

WHEN RECORDED RETURN TO:
Diane Tschopp
1324 26 Poland Avenue
New Orleans, LA 70117

MAIL TAX STATEMENTS TO:
Patricia Daniel

EUREKA COUNTY, NV
Rec:\$37.00
\$37.00 Pgs=3
HOLLAND & HART LLP - RENO
KATHERINE J. BOWLING, CLERK RECORDER

2023-251107

09/25/2023 03:39 PM

A.P.N.: 003-013-08

The undersigned hereby affirm(s) 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)

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

1. PAMELA DIANE TSCHOPP, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as PAMELA DINA TSCHOPP, named as Trustee in The Tschopp Family Trust dated April 9, 2001, as amended, and executed by PAMELA DIANE TSCHOPP, as Trustor.

2. At the time of the decedent's death, decent was the record owner, as Trustee, of certain real property commonly known as 300 Pebble Lane, Crescent Valley, Nevada, which property is described in a Quitclaim Deed which was executed by John Emil Tschopp Sr., and Pamela Diane Tschopp, as Grantors, on April 9, 2001, as Document No. 176413 of Official Records, Eureka County, Nevada.

The legal description of said property is:

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

3. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.

4. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

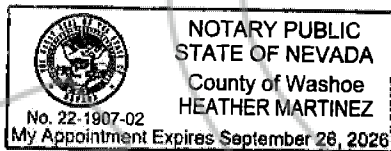
I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Dated this 25th day of September, 2023.

By: *Diane Yvonne Tschopp*
Diane Yvonne Tschopp
Trustee of The Tschopp Family Trust

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

Subscribed and sworn to before me on September 25th, 2023, by Diane Yvonne Tschopp, Trustee of The Tschopp Family Trust.



Heather Martinez
NOTARY PUBLIC

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

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CASE FILE NO. 4342907

CERTIFICATE OF DEATH

2023007350

STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION SEE
HANDBOOK
REGARDING
COMPLETION OF
RECORDING
ITEMS

PARENTS

Cremation

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) Pamela Diane TSCHOPP		2. DATE OF DEATH (Mo/Day/Year) March 31, 2023		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION (Name (If not either, give street address)) 11440 Antelope Creek Court		4. SEX Female	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 76	
9a. STATE OF BIRTH (If not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY GROCERY STORE	
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		15f. EVER IN US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) John H LEFEBVRE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Nova BROWN		
18a. INFORMANT - NAME (Type or Print) Diane TSCHOPP		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 7820 Tiburon Court Sparks, Nevada 89436			
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) KENNETH BOWMAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD806		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - John Sparks 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) ROBERT T FLOYD MD SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) April 06, 2023		21c. HOUR OF DEATH 07:28		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Robert T Floyd MD 213 S Whitacre St Yerington, NV 89447		23b. LICENSE NUMBER 14346		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
24a. REGISTRAR (Signature)- BLAIR J HEDRICK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 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) Cardiopulmonary Arrest					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Severe Protein Calorie Malnutrition					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Breast Cancer					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Unknown Etiology					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				25. AUTOPSY (Specify Yes or No) No	
26a. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. INJURY AT WORK (Specify Yes or No)		26e. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		26f. DESCRIBE HOW INJURY OCCURRED	
26g. 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.

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED:

4/10/2023

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

