

DOUGLAS COUNTY, NV

2019-936808

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\$35.00

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ANDERSON, DORN, & RADER, LTD.

KAREN ELLISON, RECORDER

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).



ANDERSON, DORN & RADER, LTD.

APN: 1420-33-111-016

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:

A. L. KENDALL, Trustee
1353 Bridle Way
Minden, NV 89423

AFFIDAVIT OF DEATH OF TRUSTEE

This Affidavit is being re-recorded to correct the Assessor Parcel Number.

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).


ANDERSON, DORN & RADER, LTD.

APN: ~~1221-05-001-034~~

1420-33-111.066

RECORDING REQUESTED BY:

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

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Reno, Nevada 89521

MAIL TAX STATEMENT TO:

A. L. KENDALL, Trustee
1353 Bridle Way
Minden, NV 89423

AFFIDAVIT OF DEATH OF TRUSTEE

We, A. L. KENDALL, also known as ANTHONY L. KENDALL, and CAROL KENDALL MONNETT affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated March 5, 1999, J. KENDALL and A. L. KENDALL executed the DECLARATION OF TRUST (the "Trust").

(2) J. KENDALL deceased on September 11, 2018, at Minden, Nevada, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said J. KENDALL, also known as JUDITH ANN KENDALL.

(3) Said trust appointed A. L. KENDALL to serve as sole Trustee upon the death of J. KENDALL. A. L. KENDALL reserved the right to amend or revoke the Trust Agreement in whole or in part and by amendment dated August 14, 2019, A. L. KENDALL appointed himself and CAROL KENDALL MONNETT as Co-Trustees.

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).



ANDERSON, DORN & RADER, LTD.

APN: 1221-05-001-034

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Reno, Nevada 89521

MAIL TAX STATEMENT TO:

A. L. KENDALL, Trustee
1353 Bridle Way
Minden, NV 89423

AFFIDAVIT OF DEATH OF TRUSTEE

We, A. L. KENDALL, also known as ANTHONY L. KENDALL, and CAROL KENDALL MONNETT affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated March 5, 1999, J. KENDALL and A. L. KENDALL executed the DECLARATION OF TRUST (the "Trust").

(2) J. KENDALL deceased on September 11, 2018, at Minden, Nevada, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said J. KENDALL, also known as JUDITH ANN KENDALL.

(3) Said trust appointed A. L. KENDALL to serve as sole Trustee upon the death of J. KENDALL. A. L. KENDALL reserved the right to amend or revoke the Trust Agreement in whole or in part and by amendment dated September 13, 2019, A. L. KENDALL appointed himself and CAROL KENDALL MONNETT as Co-Trustees.

(4) Pursuant to the terms of the Trust, we have assumed the responsibilities of Trustees.

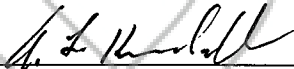
(5) The following described real property is part of the Trust estate: See Exhibit "A" attached.

(6) We are authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as Trustees 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 us as Trustees.

Executed in the County of Washoe, State of Nevada, on September 13, 2019.



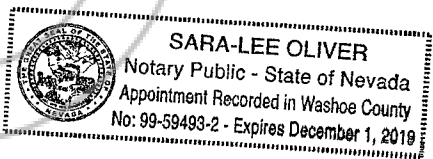
A. L. KENDALL

STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

Signed and sworn to (or affirmed) before me on September 13, 2019, by A. L. KENDALL.



Notary Public

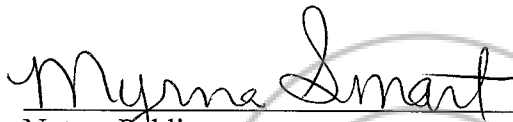


Executed in the County of Johnson, State of Kansas, on October 8, 2019.


CAROL KENDALL MONNETT

STATE OF Kansas)
COUNTY OF Johnson) ss:

Signed and sworn to (or affirmed) before me on October 8, 2019, by
CAROL KENDALL MONNETT.


Notary Public

County of: Johnson
MYRNA SMART
Notary Public - State of Kansas
My Appt. Expires 12/02/22

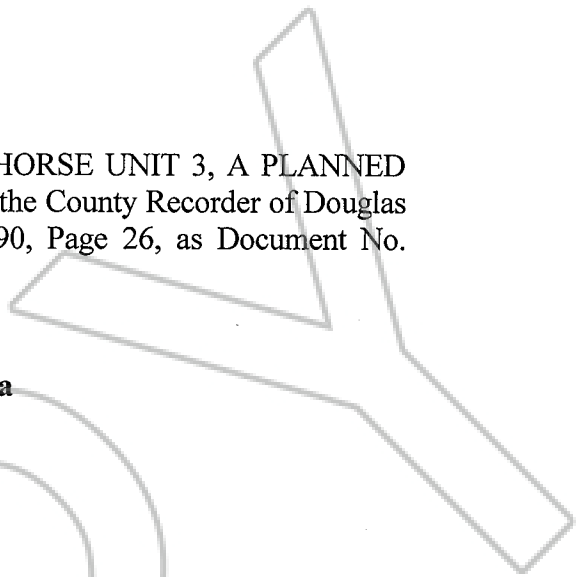
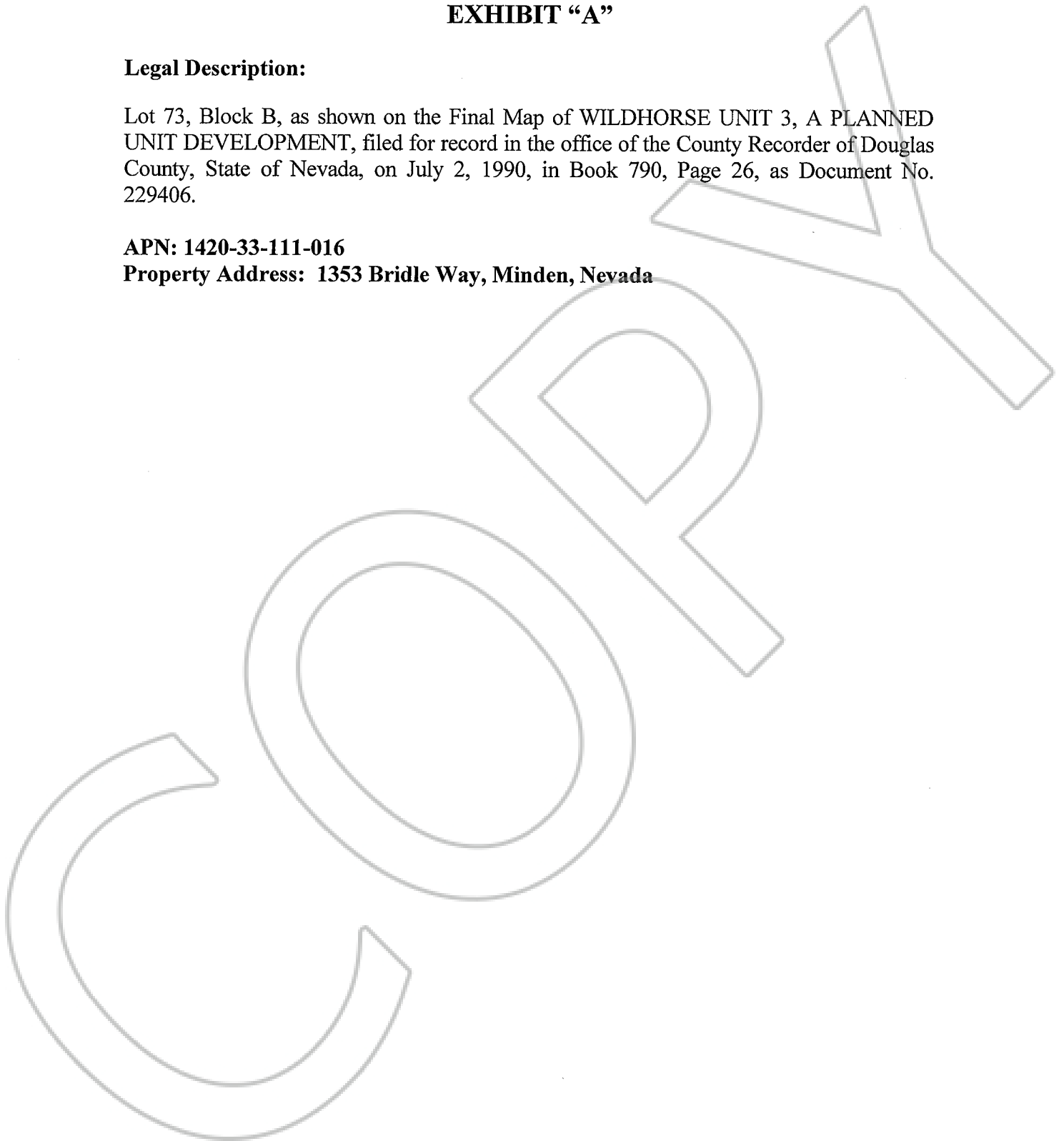
EXHIBIT "A"

Legal Description:

Lot 73, Block B, as shown on the Final Map of WILDHORSE UNIT 3, A PLANNED UNIT DEVELOPMENT, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on July 2, 1990, in Book 790, Page 26, as Document No. 229406.

APN: 1420-33-111-016

Property Address: 1353 Bridle Way, Minden, Nevada



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4040249

CERTIFICATE OF DEATH

2018017521
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) Judith Ann KENDALL		2. DATE OF DEATH (Mo/Day/Year) September 11, 2018		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 Inpatient/Specify) 1353 Bride Way Home		4. SEX Female	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 80	
9a. STATE OF BIRTH (If not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Anthony KENDALL		8. DATE OF BIRTH (Mo/Day/Yr) February 06, 1938	
13. SOCIAL SECURITY NUMBER [REDACTED]-1500		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Department Of Motor Vehicles	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1353 Bride Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Cory BLOCK			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Norma BROWN		
18a. INFORMANT - NAME (Type or Print) Anthony KENDALL		18b. MAILING ADDRESS (Street, or R.F.D. No. City or Town, State, Zip) 1353 Bride Way Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c. LOCATION - City or Town, State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) JOHN LAWRENCE		20b. FUNERAL DIRECTOR LICENSE NUMBER FD304		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
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) NITA SCHWARTZ 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) September 12, 2018		21c. HOUR OF DEATH 06:40		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703			
23b. LICENSE NUMBER 9114		24a. REGISTRAR (Signature) BREECE D FLORES			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 12, 2018		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).)					
PART I					
(a) End Stage Renal Disease Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Unknown Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Interval between onset and death					
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) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No			
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

000737231



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: **SEP 19 2018**

Julie Katcheva
STATE REGISTRAR

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

