 09, 2014		3b. CITY, TOWN, OR LOCATION OF DEATH Reno	
1b. MIDDLE NAME (First Middle Last Suffix) TSCHOPP		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) Renown Regional Medical Center	
2b. CITY, TOWN, OR LOCATION OF DEATH Reno		3d. SEX Male	
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		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	
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		16. FATHER/PARENT - NAME (First Middle Last Suffix) Emil TSCHOPP	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Janet MINETTO		18a. INFORMANT - NAME (Type or Print) Pamela TSCHOPP	
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 11440 Antelope Creek Court Reno, Nevada 89506		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		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	
21b. DATE SIGNED (Mo/Day/Yr) February 12, 2014		21c. HOUR OF DEATH 17:31	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)	
22b. DATE SIGNED (Mo/Day/Yr)		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) CHARLENE LETCHFORD MD 1155 Mill St. Reno, NV 89502		23b. LICENSE NUMBER 14306	
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"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b); AND (c).) PART I Pneumonia	
(a) DUE TO, OR AS A CONSEQUENCE OF: Interstitial lung disease		Interval between onset and death 3 Days	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death Years	
(c) 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 1.		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	

STATE REGISTRAR

229800

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VRS Rev. 20120523:

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

