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Doc Number: **0834986**

12/05/2013 02:55 PM

OFFICIAL RECORDS

Requested By
RACHELLE J NICOLLE LTD

APN: 1220-22-110-119

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

**RECORDING REQUESTED BY
& Mail Original Affidavit to:**

Page: 1 Of 3 Fee: \$ 16.00

Bk: 1213 Pg: 722



Deputy pk

✓
Rachelle J. Nicolle
Attorney at Law
1662 Highway 395, Suite 214
Minden, NV 89423

**AFTER RECORDING MAIL
TAX STATEMENTS TO:**

Edmond H. Gero, Trustee
775 Lyell Way
Gardnerville, NV 89460

I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law. [Per NRS 440.380(1)(a) and 40.525(5)]

AFFIDAVIT of Death of Original Co-Trustee

EDMOND H. GERO, being of legal age, being first duly sworn, deposes and says:

1. This Affidavit of Death refers to the GERO FAMILY TRUST, DATED AUGUST 11, 1993, (the "Trust") under a revocable trust agreement executed by EDMOND H. GERO and BEATRICE R. GERO as the original Grantors and Trustees.
2. I declare and affirm that BEATRICE ROSE GERO, also known as Beatrice R. Gero and Beatrice Gero, died on July 6, 2013. I also hereby declare and affirm that the decedent cited in the attached certified copy of Certificate of Death, is the same person as BEATRICE R. GERO, Trustee of the GERO FAMILY TRUST, DATED AUGUST 11, 1993.
3. In accordance with the terms of the Trust, I, EDMOND H. GERO, am empowered to act as Sole Trustee for the Trust after the death of BEATRICE R. GERO. I hereby affirm my incumbency as sole surviving Co-Trustee, and declare my intention to act as the remaining sole Trustee of the GERO FAMILY TRUST, DATED AUGUST 11, 1993.
4. BEATRICE R. GERO is the named Trustee and Grantee in that certain Trust Transfer Deed, granting to BEATRICE GERO, also known as BEATRICE R. GERO, Trustee, and subsequent Trustees of the GERO FAMILY TRUST, DATED AUGUST 11, 1993, all right, title and interest in the following identified real property:

APN: 1220-22-110-119
Commonly Known As: 775 Lyell Way, Gardnerville, NV 89460
Recorded On: September 14, 1995
As Document Number: 371021
In Book: 0995
On Page: 3491
Official Records of: Douglas County, Nevada
Legal Description: LOT 79, as shown by map of GARDNERVILLE
RANCHOS UNIT NO. 5, recorded in the Office of the
Douglas County Recorder on November 4, 1970, in Book
80, Page 675, as Document No. 50056.

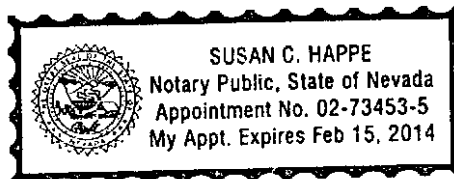
- 5. The assets held under this Trust are to be held under the following title:
EDMOND H. GERO, TRUSTEE
GERO FAMILY TRUST, DATED AUGUST 11, 1993
- 6. The GERO FAMILY TRUST, DATED AUGUST 11, 1993 has not been revoked and there have been no amendments limiting the powers of the Trustee(s) over Trust property.
- 7. I hereby declare, as Sole Trustee, that I have all Trustee powers, to sell, encumber, retain, or otherwise manage all property belonging to the GERO FAMILY TRUST, DATED AUGUST 11, 1993, including, but not limited to, the above-described real property, including any portion thereof.
- 8. I make this affirmation under penalty of perjury on November 18, 2013.

Edmond H. Gero
EDMOND H. GERO,
Trustee, GERO FAMILY TRUST, DATED AUGUST 11, 1993

JURAT

State of Nevada)
County of Douglas)
Signed and sworn to (or affirmed) before me on
November 18, 2013 by Edmond H. Gero.

Susan C. Happe
Notary Public



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

2013011538

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK DECEDENT IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS PARENTS DISPOSITION 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) Beatrice Rose GERO		2. DATE OF DEATH (Mo/Day/Year) July 06, 2013		3a. COUNTY OF DEATH Washoe		
	3b CITY, TOWN, OR LOCATION OF DEATH Reno		3c HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) Life Care Center of Reno		3e. If Hosp or Inst. Indicate DOA, OP, Emer. Rm Inpatient (Specify) Nursing Home		
4. SEX Female		5. RACE White (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 83	
7b UNDER 1 YEAR MOS		7c UNDER 1 DAY HOURS		7d UNDER 1 DAY MIN		8. DATE OF BIRTH (Mo/Day/Yr) April 01, 1930	
9a. STATE OF BIRTH (if not U.S.A., name country) Connecticut		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 10		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
12. SURVIVING SPOUSE (if wife, give maiden name) Edmond H GERO		13 SOCIAL SECURITY NUMBER 6085		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Hairdresser		14b. KIND OF BUSINESS OR INDUSTRY Cosmetology	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 775 Lyell Way	
15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16 FATHER/PARENT - NAME (First Middle Last Suffix) Fredrick T EDGERTON		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Teresa S SCHLEHOFFER			
18a INFORMANT - NAME (Type or Print) Edmond H GERO		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 775 Lyell Way Gardnerville, Nevada 89460					
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION - City or Town State Carson City Nevada 89706			
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER		20b. FUNERAL DIRECTOR LICENSE 823		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Rood Carson City NV 89706			
20a SIGNATURE AUTHENTICATED		20b DIRECTOR LICENSE		20c NAME AND ADDRESS OF FACILITY			
TRADE CALL - NAME AND ADDRESS							
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 ILEANA C. DEFTU MD				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)			
21b. DATE SIGNED (Mo/Day/Yr) July 12, 2013		21c. HOUR OF DEATH 04:10		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				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) ILEANA C. DEFTU MD 235 W 6th St. Reno, NV 89503						23b. LICENSE NUMBER 12431	
24a. REGISTRAR (Signature) BRIDGES SANDI				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 16, 2013		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a. REGISTRAR (Signature)		24b. DATE RECEIVED BY REGISTRAR		24c. DEATH DUE TO COMMUNICABLE DISEASE			
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))							
PART I							
(a) Neoplasm of the brain of unknown etiology							
DUE TO, OR AS A CONSEQUENCE OF							
(b) Right hemiplegia							
DUE TO, OR AS A CONSEQUENCE OF							
(c) Hypertension							
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.						26 AUTOPSY (Specify Yes or No) NO	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes							
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



BK 12 13
PG 724
12/5/2013

CERTIFIED COPY OF VITAL RECORDS

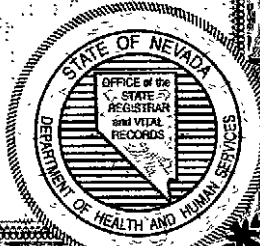
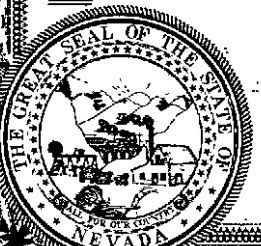
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records

DATE ISSUED:

07/16/2013

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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



VRS-Rev-20120523a