



This document includes a certified death certificate as required by NRS 40.525(5) which contains a social security number as required by NRS 440.380(1)(a).

Kristin M. Kaminski
Kristin M. Kaminski
ANDERSON, DORN & RADER, LTD.

APN: 1320-32-211-002 and 1320-30-801-007

RECORDING REQUESTED BY:

Bryce L. Rader, Esq.
Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

AFTER RECORDING MAIL TO:

Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

MAIL TAX STATEMENT TO:

Sandra Gardner, Trustee
1515 Silver Birch
Minden, NV 89423

AFFIDAVIT OF DEATH OF TRUSTEE

I, SANDRA GARDNER, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated May 28, 1999, ROBERT A. GARDNER and SANDRA GARDNER executed the GARDNER LIVING TRUST ("Trust").

(2) Said trust appointed me to serve as sole Trustee upon the death or incapacity of ROBERT A. GARDNER.

(3) ROBERT A. GARDNER deceased on April 9, 2013, at Minden, Nevada, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said ROBERT A. GARDNER.

(4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Trustee.



(5) The following described real property is part of the Trust estate: See Exhibit "A" attached.

(6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as sole Trustee with respect to the Trust's interest in the described property.

(7) No other person has a right to the interest of the Trust in the described property.


(8) The described property shall be transferred to me as sole Trustee.

Executed in the County of Douglas, State of Nevada, on ~~June~~ ^{July} 26, 2013.


SANDRA GARDNER, Trustee

STATE OF NEVADA)
) ss:
COUNTY OF DOUGLAS)

Signed and sworn to (or affirmed) before me on ~~June~~ ^{July} 26, 2013, by SANDRA GARDNER, Trustee.


Notary Public

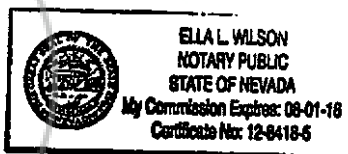




EXHIBIT "A"

Legal Description:

Lot 7, as shown on the map of DESERET UNIT NO. 1, filed for record in the office of the Douglas County Recorder, on April 17, 1972, as File No. 58855.

SUBJECT TO Covenants, conditions and restrictions in the Declarations of Restrictions recorded June 7, 1972 File No. 59830, Book 101, Page 327, Official Records.

APN: 1320-32-211-002

Property Address: 1515 Silver Birch, Minden, NV 89423

Legal Description:

Parcel 3-B of that certain Parcel Map for CENTER 88, recorded on October 30, 1985, in Book 1085, Page 3024, Document No. 126041, of Official Records of Douglas County, State of Nevada, which is now a Division of Lot 3, Unit No. 1 of BELARRA SUBDIVISION, Section 30, Township 13 North, Range 20 East, M.D.B. & M.

EXCEPT THEREFROM All that certain lot, piece, parcel or portion of land situate, lying and being within Section 30, Township 13 North, Range 20 East, M.D.B. & M., Douglas County, Nevada and more particularly described as follows:

A portion of Lot 3 of the BELARRA SUBDIVISION UNIT NO. 1, as shown on the Final Map filed for record in Book 277, Page 1274, as Document No. 07213, Official Records of Douglas County, Nevada, and also being a portion of Parcel 3-B of the Parcel Map for 88 CENTER filed for record in Book 1085, Page 3024, Document No. 126041, Official Records of Douglas County, Nevada and more particularly described as follows:

COMMENCING at the Southeast corner of Parcel 3-B, as shown on the aforesaid Parcel Map, which point is the TRUE POINT OF BEGINNING;

- thence along the South line of said parcel South 74°50'00" West, a distance of 75.05 feet;
- thence leaving said South line North 15°10'00" West, a distance of 44.50 feet;
- thence North 74°50'00" East, a distance of 22.00 feet;
- thence North 15°10'00" West, a distance of 17.00 feet;
- thence North 33°43'20" West, a distance of 59.56 feet;
- thence North 26°04'18" West, a distance of 42.82 feet to the North line of said Parcel 3-B;
- thence along said North line North 74°50'00" East, a distance of 101.38 feet to the Northeast corner of said parcel;
- thence along the East line of said parcel South 03°16'25" East, a distance of 163.52 feet to the TRUE POINT OF BEGINNING.

TOGETHER WITH a private access easement over that portion of aforesaid Parcel 3-B described as follows:

COMMENCING at the Northwest corner of Parcel 3-B, as shown on the aforesaid Parcel Map, which point is the TRUE POINT OF BEGINNING;

- thence along the North line of said parcel North 74°50'00" East, a distance of 25.00 feet;
- thence leaving said North line South 15°10'00" West, a distance of 115.51 feet;
- thence North 74°50'00" East, a distance of 50.05 feet to the West line of above described Parcel 3-B-2;
- thence along said line South 15°10'00" East, a distance of 25.00 feet;
- thence leaving said line South 74°50'00" West, a distance of 75.05 feet to the West line of aforesaid Parcel 3-B;

Said parcel hereinabove described is further shown as Lot 3-B-1 on Record of Survey for George Keele, et al, filed for record on April 12, 1990, in Book 490, at Page 1653, as Document No. 223829, of Official Records.

Per NRS 111.312, this description was last recorded in Document #0694476, Filed on 02/07/2007 in the Official Record of Douglas County, Nevada.

APN: 1320-30-801-007

CERTIFICATION OF VITAL RECORD

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS**

CERTIFICATE OF DEATH

2013006410

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Robert Anthony GARDNER		2. DATE OF DEATH (Mo/Day/Year) April 09, 2013		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1515 Silver Birch Dr		3d. If Hosp or Inst. Indicate DOA,OP, Emer. Rm Inpatient(Specify) Home	
DECEDENT	4. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last Birthday (Years) 74	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) September 15, 1938	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 20	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Sandra WARDELL		13. SOCIAL SECURITY NUMBER 5682	
PARENTS	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Civil Engineer		14b. KIND OF BUSINESS OR INDUSTRY Engineering		Ever in US Armed Forces? No	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
DISPOSITION	15d. STREET AND NUMBER 1515 Silver Birch Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Rouel GARDNER	
	16. MOTHER/PARENT - NAME (First Middle Last Suffix) Eva HUTCHINGS		18a. INFORMANT - NAME (Type or Print) Sandra GARDNER		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1515 Silver Birch Dr Minden, Nevada 89423	
TRADE CALL	18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		18b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		18c. LOCATION City or Town State Minden Nevada 89423	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville, NV 89410	
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) DAVID HOWARD JOHNSON M.D.		21b. DATE SIGNED (Mo/Day/Yr) April 17, 2013		21c. HOUR OF DEATH 05:40	
	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)	
REGISTRAR	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) David Howard Johnson M.D. 1824 Library Lane Minden, NV 89423		23b. LICENSE NUMBER 4143		24a. REGISTRAR (Signature) BIANCA GALEANO	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 22, 2013		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)) Metastatic Prostate Cancer	
	25a. ACC., SURGE, FIRM, UNDET OR PENDING INVEST (Specify)		25b. DATE OF INJURY (Mo/Day/Yr)		25c. HOUR OF INJURY	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST	25d. DESCRIBE MAIN INJURY OCCURRED		25e. INJURY AT WORK (Specify Yes or No)		25f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	
	25g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	

STATE REGISTRAR



BK 713
PG-7320

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VRS-Rev-20120220a

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.

DATE ISSUED:

04/24/2013

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

R. J. White
SIGNATURE AUTHENTICATED

