

16-  
RECORDING REQUESTED BY  
Wanda M. Rodgers

WHEN RECORDED MAIL TO

✓ Wanda M. Rodgers  
25 Majorca Drive  
Rancho Mirage, CA92270

Title Order No.  
Escrow No.

APN: 1220-04-114-002

DOC # 0801991  
05/07/2012 12:49 PM Deputy: SG  
OFFICIAL RECORD  
Requested By:  
WANDA RODGERS

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00  
BK-0512 PG- 1513 RPTT: 0.00



## AFFIDAVIT - DEATH OF TRUSTEE

STATE OF CALIFORNIA  
County of Riverside }ss.

WANDA M. RODGERS, of legal age, being first duly sworn, deposes and says:

That JOHN NATHAN RODGERS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JOHN N. RODGERS named as the Trustee in that certain Declaration of Trust dated August 12, 1985, executed by JOHN N. RODGERS as Trustor(s).

At the time of the demise of the decedent, the decedent was the record owner, as Trustee, of real property commonly known as 1371 Queens Court, Gardenerville, Nevada, which property is described in a deed which was signed by JOHN N. RODGERS as Grantor(s) on June 30, 2010, and recorded as Series/Instrument Number 0766549, on July 6, 2010 in Book/Reel 0710, at Page/Image 0969 of Official Records of Douglas County, California, and is described on legal description attached hereto and made a part .

I, WANDA M. RODGERS 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trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1 above, and which has not been revoked, and I hereby consent to act as such.

There is no federal estate tax due 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 California, that the foregoing is true and correct.

Executed on April 10, 2012, at Palm Desert, California

  
WANDA M. RODGERS

State of California)

County of Riverside)ss.

Subscribed and sworn to (or affirmed) before me on  
this 18<sup>th</sup> day of April, 2012,  
by WANDA M. RODGERS  
proved to me on the basis of satisfactory evidence to be the person(s) who  
appeared before me.

Notary Stamp or Seal

Signature  (Seal)



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORDS**

**COUNTY OF RIVERSIDE**

**RIVERSIDE, CALIFORNIA**  
**CERTIFICATE OF DEATH**

3201233000995

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASURES / MARKED OUTS OR ALTERATIONS / VS-1 (REV. 3/05)		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT - FIRST (Given) <b>JOHN</b>		2 MIDDLE <b>NATHAN</b>		3 LAST (Family) <b>RODGERS</b>	
4A ALSO KNOWN AS - include full AKA (FIRST MIDDLE, LAST)		4 DATE OF BIRTH (mm/dd/yyyy) <b>05/19/1917</b>		5 AGE Yrs. <b>94</b>	
9 BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10 SOCIAL SECURITY NUMBER <b>-7699</b>		11 EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12 MARITAL STATUS/SPOUSE (at time of death) <b>MARRIED</b>		7 DATE OF DEATH (mm/dd/yyyy) <b>01/24/2012</b>		8 HOUR (24 hours) <b>2045</b>	
13 EDUCATION - Highest Level/Type (see instructions on back) <b>BACHELOR</b>		14 WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16 DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>WHITE</b>	
17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>GENERAL MANAGER</b>		18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food distributor, employment agency, etc.) <b>PLASTICS AND CERAMICS</b>		19 YEARS IN OCCUPATION <b>34</b>	
20 DECEDENT'S RESIDENCE (Street and number or location) <b>25 MAJORCA DRIVE</b>					
21 CITY <b>RANCHO MIRAGE</b>		23 ZIP CODE <b>92270</b>		24 YEARS IN COUNTY <b>12</b>	
25 STATE/FOREIGN COUNTRY <b>CA</b>		26 INFORMANT'S NAME RELATIONSHIP <b>WANDA RODGERS, SPOUSE</b>			
27 INFORMANT'S MAILING ADDRESS (Street and number, or care center number, city or town, state and zip) <b>25 MAJORCA DRIVE, RANCHO MIRAGE, CA 92270</b>		28 NAME OF SURVIVING SPOUSE/SPOE- FIRST <b>WANDA</b>			
29 MIDDLE <b>M.</b>		30 LAST (BIRTH NAME) <b>CLAY</b>		34 BIRTH STATE <b>MA</b>	
31 NAME OF FATHER/PARENT - FIRST <b>JOSEPH</b>		32 MIDDLE <b>NAPOLEON</b>		33 LAST <b>RODGERS</b>	
35 NAME OF MOTHER/PARENT - FIRST <b>MARCIA</b>		36 MIDDLE <b>WARD</b>		38 BIRTH STATE <b>CA</b>	
39 DEPOSITION DATE (mm/dd/yyyy) <b>02/01/2012</b>		40 PLACE OF FINAL DISPOSITION RES. <b>WANDA RODGERS</b> <b>25 MAJORCA DRIVE, RANCHO MIRAGE, CA 92270</b>			
41 TYPE OF DISPOSITION <b>CR/RES</b>		42 SIGNATURE OF EXEMPLAR <b>NOT EMBALMED</b>		43 LICENSE NUMBER	
44 NAME OF FUNERAL ESTABLISHMENT <b>FOREST LAWN MEMORIAL PARKS &amp; MORTUARIES</b>		45 LICENSE NUMBER <b>FD 1847</b>		46 SIGNATURE OF LOCAL REGISTRAR <b>CAMERON KAISER, MD</b>	
47 DATE (mm/dd/yyyy) <b>01/31/2012</b>		101 PLACE OF DEATH <b>RESIDENCE</b>			
104 COUNTY <b>RIVERSIDE</b>		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>25 MAJORCA DRIVE</b>		106 CITY <b>RANCHO MIRAGE</b>	
107 CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac and respiratory arrest, or ventricular fibrillation, unless showing the etiology. DO NOT ABBREVIATE. <b>(A) CARDIORESPIRATORY ARREST</b> <b>(B) ACUTE CEREBROVASCULAR ACCIDENT</b>		108 ICD-10 CODE <b>WKS</b>		109 BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110 AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111 USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>CHRONIC ATRIAL FIBRILLATION, MONOCLONAL GAMMOPATHY OF UNDETERMINED SIGNIFICANCE</b>	
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date) <b>NO</b>		114 I CERTIFY TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED Declarant: <b>Ravinderpal Singh Mann, M.D.</b> Declarant Last Name First Name Date: <b>04/04/2008</b> Date: <b>01/24/2012</b>		115 SIGNATURE AND TITLE OF CERTIFIER <b>RAVINDERPAL SINGH MANN, M.D.</b>	
116 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>RAVINDERPAL SINGH MANN, M.D.</b> <b>39000 BOB HOPE DRIVE #K307, RANCHO MIRAGE, CA 92270</b>		117 LICENSE NUMBER <b>A55350</b>		118 DATE (mm/dd/yyyy) <b>01/31/2012</b>	
119 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED MANNER OF DEATH: <input type="checkbox"/> Nature <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		120 INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121 INJURY DATE (mm/dd/yyyy) 122 HOUR (24 hours)	
123 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124 DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)					
125 LOCATION OF INJURY (Street and number, or location, and city and zip)					
126 SIGNATURE OF CORONER / DEPUTY CORONER		127 DATE (mm/dd/yyyy)		128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

BK- 0512  
 PG- 1514  
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STATE OF CALIFORNIA } **CERTIFIED COPY OF VITAL RECORDS**  
 COUNTY OF RIVERSIDE } SS   
 This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Health.  
 DATE ISSUED **Feb 8, 2012**  
 Eric Frykman, M.D., Local Registrar, RIVERSIDE COUNTY, CALIFORNIA  
 \* 001027266 \*  
 This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.  
 ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



EXHIBIT "A"  
LEGAL DESCRIPTION

APN: 1220-04-114-002

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.

END OF LEGALDESCRIPTION

