

APN# : 1221-05-001-034



00091233201909292880040047

**Recording Requested By:**

Gerald B. Baer

KAREN ELLISON, RECORDER

**When Recorded Mail To:**

Gerald Baer

2319 Jacobsen Lane

Gardnerville, NV 89410

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature

Gerald Baer

Successor Trustee

**Affidavit Death of Trustee**

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

## AFFIDAVIT – DEATH OF TRUSTEE

Gerald B. Baer, Successor Trustee, of legal age, being first duly sworn, deposes and says:

1. Norma A. Baer, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Norma A. Baer named as Trustee in the Declaration of Trust dated August 11, 1997 and executed by Gerald B. Baer and Norma A. Baer, husband and wife as Trustor(s).
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 2319 Jacobsen Lane, Gardnerville, NV 89410, which property is described in a Deed which was executed by Gerald B. Baer and Norma A. Baer, Trustees or Their Successors in Trust, Under The Baer Living Trust Dated August 11, 1997 as Grantor(s) on January 13, 2003 and recorded as Instrument No. 0564351, in Book 0103, Page 07513, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:
3. The legal description of said property is as follows:  
  
Lot 6, in Block B, as shown on the official map of Pinenut Hills Ranch Unit No. 1, filed for record in the Office of the County Recorder on December 6, 1984, Book 1284, Page 738, as Document No. 110990, Official Records of Douglas County, Nevada.
4. 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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
5. 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 5-20-2019



Gerald B. Baer, Successor Trustee

STATE OF NEVADA

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COUNTY OF DOUGLAS \_\_\_\_\_

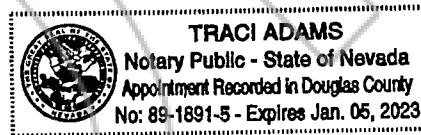
This instrument was acknowledged before me on

May 20, 2019

By Gerald B. Baer, Successor Trustee.



Notary Public



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4077843

**CERTIFICATE OF DEATH**

2019007759  
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) <b>Norma Ann BAER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 19, 2019</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Carson Valley Medical Center</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>81</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>	
11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Gerald B BAER</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>July 17, 1937</b>	
13. SOCIAL SECURITY NUMBER <b>██████████1082</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Accounting</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Telecommunications</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>2319 Jacobsen Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Norville Carl Jacob EDEN</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Matilda KRIEGER</b>		
18a. INFORMANT - NAME (Type or Print) <b>Gerald B BAER</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2319 Jacobsen Lane Gardnerville, Nevada 89410</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CARLEN BLANSETT</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD861</b>		20c. NAME AND ADDRESS OF FACILITY <b>Cremation Society of Nevada - Capitol City</b> <b>1614 N Curry Street Carson City NV 89703</b>	
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) <b>TREVOR PHAN MD</b> SIGNATURE AUTHENTICATED			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) <b>April 19, 2019</b>		21c. HOUR OF DEATH <b>11:08</b>		22b. DATE SIGNED (Mo/Day/Yr)	
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) <b>Trevor Phan MD 801 W Williams Ave Fallon, NV 89406</b>				23b. LICENSE NUMBER <b>12765</b>	
24a. REGISTRAR (Signature) <b>BREECE D FLORES</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 19, 2019</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) <b>Respiratory Failure</b> Interval between onset and death Days					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Intracranial Bleed</b> Interval between onset and death Days					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) <b>Arthrosclerosis</b> Interval between onset and death Years					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) <b>Hypertension</b> Interval between onset and death Years					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
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	



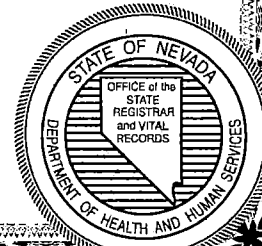
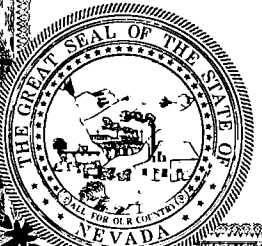
CERTIFIED COPY OF VITAL RECORDS

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: 4/23/2019

*Ann Ghosh*  
**Interim Administrator**  
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE