

APN# 1420-34-201-052



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:  
Name: Elaine Rogers  
Address: 2747 Stewart Ave  
City/State/Zip: Minden, NV 89423

Mail Tax Statements to:  
Name: Elaine Rogers  
Address: 2747 Stewart Ave.  
City/State/Zip: Minden, NV 89423

Affidavit of Death of Joint Tenant

**Title of Document** (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording  
DOES contain personal information as required by law: (check applicable)

- Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)
- Judgment – NRS 17.150(4)
- Military Discharge – NRS 419.020(2)

Signature

Elaine Rogers  
Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting  
\_\_\_\_\_  
\_\_\_\_\_

Recording requested by:

Elaine Rogers

And when recorded, mail to:

Elaine Rogers  
2747 Stewart Ave.  
Minden, NV 89423

APN: 1420-34-201-052

For recorder's use

### AFFIDAVIT OF DEATH OF TRUSTEE

State of Nevada )  
County of Douglas ) ss.

Elaine Rogers, of legal age, being first duly sworn, deposes and says:

1. Pamela Grace Rogers, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Pamela Rogers named as Trustee in the Declaration of Trust dated May 19, 2010, and executed by Pamela Rogers and Elaine Rogers as Grantors and Trustees.
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known 2747 Stewart Avenue, Minden, NV 89423, which property is described in a Deed which was executed by Pamela Rogers, an unmarried woman, and Elaine Rogers, an unmarried woman, as joint tenants, as Grantors on May 19, 2010, and recorded as Instrument No.0764584, of Official Records of Douglas County, Nevada.
3. The legal description of said property is as follows:  
SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF
4. I am the named surviving 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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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 Oct 31, 2019 Elaine Rogers  
Elaine Rogers

State of Nevada  
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 31 day of October, 2019, by Elaine Rogers, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature Elizabeth Del Real



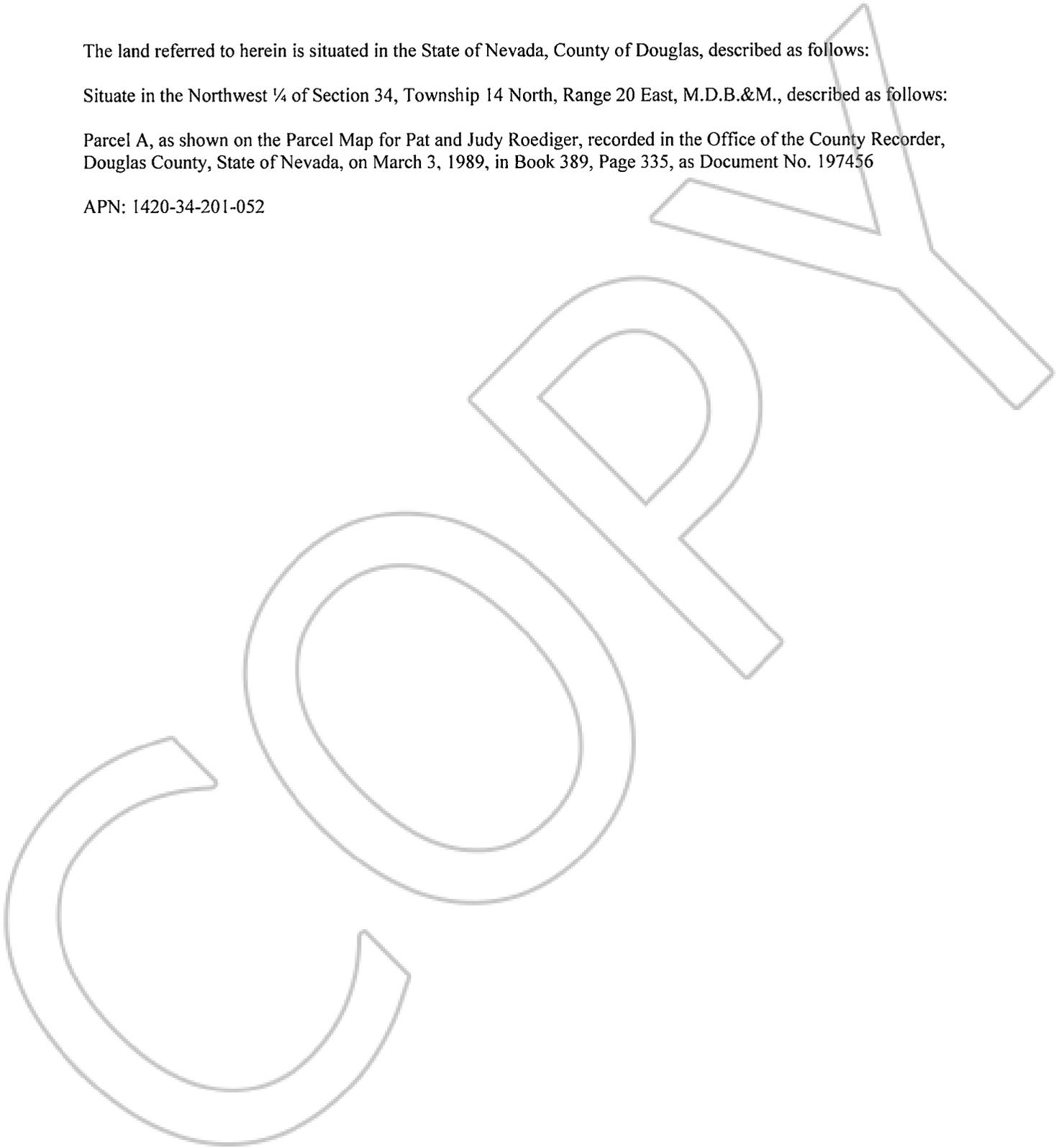
**EXHIBIT "A"**  
**LEGAL DESCRIPTION**

The land referred to herein is situated in the State of Nevada, County of Douglas, described as follows:

Situate in the Northwest ¼ of Section 34, Township 14 North, Range 20 East, M.D.B.&M., described as follows:

Parcel A, as shown on the Parcel Map for Pat and Judy Roediger, recorded in the Office of the County Recorder, Douglas County, State of Nevada, on March 3, 1989, in Book 389, Page 335, as Document No. 197456

APN: 1420-34-201-052



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

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

CASE FILE NO. 4067386

**CERTIFICATE OF DEATH**

2019003868  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Pamela Grace ROGERS</b>			2 DATE OF DEATH (Mo/Day/Year) <b>February 19, 2019</b>		3a COUNTY OF DEATH <b>Carson City</b>			
	3b CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>			3c HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and Inpatient(Specify) <b>Carson Tahoe Regional Medical Center Emergency Room / Outpatient</b>		4 SEX <b>Female</b>			
	5 RACE (Specify) <b>White</b>		6 Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a AGE-Last birthday (Years) <b>88</b>		7b UNDER 1 YEAR <b>MOS   DAYS   HOURS   MINS</b>		
	7c UNDER 1 DAY <b>HOURS   MINS</b>		8 DATE OF BIRTH (Mo/Day/Yr) <b>May 07, 1930</b>		9a STATE OF BIRTH (If not US/CA, name country) <b>England</b>			9b CITIZEN OF WHAT COUNTRY <b>United States</b>	
	9c CITIZEN OF WHAT COUNTRY <b>United States</b>		10 EDUCATION <b>16</b>		11 MARITAL STATUS (Specify) <b>Widowed</b>		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13 SOCIAL SECURITY NUMBER <b>██████-8129</b>		14a USUAL OCCUPATION (Give Kind of Work Done During Most of <b>OFFICE CLERK</b>		14b KIND OF BUSINESS OR INDUSTRY <b>FAST FOOD</b>		Ever in US Armed Forces? <b>No</b>		
	15a RESIDENCE - STATE <b>Nevada</b>		15b COUNTY <b>Douglas</b>		15c CITY, TOWN OR LOCATION <b>Minden</b>		15d STREET AND NUMBER <b>2747 Stewart Avenue</b>		
	15e INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>William Henry HAYWARD</b>						
PARENTS	17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Kathleen Grace HARRISON</b>						18a INFORMANT - NAME (Type or Print) <b>Elaine ROGERS</b>		
	18b MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) <b>2747 Stewart Avenue Minden, Nevada 89423</b>						19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		
DISPOSITION	19b CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>				19c LOCATION City or Town State <b>Carson City Nevada 89701</b>				
	20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CHRISTIE D WILDE</b>		20b FUNERAL DIRECTOR LICENSE NUMBER <b>FD917</b>		20c NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home 1637 Esmerelda Place Minden NV 89423</b>				
TRADE CALL	TRADE CALL - NAME AND ADDRESS							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>DUSTIN L RILEY MD</b>				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)				
CERTIFIER	21b DATE SIGNED (Mo/Day/Yr) <b>February 26, 2019</b>		21c HOUR OF DEATH <b>04:20</b>		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)		
REGISTRAR	23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Dustin L Riley MD 1200 Mountain Street Carson City, NV 89703</b>					23b LICENSE NUMBER <b>15809</b>			
	24a REGISTRAR (Signature) <b>ANGELICA RAMIREZ</b>			24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 28, 2019</b>		24c DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>			
CAUSE OF DEATH	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						Interval between onset and death		
	PART I						Interval between onset and death		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(a) <b>Cardiovascular Collapse</b>						Interval between onset and death		
	(b) <b>Dementia</b>						Interval between onset and death		
	(c) <b>Chronic Kidney Disease</b>						Interval between onset and death		
	(d) <b>Heart Disease</b>						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 <b>Depression, Hypothyroidism</b>						26 AUTOPSY (Specify Yes or No) <b>No</b>			
27a ACC. SUICIDE, HOM., UNDET OR PENDING INVEST. (Specify)		27b DATE OF INJURY (Mo/Day/Yr)		27c HOUR OF INJURY		27d DESCRIBE HOW INJURY OCCURRED			
28a. 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



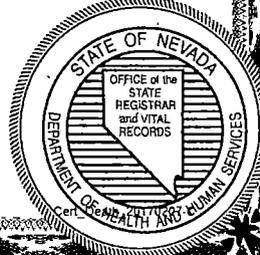
CERTIFIED COPY OF VITAL RECORDS

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: 3/1/2019

*Julie Katchear*  
SIGNATURE AUTHENTICATED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE