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DOC # 0766346 07/01/2010 11:47 AM Deputy: SD OFFICIAL RECORD Requested By: JOHN RODGERS

> Douglas County - NV Karen Ellison - Recorder

Page: 1

Of 2

15.00

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PG- 0049 RPTT:

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A.P.N. 220-04-114-002

When Recorded Mail To: John N. Rodgers P.O. Box 2499 Minden, NV 89423

## **AFFIDAVIT - DEATH OF TRUSTEE**

The undersigned being first duly sworn, deposes and says:

That VIVIAN TERRY RODGERS, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as VIVIAN T. RODGERS named as the Trustees in that certain GRANT BARGAIN AND SALE DEED Dated November 29, 2001, executed by LYNNE SOULAGES PERSONAL REPRESENTATIVE FOR THE ESTATE OF TRUTH S. COURTNEY AKA TRUTH SUMNER COURTNEY to JOHN N. RODGERS AND VIVIAN T. RODGERS, CO-TRUSTEES OF THE RODGERS FAMILY 1985 TRUST DATED AUGUST 12, 1985, recorded in Book 0102, Page 0277 as Instrument No. 0531445, on January 2, 2002 of Official Records of Douglas, Nevada, covering the following described property situated in the County of Douglas, State of Nevada: Lot 90, as shown on the plat of KINGSLANE UNIT NO. 3-A, filed for record in the Office of the County Recorder of Douglas County, Nevada, on November 5, 1976, as File No. 04483. Said plat was amended by Certificate of Amendment recorded December 2, 1976, as File No. 5025.

Dated: June 30, 2010

JOHN N. RODGERS, Surviving Trustee

STATE OF NEVADA

) SS.

COUNTY OF DOUBLES

Notary Public

SUSAN LAPIN
NOTARY PUBLIC
STATE OF NEVADA
No.02-74683-5 My Appt. Exp. Mar. 21, 2014

## **DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS**

STATE OF NEVADA --- DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

			CERTIFIC	CATE OF DE	ATH					
	LOCAL FILE NUMBER					_ (\	STATE FILE NUMBER			
TYPE OR PRINT	DECEASED-NAME First	Middle	le Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH			
PERMANENT	1. Vivian	Terry		GERS	2. June 2,		3a. Carson Ci	lty `		
BLACK INK		110017112011	OTHER INSTITUTION—Nam		eet and number) If He Rm.	osp. or Inst, indicate DC Inpatient (Specify)				
DECEDENT	3b. Carson City	s. Car	son Convaleso		3e.	Inpatient				
33.7.2.2.2.2			nic Origin? Specify ☐ yes to no if yes, AGE—Las Puerto Rican, etc. Birthday (\)				48			
	5. White STATE OF BIRTH	6.		7a. 81	7b.	7c.	•January 13,1			
IF DEATH OCCURRED IN	(If not U.S.A., name country)	CITIZEN OF WHAT	COUN- Decedent's Educa grade completed.	tion. Specify highest	MARRIED, NEVER MA WIDOWED, DIVORCEI	The state of the s	RVIVING SPOUSE (II wife, give maide	en name)		
institution See Handbook	9a. Arkansas SOCIAL SECURITY NUMBER	9b. U.S.,			(Specify) Married 12 John Rodgers  TKIND OF BUSINESS OF INDUSTRY					
REGARIDING COMPLETION OF		Working Life, Even	UAL OCCUPATION (Give Kind of Work Done During Mos orking Life, Even if Retired)		KIND OF BUSINESS	ON INDUSTRY				
RESIDENCE FIENIS	13. RESIDENCE—STATE	14a.	Homemake		The second secon	n Home				
L		COUNTY	CITY, TOWN, OR L	OCATION	STREET AND		INSIDE CITY LIMITS (Specify Yes or No)			
	15a Nevada FATHER—NAME First	15b. Douglas	15c. Minde		- 1	3 Linden C				
PARENTS		Middle	Lasi	MOTHER—MAIDE	N NAME First	Midd				
	16. Richard INFORMANT—NAME (Type or Prin		Terry	17.	Grace		Crook			
	,		MAILING AE	€		No., City or Town, State				
	18a. John Rodge BURIAL, CREMATION, REMOVAL	ers, Husband			Minden,		9423			
ſ			METERY OR CREMATORY—	N	/· /	•	or Town State			
ISPOSITION	19a. Cremation	19t	FitzHenry's	Crematory		Carson Ci				
	FUNERAL DIRECTOR—SIGNATUL (Or Payson Acting as Such)	1 / / X	NERAL DIRECTOR NAME ENSE NUMBER							
	> 20a. /// //	201	20c. 8	33 N. Edmo	onds Dr. C	arson City	, Nevada 89701			
ſ	20 .	ledge, death occurred at the tineed.	ne, date and place and	. a 2	2a. On the basis of exam at the time, date and	nation and/or investiga place and due to the o	dion, in my opinion death occurred ause(s) and manner stated.			
	(Signature and Title)		/ day 100	\begin{picture}(20,0) & \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	Signature and Title)					
	DATE SIGNED (Mo., Pay, Yr.)			DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH			
ERTIFIER	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  21b. (2) (9) (9) (8) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10									
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						INCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Hour)				
		OF CERTIFIER (PHYSICIAN, A	ATTENDING DINGIGIAN DEG	2	2d. ON	22e. /				
				N. N.	100	•	LICENSE NUMBER			
	REGISTRAR	Gay, M.D.,		<u> </u>	STRAR (Mo., Day, Yr.) Di	·				
CONDITIONS IF ANY VHICH GAVE		1 M	l _		2 42					
RISE TO IMMEDIATE	24a. (Signature) 25. IMMEDIATE CAUSE YEN:	TER ONLY ONE CAUSE PER	24b.\	Jene 5,		ic. YES NO	<del></del>			
CAUSE TATING THE		VEN ONE CHOSE FEN	LINE FOR [a), (b), AND (c).)	$\Omega I$ $I'$	l		Interval between onset and dea	in		
INDERLYING AUSE LAST	PART (a) DUE TO OR AS A	CONSEQUENCE OF:	arrest		•		Interval between onset and dea			
/			6	/ /	· ~	`	interval between onser and dea	W I		
-	DUE TO, OR AS A	CONSEQUENCE OF	ration		<del></del>		Interval between onset and dea	ш.		
		1					1.	U1		
AUSE OF	PART OTHER SIGNIFICANT (	CONDITIONS—Conditions confi	of ding to death but not recutti	no in the underhing on	ise given in Part 1. AUTO	OPSY (Specify	WAS CASE REFERRED TO			
DEATH	11 6.		A Alah	•		Yes or No)	CORONER (Specify Yes or No)			
	ACC., SUICIDE HOM., UNDET., T	DATE OF INJERY (Mo., Day, Vr.)		DESCRIBE HOW INJU		No	27. No			
\	OR PENDING INVEST. (Specify)	28b.	<b>L</b>		or cooperate					
\ I	INJURY AT WORK	PLACE OF INJURY—At home	28c. M	LOCATION.	STREET OR R.F.D. N	o CITY OF	R TOWN STATE			
\.	(Specify Yes or No)	building, et 28f.	tc. (Specify)			0 01	OINIE			
/				28g.			0000			
,		STATE REGISTRAR				No.239168				
		SIAII	E REGISTRAR		•		·			
3			<b>         </b>			BK- 0	710			
		and the same of th				50	EΛ			



This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued:

JUN 0 5 2003