

APN# : 1220-10-401-015

Recording Requested By:

Western Title Company

When Recorded Mail To:

Judith L. Fisher and Shirley M.

Handlin

3371 Fountain Ct.

Sparks, NV 89431

Mail Tax Statements to: (deeds only)

same as above

(space above for Recorder's use only)

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



Wendy Dunbar

Escrow Officer

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT – DEATH OF TRUSTEE

Judith L. Fisher and Shirley M. Handlin, of legal age, being first duly sworn, deposes and says:

1. Robert Darrel Stark and Alberta Lucille Stark, the decedents mentioned in the attached certified copies of Certificate of Death, are the same persons as Robert D. Stark and Alberta L. Stark named as Trustee(s) in the Declaration of Trust dated 7/28/1994 and executed by Robert D. Stark and Alberta L. Stark as Trustor(s).
2. At the time of the decedent's deaths, decedents were the record owner, as Trustee(s), of certain real property commonly known as 1006 Kerry Lane, Gardnerville, NV 89460, which property is described in a Deed which was executed by Robert D. Stark and Alberta L. Stark, husband and wife, holding title as joint tenants as Grantor(s) on July 28, 1994 and recorded as Instrument No. 345070, in Book 0894, Page 5251, 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:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

That portion of the South 1/2 of Section 10, Township 12 North, Range 20 East, M.D.B.&M., described as follows:

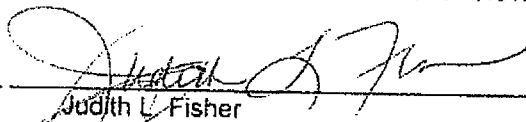
Commencing at the Southwest corner of Section 10, Township 12 North, Range 20 East, M.D.B.&M., thence North 89°48'00" East 645.30 feet along the Northerly right of way line of Dresslerville Road to the Southwest corner of Parcel No. 1 as shown on a Parcel Map for MacKintosh and Pascale Inc., recorded as Document No. 33936 in Book 679, of Parcel Maps at Page 1881; thence continuing North 89°48'00" East along said Northerly right of way of Dresslerville Road 671.21 feet to the Southeast corner of Starke Parcel as shown on said Parcel Map to the Point of Beginning; thence North 11°33'51" East 336.81 feet; thence South 89°48'00" West, 132.77 feet; thence South 26°39'07" West, 285.53 feet; thence South 00°15'00" East 75 feet to the Northerly right of way line of Dresslerville Road; thence North 89°48'00" East along the Northerly right of way of said Dresslerville Road 193.00 feet to the Point of Beginning.

NOTE: The above metes and bounds description appeared previously in that certain Deed recorded in the office of the County Recorder of Douglas County, Nevada on August 30, 1994, in Book 894, Page 5251 as Document No. 345070 of Official Records.

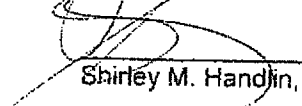
4. We are the named successor Trustee(s) under the above-referenced Trust, which was in effect at the time of the deaths of the decedents mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
5. There is no federal estate tax as the result of the death 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 10-15-19



Judith L. Fisher



Shirley M. Handlin,


STATE OF NEVADA

ISS

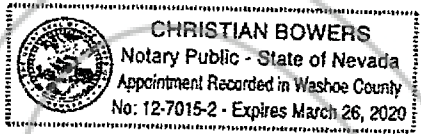
COUNTY OF Washoe

This instrument was acknowledged before me on October 15, 2019

By Judith L. Fisher and Shirley M. Handlin.



Notary Public



STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Alberta Lucille STARK		2. October 4, 2001		3a. Carson City		COUNTY OF DEATH	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)		SEX	
3b. Carson City		3c. Carson-Tahoe Hospital		3e. Inpatient		4. Female	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6.		7a. 70		8. January 29, 1931	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. California		9b. U.S.A.		10. 12		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (if wife, give maiden name)	
13. [REDACTED]-3364		14a. Homemaker		14b. Own Home		12. Robert Darrel Stark	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Douglas		15c. Gardnerville		15d. Kerry Lane	
FATHER—NAME		MOTHER—MAIDEN NAME		INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes	
16. Allan Francis Pollitt		17. Evelyn Elizabeth Burwell					
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Robert Darrel Stark		18b. 1006 Kerry Lane, Gardnerville, Nevada 89410					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Burial		19b. Mountain View Cemetery		19c. Reno NV			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. [Signature]		20b. 9		20c. 1478 Fourth Street, Minden, Nevada 89431			
21a. To the best of my knowledge, bearing in mind the time, date and place and due to the cause(s) stated.		21b. 10-8-01		21c. 1030		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) and manner stated.	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e. HOUR OF DEATH		22b. PRONOUNCED DEAD (Mo., Day, Yr.)		22c. PRONOUNCED DEAD (Hour)	
21d.		21e.		22b. ON		22c. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER), (Type or Print)		89703		LICENSE NUMBER			
23a. Dr. R. McDonald, 710 W. Washington Street, Carson City, Nevada		23b. 6433					
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. [Signature]		24b. October 8, 2001		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death			
PART I (a) Trauma				Days			
(b) Stage 4 Lung Cancer				Months			
(c) COPD				Years			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c.		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. No. CITY OR TOWN STATE	
28e.		28f.		28g.		27.	

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

STATE REGISTRAR

No. 206925

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Sharonne Sylva

Date Issued:

OCT 11 2001

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

CASE FILE NO. 4063942

2019001728
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

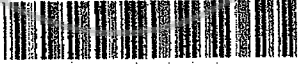
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Robert Darrel STARK		2. DATE OF DEATH (Mo/Day/Year) January 28, 2019		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 city) Renown Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm Inpatient(Specify) Inpatient	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthda (Years) 90	
9a. STATE OF BIRTH (If not US/CA, name country) Colorado		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13	
11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		8. DATE OF BIRTH (Mo/Day/Yr) February 06, 1928	
13. SOCIAL SECURITY NUMBER [REDACTED]-5368		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY ELECTRIC COMPANY	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1006 Kerry Ln		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) James STARK			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Anna Maye BROWN		
18a. INFORMANT- NAME (Type or Print) Judith FISHER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3371 Fountain Ct. Sparks, Nevada 89431			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Mountain View Cemetery		19c. LOCATION City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) PAUL E NOELL		20b. FUNERAL DIRECTOR LICENSE NUMBER FD903		20c. NAME AND ADDRESS OF FACILITY Mountain View Mortuary PO Box 5158 Reno NV 89513	
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 DARIN OLDE APRN			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) January 30, 2019		21c. HOUR OF DEATH 23:31		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)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Darin Olde APRN 1155 Mill St Reno, NV 89502				23b. LICENSE NUMBER APRN001306	
24a. REGISTRAR (Signature) CARMEN M MENDOZA		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 31, 2019		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) Cardiopulmonary Arrest				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Acute Hypoxemic Respiratory Failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Acute Combined Systolic And Diastolic Congestive Heart Failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Acute Myocardial Infarction				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Hypertension, Diabetes Mellitus Type 2, Aortic Stenosis, Prior Stroke				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
28a. ACC. SUICIDE, HOMICIDE, 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

Information Corrected, State Affidavit# 68777, 02/28/2019 - 9a

000757130



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: 2/28/2019

Julie Katchear
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

